

INTERNSHIP MODULE CHECKLIST

NAME OF AIT _____ DATE _____

NAME OF PRECEPTOR _____

Training Site/Address _____

Ph. _____

NUMBER OF HOURS REQUIRED TO COMPLETE PROGRAM _____

Number of Hours

Proposed Dates

- | | | |
|-----------|---|-------|
| _____ 1. | Administration | _____ |
| _____ 2. | Human Resources | _____ |
| _____ 3. | Nursing Department | _____ |
| _____ 4. | Rehabilitation Dept | _____ |
| _____ 5. | Medical Records | _____ |
| _____ 6. | Activities Department | _____ |
| _____ 7. | Social Services/
Admissions Department | _____ |
| _____ 8. | Business Office/
Financial Mgt | _____ |
| _____ 9. | Dietary Department | _____ |
| _____ 10. | Housekeeping/Laundry
Department | _____ |
| _____ 11. | Environmental Mgt
(Maintenance Dept) | _____ |
| _____ 12. | Other | _____ |
| | (use add'l pages as needed) | |

_____ **TOTAL ASSIGNED TIME IN HOURS**



OKLAHOMA
State Department
of Health