

PENNSYLVANIA MYOTHERAPY INSTITUTE
Externship/Event Form

STUDENT'S NAME:	_____
SEMESTER: (circle the appropriate number)	I II III
DATE:	_____
EXTERNSHIP/EVENT:	_____
FACILITY NAME:	_____
SUPERVISOR'S NAME:	_____

Requirements for this form:

- This form is to be used for *any* externship/event that is completed outside of the PMI clinic.
- You need to have your supervisor as named above, fill out the back of this form. If your supervisor cannot fill the form out at the end of the event, it is still your responsibility to have the supervisor fill out the form and sign it before it is considered to be "complete".
- **Completed** *Externship/Event Forms* must be placed in the Clinic Director's mailbox at PMI, in order to receive credit for required hours. *This is the sole responsibility of the student, not the supervisor!!*

Dress Code Policy:

- You need to wear either your navy blue PMI polo shirts or scrub top OR (*after 1st Semester*) a *plain colored/no pattern* scrub top that may have your name or personal business logo on it.
- Appropriate pants and shoes (refer to school catalog). *ALL shirts and pants need be clean and neatly pressed.*
- Do not rely on borrowing appropriate attire from the school.
- Your supervisor for the externship/event will be evaluating your dress, so be sure you follow PMI's policies.

Professional Expectations:

- You are expected to keep all patient/client information confidential, you may need to sign a confidentiality form provided by the facility. This will vary from setting to setting depending on their policies.
- Also keep in mind the type of training professionals receive, may vary from what you have been taught at PMI. If you observe something that is different than what you have learned, you may ask the professional for an explanation of his or her technique or clinical reasoning, but please do not question him or her in front of the client/patient!!

The following is to be completed by PMI's Clinic Director.

Total number of clock hours credited to the student: _____

Signature of the Clinic Director: _____ **Date:** _____

The following is to be completed by the student's supervisor as named on page one.

To the student's supervisor: On behalf of PMI and its staff we appreciate you allowing our students to participate in an externship with you and/or your staff. Please take a few minutes to answer the following questions in regards to the student while under your supervision. Again thank you for your time.

Was the student on time to the externship facility/setting? YES NO

Was the student dressed appropriately? *(Please refer to the front of this paper for the dress code policy for all events/externships.)* YES NO

Did the student act in a professional manner? YES NO

Did the student actively participate during the externship? YES NO

Additional comments or concerns:

(You may also contact PMI's Clinic Director (Tara Heidel) at 717-624-3333 if you would like to give direct feedback, in addition to or in place of using this form.)

Signature of Supervisor: _____ Date _____

**Please check to ensure the student has filled in the correct arrival and departure times listed in the next section.

The following is to be completed by the student.

1. In addition to listing arrival and departure times, please list the ***type*** and ***length of massage(s)*** completed if this was an event where multiple modalities were offered.
(Example: 10 minute seated massages, 15 minute foot, facials etc.)

Time of arrival _____

Time of departure _____

Total # of hours _____

2. What did you like most about this externship?

3. What did you like least about this externship?

4. What did you learn from this externship?