



SAN ANTONIO REGIONAL HOSPITAL

HEALTH COACHING PARTNERSHIP APPLICATION

SECTION I: PERSONAL INFORMATION

First Name

Middle Name

Last Name

PERMANENT ADDRESS:

Street

Apt #

City

State

Zip Code

PHONE NUMBER:

Cell Phone

Other Phone

EMAIL:

SECTION II: EMERGENCY CONTACT INFORMATION:

NAME:

ADDRESS

PHONE:

SECTION III: EDUCATION

COLLEGE/UNIVERSITY

MAJOR/DEGREE

YEAR IN SCHOOL

CULMULATIVE GPA

ADDITIONAL LANGUAGES:

SECTION IV: APPLICANT CERTIFICATION

***Please read the following statement in its entirety, and sign below to verify your agreement to the terms.**

By my signature below, I certify the information provided above, and any other information in connection with this application form, including the written responses, is true, accurate, and completed by myself, the applicant. I agree that this form in original, faxed, photocopied, or electronic form will be valid for all background reports requested by or on behalf of San Antonio Regional Hospital. I understand that I will be required to submit to a background check and that all parts of the background report must comply with the guidelines set forth by my desired hospital site in order to fulfill the requirements for the Health Coaching Partnership program.

APPLICANT SIGNATURE

DATE

SECTION V: QUESTIONS

- 1. Will you be able to commit to a minimum of 3-4 hours per week to the program (this includes the weekly case reviews and to reserve time outside of case reviews to visit enrolled participants)? **Yes No**
- 2. Will you be able to participate for at least two consecutive academic periods in the Health Coaching Partnership program? **Yes No**
- 3. Will you have your own transportation to the Community Health Improvement Program (CHIP) office in Ontario, and from the CHIP office to the patient’s home? **Yes No**
- 4. What days and times are you available outside the practicum to visit patients:
.....
.....
.....
- 5. Describe any previous experiences in the healthcare setting (use separate page if necessary):
.....
.....
.....
.....
.....
.....
.....
.....

SECTION VI: AGREEMENTS

1. Health Coach Responsibilities: *Please read and sign*

Student agrees to a) fulfill all of the responsibilities of the Health Coach described in the Health Coach Program Description; b) attend the mandatory hospital orientation and training seminars, c) commit to a minimum of 3-4 hours per week to the program; d) participate for at least two consecutive academic periods; e) commit to attend the weekly case reviews, to perform documentation, tele-coaching, etc.) and to reserve time outside the practicum period to visit with enrolled participants.

SIGNATURE OF STUDENT	DATE
----------------------	------

2. Course Credit(s): *Please read and sign*

Student, instructor, and departmental chair agree to an assigned (*please circle one*) 0 / 1 / 2 units/credits upper-division course for the (*please circle one*) Fall/Spring/Summer 202__ period upon completion of the Health Coaching Program.

SIGNATURE OF STUDENT	DATE
----------------------	------

SIGNATURE OF DEPARTMENT CHAIR	DATE
-------------------------------	------

SIGNATURE OF SAN ANTONIO REGIONAL HOSPITAL	DATE
--	------

When complete, please scan and email directly to Sandy Knox, RN and CHIP Manager at sknox@sarh.org.