

Leisure Yu MD, Ph. D.

Orthopaedics and Sports Medicine

Re: The Student Medical Intern Learning Experience

Dear Student,

Thank you for your interest in the *SMILE* program. This program was created at the office of Dr. Leisure Yu to allow high school and college students who are interested in the health professions an opportunity to view the different occupations available in medicine.

Depending on your personal goals, you will be able to work with Dr. Yu and his staff to:

- Become familiar with software used in health offices
- Interact with patients in a clinical setting
- Research ways to facilitate the patient-provider relation using technology
- Contact insurance companies for different services
- Produce and package guides for patients
- Promote Dr. Yu's educational programs
- Help design and update the office website

Through *SMILE*, we hope to give you the opportunity to gain firsthand knowledge of the multifaceted areas of health care by working under the direct supervision of doctors and other health care professionals.

We accept applications for the *SMILE* program on a rolling basis. This means that you can begin your internship at any point during the year, but once you choose your hours, we expect you to be responsible for the schedule you have chosen.

The SMILE program is an unpaid internship. If your participation in the *SMILE* program is for the completion of community service, a graduation requirement, or a business externship at your school, it is your responsibility to understand and complete your school's requirements for the awarded credit hours. *SMILE* interns typically stay in our office 80 hours, usually consisting of two four-hour blocks per week for ten weeks, but because of our small office size and flexible staff, your schedule can be adjusted to meet your own needs.

Leisure Yu *MD, Ph. D.*

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Attached are the forms required to get started as an intern. Please fill them out and deliver them to our office at

10459 Mountain View Avenue, Suite D
Loma Linda, CA 92354

If you have further questions about the SMILE program, contact us at (909) 799 3838 during our regular business hours and one of our staff members will be happy to assist you.

Thank you for your interest in health care. We want to help you make a difference.

Sincerely,

Dr. Leisure Yu and Staff

Leisure Yu MD, Ph. D.

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Student Information:

Name:	Address:	
Phone:		
Email:	DOB:	Age:
Current School of Attendance:	Expected Year of Graduation:	

Emergency Contact Information:

Name:	Relationship to intern:
Phone:	
Emergency Waiver: In case of emergency, I give permission for employees of Leisure Yu, MD, Inc. to medically treat or transport _____ to an emergency room as deemed fit by an employee.	
X _____	Date:
<i>Signed by participant, or parent/guardian if under 18</i>	

Interest information:

You will be assigned to work with a designated staff member. What tasks you are assigned are a function of your interests, goals, and the total time you are able to commit to the program. Please indicate your interests below.

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Availability Information:

Are you pursuing this position for a school requirement? If so, how many hours are required?	
What is your first available work day?	

Please indicate your availability in the table below:

Day	Morning (8-12)	Afternoon (1-5)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Intern Contract:

I, _____, as a SMILE intern, will be open to learn different business functions and medical skills employed in a medical practice as well as developing knowledge of the various aspects of health care. I recognize that the primary purpose of my time as an intern is to help me decide if they would like to pursue a future in medicine or in a medical business career. I will also be open to learn service skills and to experience being the human face of medical care.

While I have indicated a focus and a goal for my time here, I will be open to learn a multitude of business skills from scheduling to business accounting. I understand that I might be asked to work the front desk, in the medical records department, on billing and collections techniques, or with marketing and public relations.

I understand that the SMILE internship is counted as volunteer work and is not paid.

_____ Date: _____
Participant Signature

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Waivers:

Over 18

I do not hold Leisure Yu, MD, Inc. liable for any injury incurred while participating in the SMILE program.

_____ Date: _____
Participant Signature

Under 18

I give permission for _____ to travel with a driver from Leisure Yu, MD, Inc. for any events related to the SMILE program.

I do not hold Leisure Yu, MD, Inc. liable for any injury incurred while participating in the SMILE program.

_____ Date: _____
Parent/Guardian Signature