



# Nevada Cancer INSTITUTE

Research • Treatment • Education

## **Undergraduate and Graduate Students Internship Program**

# **Nevada Cancer Institute Undergraduate and Graduate Students Internship Program**

The Nevada Cancer Institute supports and encourages the training and participation of medical and other students, undergraduate and/or graduate students from local universities and colleges in the NVCi service area and beyond, in hope that they may develop mentoring relationships with NVCi Faculty or Managers, enter the research community, pursue honors or other significant projects, and/or gain experience to obtain fellowships and entry to graduate level study programs. Students will work in an academic setting under the direction of NVCi Faculty members or Managers.

Whether seeking advice on research methodologies and data analysis, sustained support for honors writing, or assistance in formulating a research plan, graduate and undergraduate students are encouraged to visit and join the laboratories and departments of the NVCi.

## **Internship Opportunities are available in:**

### **◆ Research**

### **◆ Clinical:**

    ◆Pharmacy

    ◆Nutrition

### **◆ Administration:**

    ◆Finance

    ◆Legal

    ◆Research Administration

## **Application Process**

### **To apply:**

- 1. Complete a NVCi Internship Application**
- 2. Provide a letter of recommendation from the dean, research/faculty advisor, and/or faculty member of the applicant's current school of enrollment.**

**Applications/questions can be emailed to: [dterrano@nvcancer.org](mailto:dterrano@nvcancer.org)**

**Applications may also be faxed or mailed to:**

**Diane Terrano, CPCS  
Manager, Continuing Education Programs  
Nevada Cancer Institute  
Internship Program  
One Breakthrough Way  
Las Vegas, NV 89135  
702-822-5163  
702-944-0446 (fax)**

**UNDERGRADUATE/GRADUATE  
STUDENT INTERNSHIP APPLICATION**

**SECTION I: PERSONAL INFORMATION**

**First Name** \_\_\_\_\_ **Middle Initial** \_\_\_\_\_ **Last Name** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Telephone Number** \_\_\_\_\_ (indicate home, cellular, pager)

**Are you at least 18 years of age?**  Yes  No **Date of Birth** \_\_\_\_\_

**Local Mailing Address - Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP or Postal Code** \_\_\_\_\_

**Country** \_\_\_\_\_

**Permanent Address - Street** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP or Postal Code** \_\_\_\_\_

**University/College Affiliation** \_\_\_\_\_

**Undergraduate Major/Minor** \_\_\_\_\_

**Graduate area of study (if applicable)** \_\_\_\_\_

**When do you expect your degree to be conferred? (mo/yr)** \_\_\_\_\_

**If currently employed**

**Name of Firm** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Current Position:** \_\_\_\_\_

**How did you find out about NVCI?** \_\_\_\_\_

**Emergency Contact Information**

**Contact in Case of Emergency** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Emergency Contact Home/Cellular Telephone** \_\_\_\_\_

**Emergency Contact Work Telephone** \_\_\_\_\_

**SECTION II: LETTER OF RECOMMENDATION**

**A letter of recommendation from your dean, research/faculty advisor, or a faculty member at your current school of enrollment is required.**

**Faculty Member Name** \_\_\_\_\_

**Title** \_\_\_\_\_ **Email** \_\_\_\_\_

**Office Telephone** \_\_\_\_\_ **Office Fax** \_\_\_\_\_

Submission of this application to NVCI does not guarantee acceptance in the Internship Program nor does it imply any current or future fiduciary relationship between the applicant, the NVCI, and/or the NVCI faculty mentor(s) with regard to tuition, fees, or any other expense related to the applicant’s education.

You will be requested to sign a consent form authorizing governmental agencies to provide NVCI with certain other information regarding your possible criminal history, as provided in Nevada Revised Statute 178A. This information will only be obtained and used in accordance with applicable state, federal and local laws.

NVCI is a drug free work place. If you are accepted into the Internship Program, you will be required to take a hair, blood and/or urine test to determine the presence of drug metabolites in your body. The initial tests will be given prior to starting in the Internship Program. You may also be required to take such tests at any time during your tenure. Failure to pass or refusal to submit to a background investigation or a drug test may result in the withdrawal of an appointment as a Student Intern or termination once service has started.

