

SECTION V: QUESTIONS

1. Will you be able to commit to a minimum of six (6) hours per week to the program (this includes the weekly four hour practicum and to reserve time outside of the practicum 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):

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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 six (6) hours per week to the program; d) participate for at least two consecutive academic periods or a minimum of 20 weeks; e) commit to attend the weekly four hour practicum (for case reviews, documentation, tele-coaching, etc.) and to reserve time outside the practicum period to visit enrolled participants.	
_____ SIGNATURE OF STUDENT	_____ DATE

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

Student, instructor, and departmental chair agree to an assigned (<u>please circle one</u>) 0 / 1 / 2 units/credits upper-division course for the (<u>please circle one</u>) Winter/Spring/Summer/Fall 2019 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 Ronald Nowosad, Director, Program Development and Clinic Operations at rnowosad@sarh.org.