



# Summer Student Extern Program 2022

## May 26 to July 29, 2022

### I. INTRODUCTION

The Sisseton-Wahpeton Oyate Community Health Education Program is excited to offer the **Summer Student Extern Program 2022 (SSEP)**. The SSEP is open to college students enrolled in a health care program of study. Students selected can expect to build their skill and competence in the health care field through hands-on work experience. In turn they become a valuable support to their placement site.

Externs work up to 400 hours during the summer of 2022—May 26th to July 29, 2022.

Placement sites are offered at the Woodrow Wilson Keeble Memorial Health Care Center, Sisseton, SD and at Sisseton-Wahpeton Oyate Health Programs.

**Sisseton IHS:** Property & Supply, Behavioral Health, Lab, Optometry, Physical Therapy, Purchased & Referred Care, Dental, Facilities and Contracting & Procurement \*Students may inquire about placement sites not listed here.

**Sisseton-Wahpeton Oyate:** Dakota Pride Treatment Center, SWO Diabetes Center, Mayuteca Treatment Center, SWO Youth Department, Community Health Education

### II. ELIGIBILITY

**Students applying for an externship must meet the following requirements:**

- Must have successfully completed 24 credit hours or one full year of post secondary education in a health care discipline by May 2022.
- Undergraduate students must have a cumulative 2.0 GPA & graduate students a 3.0 GPA on a 4.0 scale.
- Must be Indian Health Service eligible.
- Must be returning to school for the 2022 fall semester.
- Shall commit to be alcohol and drug-free for the duration of the externship.
- Must consent to and pass a criminal background check, character investigation and drug screen.

### III. APPLICATION

**Student packets must include the following documents to be considered complete:**

1. Sisseton-Wahpeton Oyate Application for Employment
2. Extern Supplemental Employment Application
3. Copy of transcripts (unofficial transcripts are accepted)
4. Copy of Tribal I.D. or proof of enrollment or descendent of a federally recognized tribe.

#### **IV. BENEFITS**

Salary: Externs are compensated for hours worked. Compensation is dependent on most recent academic year completed. Salary ranges from \$13.00 - \$16.00/hour for undergraduate students. Graduate students or students in a post graduate degree program will be compensated at a higher rate.

#### **V. HOUSING**

Housing and subsistence is not provided by program.

#### **VI. REPORTS**

Students are required to write and submit five (5) bi-weekly reports.

#### **VII. TRAININGS AND PROGRAM SPONSORED ACTIVITIES/EVENTS**

Students are required to attend all scheduled meetings, trainings and program sponsored activities/events including:

- Program orientation Monday May 26, 2022—*Tribal & IHS Externs*
- IHS Computer Security Awareness Training—May 27, 2022—*IHS Externs*
- IHS Required Training—May 26, 2022— *IHS Externs*
- IHS Ethics—*IHS Externs*
- Health Insurance Portability and Accountability Act (HIPAA) Training—*All*
- National Indian Health Board Public Health Training—*All*
- Other trainings scheduled throughout the summer—*All*
- Wellness activities & events sponsored by one of the SWO Health Programs held through out the summer months—*All*
- Complete a group or individual project by July 29th—*All*

#### **VIII. Scholarship**

Externs completing: five (5) bi-weekly reports, group or individual project and 360 hours will be eligible for a \$500.00 scholarship at the conclusion of the externship.

#### **VIV. SELECTION**

Priority will be given to first time applicants, but all students are encouraged to apply.



**SISSETON-WAHPETON OYATE**  
**COMMUNITY HEALTH EDUCATION PROGRAM**  
EXTERN SUPPLEMENTAL APPLICATION

Have you previously participated in the student extern program? \_\_\_\_\_  
If yes, please indicate year(s) participated (ie 2021) \_\_\_\_\_

**CONTACT INFORMATION:**

Students' Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**TRIBAL ENROLLMENT:**

