

**Sterile Processing Externship Availability Agreement**

\_\_\_\_ I am aware that my immunizations are due by the 2nd week of class & that some take months to complete

\_\_\_\_ I am aware that if I do not obtain my immunizations on time, I may not be placed until a site becomes available

and will result in repeating the course with associated fees.

\_\_\_ I realize that all my assignments, competencies, and final must successfully be completed before I can begin externship

\_\_\_ I understand that most sites require full-time placement and have specific shifts available to students

\_\_\_ I understand placement will fluctuate depending on the site available

\_\_\_ I understand SVSTI does their best for placement close to your home or work. With no guarantee.

\_\_\_ I will accept the Externship Site provided to me (if you refuse a site it could result in expulsion)

\_\_\_ I understand and agree to all of the above statements

**My available time slot I am available for Extern are:** (these are approximate times, please circle one or more)

\_\_\_\_\_\_\_Morning shift (7am-330pm

\_\_\_\_\_\_\_Evening Shift (3pm-1130pm)

Night Shift (11pm-730am) This time slot is very rare and only a few sites have availability and need approval from Program Director.

I live in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City)

I work in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (City)

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SVSTI Staff Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_