**STUDENT INTERN AGREEMENT**

1. I will be punctual and conscientious in the fulfillment of my duties.
2. I will accept supervision graciously.
3. I will conduct myself with dignity, courtesy and thoughtfulness.
4. I will endeavor to make my work the highest quality.
5. I will abide by uniform and badge regulations.

Student Intern Applicant’s Signature

# Student Resume

(please complete AND attach a resume if you have one)

**Objective:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Education:

**College/University Name:** \_\_\_\_\_ **Dates:** \_\_\_\_\_  
\_\_\_\_\_

**Study Courses:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extracurricular Activities:** \_\_\_\_\_  
\_\_\_\_\_

## Volunteer Work:

**Facility Name:** \_\_\_\_\_ **Job Performed:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Job Performed:** \_\_\_\_\_  
\_\_\_\_\_

## Work History:

**Company Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Awards:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Intent:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***APPLICATION RELEASE AND AUTHORIZATION***

**READ CAREFULLY BEFORE SIGNING**

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the Organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a Student Intern and may result in my immediate release from service even if discovered at a later date.

I authorize representatives of the Nevada Cancer Institute to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf and all persons and entities requesting or supplying such information.

*I hereby acknowledge I have read and understand the information set forth above.*

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

***For NVCI use only:***

Application Received: \_\_\_\_\_

\_\_\_\_\_  
Medical Education Manager

\_\_\_\_\_  
Date

**Approved by:**

\_\_\_\_\_  
Faculty/Executive Mentor - Signature

\_\_\_\_\_  
Date

## STUDENT INTERN HEALTH QUESTIONNAIRE

In case of an emergency, please notify:

---

Name	Relationship	
(_____)_____	(_____)_____	(_____)_____
Home Phone	Work Phone	Fax Number

Physician's Name: \_\_\_\_\_ (\_\_\_\_\_)\_\_\_\_\_

Phone Number

If a patient here, identify your

Name of Doctor \_\_\_\_\_ Phone: \_\_\_\_\_

1. Have you had any serious health problem that would keep you from volunteering?

Yes  No If yes, please describe:

---

2. Date of last physical examination: \_\_\_\_\_ Results: \_\_\_\_\_

3. Immunizations:

MMR (measles, mumps, rubella)...  Yes  No      Poliomyelitis .....  Yes  No

Small Pox .....  Yes  No      Tetanus .....  Yes  No

4. Have you ever had **or** do you now have any of the following?

Chicken Pox.....  Yes  No      Skin infections, rash or boils...  Yes  No

Dizziness or fainting spells....  Yes  No      Shortness of breath.....  Yes  No

Pain in chest, palpitations.....  Yes  No      Convulsions .....  Yes  No

Backaches or back Surgery...  Yes  No      High blood pressure.....  Yes  No

Herpes zoster (shingles) .....  Yes  No      Tuberculosis.....  Yes  No

Diabetes.....  Yes  No      Date of last Screening: \_\_\_\_\_

Are you taking medication?.....  Yes  No

5. Are you taking any medications of which we should be aware?  Yes  No

Medication:

---

I hereby certify that the above is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to intern. If I have answered **yes** to any of the questions, I agree to provide NVCI with a letter of clearance from my physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Consumer Notification & Authorization**

This is used to inform you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

**To Whom It May Concern:**

During the application process or at anytime during the tenure of my employment, I hereby authorize and request any present or former employer, school, police department, financial institution, agency or other persons having personal knowledge about me, to furnish bearer of this consumer notification and authorization with any and all information in their possession regarding me in connection with an application for employment, including consumer report information that may include motor vehicle records. I understand all and agree that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written authorization be accepted with the same authority as the original, and specifically waive any written notice from any present or former employer or any other individual or entity, who may provide information based upon this authorized request. I understand this authorization shall be part of the employment application which I have submitted to NVCI.

My signature below provides authorization. A copy of this form will be available to me upon my request.

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth (for identification purposes only) \_\_\_\_\_

Social Security Number (for identification purposes only) \_\_\_\_\_

List any other names previously used: \_\_\_\_\_