Tribal Affiliation: \_\_\_\_\_ District Registered: \_\_\_\_\_

**ACADEMIC INFORMATION:**

College/University Enrolled: \_\_\_\_\_

Degree seeking (specify degree & program): \_\_\_\_\_

No. of credit hours completed by end of Spring Semester 2022: \_\_\_\_\_

Projected Graduation Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

Are you returning to school for the Fall 2022 semester as a full-time student?  Yes  No

**EXTERNSHIP:**

Check the position you are applying for (if more than 1—rank from 1-13 with 1 being your first choice)

Sisseton IHS work sites: \_\_\_ Property & Supply \_\_\_ Behavioral Health \_\_\_ Lab \_\_\_ Optometry  
\_\_\_ Physical Therapy \_\_\_ Purchased & Referred Care \_\_\_ Dental \_\_\_ Facilities  
\_\_\_ Contracting & Procurement \_\_\_\_\_ Other (list)

SWO work sites: \_\_\_ Dakota Pride Treatment Center \_\_\_ SWO Diabetes Center \_\_\_ Mayuteca  
Treatment Center \_\_\_ SWO Youth Department \_\_\_ Community Health Education

Date applicant is available: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Do you have any special needs that we must be aware of to ensure a successful externship?

\_\_\_\_\_



**STATE YOUR CAREER GOAL: (ADDITIONAL PAGES MAY BE USED IF NEEDED)**

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**DO YOU THINK IT IS IMPORTANT FOR YOU, AS AN ASPIRING HEALTH CARE PROFESSIONAL/  
PROVIDER, TO BE ALCOHOL & DRUG-FREE? PLEASE EXPLAIN WHY OR WHY NOT: (ADDITIONAL PAGES  
MAY BE USED IF NEEDED)**

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**APPLICATION CHECKLIST: REVIEW YOUR PACKET FOR COMPLETENESS**

- Extern Supplemental Application
- Sisseton-Wahpeton Oyate Application for Employment
- Copy of Transcripts (Unofficial transcripts accepted)
- Copy of Tribal I.D. or Proof of Enrollment

By my signature I certify that, to the best of my knowledge and belief, all my statements are true, correct and complete. If selected, I agree to be alcohol and drug-free while a participant of the program. I understand that any violation of my commitment to be alcohol and drug free will result in my termination from the program.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Applications will be selected by the Health Careers Promotion Task Force Committee and may be invited to interview. Interviews will be conducted by phone or in person depending on availability. If selected you will be notified by phone or e-mail.**

**I prefer to be notified by:** Email  Phone

If selected do you give us permission to use your name, picture, degree and college information in our public relations materials, i.e press releases, program brochure, etc?  
Your response does not affect your selection for this program.

Yes  No

**SUBMIT APPLICATION AND ALL REQUIRED MATERIALS BY FRIDAY, MARCH 25, 2022 TO:**

Sisseton-Wahpeton Oyate  
Community Health Education Program  
Attn: Elise Johnson  
P.O. Box 509  
Agency Village, SD 57262

**HAND DELIVER TO:**

Woodrow Wilson Keeble Memorial Health Care Center  
100 Lake Traverse Drive, Room #E-05  
Sisseton, SD

**▶▶▶ INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED ◀◀◀**

Date Received: \_\_\_\_\_

***Sisseton-Wahpeton Oyate***  
**APPLICATION FOR EMPLOYMENT**

Date of this Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Program: \_\_\_\_\_

Applicant's Full Legal Name: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Applicant's Contact Information:

Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Current Phone Numbers: Day: \_\_\_\_\_ Night: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

E-Mail Address(es): \_\_\_\_\_

**EDUCATION:**

High School - Check the highest grade completed:       9    10    11    12

Year you graduated or received G.E.D.: \_\_\_\_\_ Name & Address of School: \_\_\_\_\_

Check the number of years of post high school education:  1    2    3    4    More

Name of Post High School Education Institute:	Address:	Degrees or Certificates Achieved or Credit Hrs. Earned	Major	Dates of Attendance
If you expect to complete an educational program in the near future, please state what degree or certificate you expect to achieve and the expected completion date:				

**EXPERIENCE:** Starting with the current or most recent, describe all paid, military, and volunteer experience. Highlight the knowledge, skills and abilities that best demonstrate your qualifications for this position.

