



DEPARTMENT OF CLINICAL EDUCATION

## Intern of the Month Application

One T8 or T9 intern will be selected to receive this award each month. To apply for the award, complete this application. In 100 words or less tell how you meet the criteria (listed on the back) for Department of Clinical Education Intern of the Month.

Date: \_\_\_\_\_ Student ID # \_\_\_\_\_ Trimester \_\_\_\_\_

Intern Name (Print) \_\_\_\_\_

Intern Signature: \_\_\_\_\_

Application deadline: The first Friday of the following month for which you are applying.

---

For Department of Clinical Education use only (Revised 6/04)

Meets criteria  Yes  No

Date intern notified \_\_\_\_\_

Total Points

Date website article completed \_\_\_\_\_

Intern awarded TAC \_\_\_\_\_

Selected as Intern of the Month  Yes  No

Intern given gift certificate \_\_\_\_\_

NORTHWESTERN HEALTH SCIENCES UNIVERSITY

2501 West 84th Street, Bloomington, MN 55431-1599 • Phone: (952) 885-5426 • Fax: (952) 886-7593