

Application Checklist

- ☐ Section 1 – Personal Information
 - Name, Preferred Pronouns, Address, Phone, Date of Birth (used for an ASU Sun Devil Identification Card)

- ☐ Section 2 - Degree and Relevant Education Experience
 - List up to 3 experiences you consider as relevant to your clinical application. Field of Study, Institution, Degree or Certification, Status, Graduation Date.

- ☐ Section 3 – Maternal and Child Health (MCH) Related Workshops or Conferences
 - List up to 3 MCH related workshops of conferences Organization, Dates, Website, Organization Email, Onsite or Virtual, Number of Hours.

- ☐ Section 4 – Current Employment
 - Information on current employment: Position, Years in Current Employment, Employer, Department, Employer Address, City, State, Zip Code.

- ☐ Section 5 – Past Employment (last five years)
 - Up to 2 past employment: Title, Begin Date of Employment, End Date of Employment, Employer, Department, Employer Address, City, State, Zip Code.

- ☐ Section 6 – Prerequisites
 - All Applicants Section 6a, Health Care applicants ONLY 6b
Non health care applicants ONLY 6c and 6d

- ☐ Section 6a – **ALL Applicants** - Lactation Specific Requirement of 95 hours – (90 hours of didactic + 5 hours of communication) Course Title, Date Completed, Expiration Date, Institution, Number of Hours or CEU credits.

- ☐ Section 6b: **ONLY** Recognized Health Professionals applicants: Type of Health Professional, Year of Graduation, College or School Attended, License Number, License Expiration Date.

- Section 6c – **ONLY** Non-Health care applicant: 8 College Courses from an Institution of Higher Learning. Course Title, College or Institution, Letter Grade or Pass/Fail, Date of Completion, Number of Credits
 - Biology
 - Human Anatomy
 - Human Physiology
 - Nutrition
 - Infant and Child Growth and Development
 - Introduction to Clinical Research Course
 - Psychology or Counseling Skills or Communications
 - Sociology or Cultural Sensitivity or Cultural Anthropology

- Section 6d - **ONLY** Non-Health care applicant: 6 Continuing Education Courses offered by institutions of higher learning or continuing education courses. With the exception of the Basic Life Support Course, the title of your course may not exactly match what is listed. If you have completed a course that contained the topic, please use your course title.
 - Basic Life Support (Must be American Heart Association)
 - Medical Documentation
 - Medical Terminology
 - Occupational Safety and Security for Health Professionals
 - Professional Ethics for Health Professionals
 - Universal Precautions and Infection Control

- Section 7 – General Information
 - Write a brief statement (approximately one paragraph) describing your motivation for taking this clinical internship.
 - List any scheduling, logistical concerns or accommodation needs.
 - Health Insurance Information
 - Disclosures and Consent forms:
 - Lactation Credentialing disclosure
 - FERPA disclosure of personal information
 - Lift requirement of 50 pound in clinical settings
 - COVID-19 vaccine may be required by a facility or clinical site and could limit the availability of clinical sites
 - Language proficiency – English (required), Spanish, other
 - List of questions applicants have for the program