

Los Angeles Mission College – Allied Health Office
Externship Application – Health Occupation Courses

Please email (mohammp@lamission.edu) the application for consideration

Please fill out completely:

Name: _____	Student ID: _____
Email: _____	Phone Number: _____

List the health occupation course(s) that you have to complete. Include semester/year:

What is your major (for example, health occupation or medical billing & coding, etc.)?

Why are you interested in an externship position and what do you hope to gain?

**I am interested in ___ Family Medical center ___ Descanso Family Center
(mark all that apply).**

Which department are you more interested in (read the flyer and decide)?

First choice _____.

Second choice _____.

List the days and times you are available for this externship (at least 5 hrs. per week for 10 weeks).

I understand that I will take the externship position seriously. I will not miss any time and attend my shifts on time. I will wear my LAMC scrubs and student ID badge at all times.

Student Signature

Date