

UNIVERSITY OF EAST-WEST MEDICINE
APPLICATION / REGISTRATION FOR CLINIC INTERN (CL 4)

Student Name: _____ ID #: _____ Email: _____ Start Term: _____
Statement of Understanding for Clinic Instruction (Language Requirements)

As a student at UEWM, participating in the MSTCM clinical training program as an intern (level CL2-CL7), I acknowledge through this agreement that, pursuant of CCR Section 1399.435, I am entitled to receive clinical training in the language that I am fluent in and conversant with (in this case, either English or Mandarin Chinese). I acknowledge that I am required, as per this agreement to register for clinic shifts with instructors that speak the language that I am fluent in. I also understand that, whether or not these instructors are readily known to me, I shall be given a list of suitable supervisors capable of fulfilling this requirement prior to my registration in the clinical training program in any given semester.

PROGRAM: Chinese English _____
Student Signature date

For Office Use Only

¶ CLINIC ADMINISTRATOR

Total Hours: _____hours: Approved Denied Hand in Patients Record. Patients number: _____

Current CPR Certification: Exp. date: _____ OSHA certificate: Exp. date: _____

Current TB Skin Test/X-ray: Exp. date: _____ HIPAA certificate: Exp. date: _____

Evaluation Forms Submitted: Yes No Evaluation Test Passed: Yes No

Clinic Administrator: _____
Signature date

¶ REGISTRAR

Course Requirements (No more than two concurrent courses)

CM423 TCM Diagnosis II AC 521 Acupuncture IV
 HB422 Herbal Formulas I HB522 Herbal Formulas II (concurrent)
All course requirements met: Yes No

Otherwise comment: _____

Registrar: _____
Signature date

Comment if needed: _____

Dean's Signature (if needed) _____
Signature date

¶ FINANCE

¶ CLINIC DIRECTOR: _____
Signature date

Note: The Application / Registration for Clinic will be processed once a week. Please check with the clinic administrator for details.