



## COLLEGE OF HEALTH AND HUMAN SERVICES

### HLAD 4099 Health Administration Undergraduate Practicum Application Procedures

#### GENERAL INFORMATION

The procedures listed below are to be followed by all students. This is to ensure that students are prepared for completion of the Health Administration Program.

Students will be matched with a practicum site that is suitable to their career goals and educational strengths.

#### APPLICATION PROCESS

1. Contact academic advisor if you have questions regarding your eligibility.

All students are required to contact their advisor **NO LESS THAN 3** months prior to the actual start of their practicum. Approval from the advisor must be obtained prior to practicum registration. Your advisor can be reached via email at [pstipanich@govst.edu](mailto:pstipanich@govst.edu) or by phone, 708-235-2840.

2. Submit practicum application packet.

The student should complete the application packet and return it to the advisor. At this time, the application will be evaluated and given to the practicum professor.

3. Registration for practicum.

Once approved by the advisor, the student will be contacted via students GSU Email account for practicum registration. The student can access a copy of the HLAD 4099 Syllabus and the Internship Manual on the BHA website under "Current Student Resources".

4. Meet with practicum professor

Once the professor has received the applications, she will schedule meeting with the students to discuss the practicum course.

**\*\*\*\*\*Failure to pass courses in progress at the time of application will revoke your practicum and delay graduation. \*\*\*\*\***

**\*\*\*\*\*Desired placement is not guaranteed. \*\*\*\*\***

**\*\*\*\*\*Internship placement is not guaranteed if a student has a felony. \*\*\*\*\***

## HLAD 4099 HEALTH ADMINISTRATION PRACTICUM CHECKLIST

Please complete all of the following and submit with this checklist:

**Application**

**Resume**

**Proof of Professional Liability Insurance:**

Students must obtain insurance and submit proof to the advisor prior to the start of HLAD 4099 practicum schedule. This can be done at, but not limited to:

H.P.S.O. Service: Marsh Affinity Group, a service of Seabury & Smith  
Phone: 1-800-982-9491 OR 1440, Renaissance Dr. Park Ridge, IL 60068  
Website: [www.hpso.com](http://www.hpso.com) Phone: 1-800-503-9230  
Website [www.proliability.com](http://www.proliability.com)

**NOTE: For Professional Liability Insurance, choose *Medical Records Administration* as Area of Study. You can only purchase a one year policy so have it start immediately.**

**Proof of Health Insurance:**

This can be purchased from a company of your choice or at the Marketplace.

**Criminal Background check:**

To be completed at: [www.castlebranch.com](http://www.castlebranch.com)

CODE: Go15, as in the word go.

Include the Results Summary Page only with your packet. If your report shows discrepancies or criminal convictions, please contact Pam Penn immediately for assistance.

**Unofficial GSU Transcript**

This can be printed by logging into the MyGSU Portal.

Attach this form to your completed packet of documentation and submit to Pam Penn, Room C3386. Make a copy for yourself. You will need it for a Practicum Portfolio.

**HEALTH ADMINISTRATION PRACTICUM APPLICATION FORM**

Student Name: \_\_\_\_\_  
Date: \_\_\_\_\_ ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Year: \_\_\_\_\_ Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Current GPA at time of submission \_\_\_\_\_

To be completed below ***only if*** you have already secured a placement site on your own and have had it approved practicum professor.

**Practicum Site**  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Name of Preceptor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

To be completed below ***only if a site has not*** been secured.

**Desired Type of Placement i.e. Nursing Home , Hospital, Clinic**  
\_\_\_\_\_  
**Desired Department:** \_\_\_\_\_  
**Personal and Academic Strengths:** \_\_\_\_\_  
\_\_\_\_\_

