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.

IV. 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? □ Yes □ No
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: _____Dakotah 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?
________________________________________________________

2022
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: ___________________________ 2022
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

<table>
<thead>
<tr>
<th>Name of Post High School Education Institute</th>
<th>Address</th>
<th>Degrees or Certificates Achieved or Credit Hrs. Earned</th>
<th>Major</th>
<th>Dates of Attendance</th>
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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.

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<tr>
<th>Employer</th>
<th>Address</th>
<th>Telephone</th>
<th>Position Held</th>
<th>Supervisor</th>
<th>Employment Dates - From:</th>
<th>To:</th>
<th>Hourly Rates - Beginning:</th>
<th>Ending:</th>
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Reason for leaving:

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**Sisseton-Wahpeton Oyate**

**APPLICATION FOR EMPLOYMENT**

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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:

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<th>Type</th>
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<th>Granting Agency</th>
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REFERENCES:
List three references that are not related to you who know of your qualifications.

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<th>Name</th>
<th>Address</th>
<th>Telephone</th>
<th>Association with You</th>
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LANGUAGE:
Indicate your Dakota language skills:

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<th>Skill</th>
<th>Fluent</th>
<th>Good</th>
<th>Fair</th>
<th>Willing to Learn</th>
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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 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 ☐ No
Are you a veteran who has a service-connected disability rating fixed by the United States Veterans Affairs? ☐ Yes ☐ No
Are you claiming Indian Preference? ☐ Yes ☐ No
Are you legally eligible for employment in the United States in accordance with the Immigration Control and Reform Act of 1986? ☐ Yes ☐ No
Have you ever been convicted of a felony? ☐ Yes ☐ 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

1 To be considered for Veterans Preference, please attach documentation of your honorable discharge (DD-214)
2 To receive preference as a veteran with a service-connected disability, please attach documentation.
3 To be considered for Indian Preference, please attach a copy of your Tribal Enrollment information and/or your spouse's Tribal Enrollment information.
4 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.
5 If yes, please provide a description of the conviction and date(s thereof):

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