Employer: _____	Telephone: _____
Address: _____	
Position Held: _____	Supervisor: _____
Employment Dates - From: _____ To: _____	Hourly Rates - Beginning: _____ Ending: _____
Job Duties Performed: _____	
Reason for leaving: _____	

*Sisseton-Wahpeton Oyate*  
**APPLICATION FOR EMPLOYMENT**

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rates - Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Job Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rates - Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Job Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rates - Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Job Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rates - Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Job Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Employment Dates - From: \_\_\_\_\_ To: \_\_\_\_\_ Hourly Rates - Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_  
Job Duties Performed: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

*Sisseton-Wahpeton Oyate*  
**APPLICATION FOR EMPLOYMENT**

USE THIS SPACE TO PROVIDE ANY ADDITIONAL INFORMATION REGARDING YOUR KNOWLEDGE, SKILLS, AND ABILITIES THAT YOU THINK WOULD ASSIST US IN EVALUATING YOUR APPLICATION:

**LICENSES/CERTIFICATES:**

Include licenses, certificates, or other authorization to practice a trade or profession:

<i>Type:</i>	<i>Number:</i>	<i>Granting Agency:</i>

**REFERENCES:**

List three references that are not related to you who know of your qualifications.

<i>Name:</i>	<i>Address:</i>	<i>Telephone:</i>	<i>Association with You:</i>

**LANGUAGE:**

Indicate your Dakota language skills:

<i>Skill:</i>	<i>Fluent</i>	<i>Good</i>	<i>Fair</i>	<i>Willing to Learn</i>
Speaking				
Reading				
Writing				

**OTHER:**

What type of employment do you seek (check all that are acceptable to you):

- Full-time  
  Part-time  
  Seasonal  
  Temporary/Emergency Hire  
 Intermittent/Substitute  
  Federal Training Program  
  Consultant/Independent Contractor

What schedules are you available to work:

- Day  
  Night  
  Shift Hours (*specify*) – From: \_\_\_\_\_ To: \_\_\_\_\_



*Sisseton-Wahpeton Oyate*  
APPLICATION FOR EMPLOYMENT

Are you willing to accept employment that requires travel?  Yes  No

Are you willing to provide your own transportation if necessary for employment?  Yes  No

Are you a veteran who has received an honorable discharge?  Yes<sup>1</sup>  No

Are you a veteran who has a service connected disability rating fixed by the United States Veterans Affairs?  Yes<sup>2</sup>  No

Are you claiming Indian Preference?  Yes<sup>3</sup>  No

Are you legally eligible for employment in the United States in accordance with the Immigration Control and Reform Act of 1986?  Yes<sup>4</sup>  No

Have you ever been convicted of a felony?  Yes<sup>5</sup>  No

May we contact your present supervisor?  Yes  No

When would you be available to start work? \_\_\_\_\_

**APPLICANT AGREEMENT**

**I certify that the information given herein is true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment, including a check of my references and previous supervisors/employers. I understand this application is not a contract for employment. I understand that any false misrepresentation or omission of facts called for in this application will cause cancellation of any consideration for employment and may result in immediate discharge from employment, should I be hired under false pretenses.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Human Resources Office Signature*

\_\_\_\_\_  
*Date*

**By virtue of my signature, I hereby consent to the civil jurisdiction of the Sisseton-Wahpeton Oyate if I am hired.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Human Resources Office Signature*

\_\_\_\_\_  
*Date*

<sup>1</sup> To be considered for Veterans Preference, please attach documentation of your honorable discharge (DD-214)

<sup>2</sup> To receive preference as a veteran with a service-connected disability, please attach documentation.

<sup>3</sup> To be considered for Indian Preference, please attach a copy of your Tribal Enrollment information and/or your spouse's Tribal Enrollment information.

<sup>4</sup> Under the Immigration Control and Reform Act of 1986, proof of citizenship or immigration status will be required upon employment. You will be required to complete applicable sections of the Immigration and Naturalization Service Form I-9 if you are hired.

<sup>5</sup> If yes, please provide a description of the conviction and date(s) thereof): \_\_\_\_\_