



Health And Life Organization, Inc.  
**SACRAMENTO  
COMMUNITY CLINICS**  
*An FQHC-LA 501(c)(3) Non-Profit Organization*

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## **HALO-SCC EXTERNSHIP PROGRAM**

Health and Life Organization, Inc., dba Sacramento Community Clinic (HALO-SCC) offer externship to medical assistant, medical billing and coding, medical administrative assistant, dental assistant, and registered dental assistant. Our externship program is design to provide externs with hand-on learning experience and develop the skills and knowledge student acquire through their education training.

Our clinics are fast-paced clinic servicing about 100 to 200 patient per day. Thus, HALO-SCC expect our student externs to be willing to learn and ready to put their skills and knowledge into practice. Student externs accepted into our externship program will be provided a time to learn our policies and procedures by training with one of our skills staffs. After the training period, student externs are expected to perform their duties under the supervision of our skill staffs. Evaluations and feedbacks will be provided to student externs to assist the student extern in improving their performance and knowledge. Our goal is to provide our externs with skill, knowledge, and experience to obtained employment after their externships.

### **Externship Expectations**

As part of our externship program, HALO-SCC expect our student externs to adhere with health center's policies and procedures. Student extern who are unable to adhere to these policies and procedures will be terminated from the program.

### **Attendance & Call Out Policy**

Student externs are expected to report to their externship as schedule. If you are unable to report to your externship, you must notify the clinic/department manager at least 1 hour prior to your schedule. If you are running late, you must notify the clinic/department manger at least 15 minutes prior to your schedule. If the lead or manager does not pick up, you must leave them a voice message stating the reason as to why you are unable to report or running late.

### **Dress Code**

HALO-SCC has a business casual and scrub dress code policy. Student externs are expected to wear scrubs Mondays – Thursdays and business casual on Fridays. Student extern an opt to wear scrubs on Friday if they choose. HALO-SCC expects our student externs to be groom and dress neatly.

To assist student externs in dressing according below are some standard groom and dress guidelines:

- Clothing must be clean and of proper fit. Proper fit is defined as clothing that is sized properly (i.e., non-clinging and not too tight or baggy).
- Clothing must be non-revealing, not too shear, wrinkle-free and in good repair.
- Appropriate undergarments must be worn and not visible.
- Hair must be neatly combed, and clean hair is acceptable; extreme hair colors are not permitted in the clinical environment. Hair must not obstruct vision, and in clinical environments, must be pulled back if greater than shoulder length.
- Hair accessories should not interfere with job performance or cause a distraction and should be consistent with a professional appearance. Hats, caps, and other forms of headwear are not acceptable unless worn only as part of an approved uniform.
- Fingernails must be short, clean, and healthy. Nail polish must be chip free and moderate in color.
- Fingernails must not interfere with patient care nor with infection control standards or safety

- Fragrance should be minimal and used with discretion. Strong Body Odor will not be tolerated.
- Make-up must be conservative, minimal, discreet, and should apply shades complimentary to natural coloring and avoid extreme make-up styles.
- Visible tattoos should be small and covered when possible. Tattoos that could be construed as offensive must not be visible.
- Ear jewelry must be less than two inches in diameter and length and is limited to four items per ear. If safety is a concern, individual departments may modify this guideline.
- Rings are limited to one ring per finger in nonclinical areas except for a wedding set. For employees working in clinical settings, rings are limited to two per hand (wedding sets count as one ring) for purposes of infection control and patient safety.
- Daily hygiene of skin, hair and teeth is required.
- Frequent and proper handwashing will always be exercised, especially in the clinical environment.

### **Professional Conduct Policy**

HALO-SCC wishes to create an environment that promotes job satisfaction, respect, responsibility, integrity, and value for all our employees. HALO-SCC expect you to conduct themselves professional in the workplace.

Professional conduct is defined as:

- Being respectful. Agreeing to disagree when there is difference in opinions.
- Being inclusive. Welcoming individuals of all background and identities. This include but not limited to members of any sexual orientation, gender identity and expression, race, ethnicity, culture, national origin, social and economic class, educational level, color, immigration status, sex, age, size, family status, political belief, religion, and mental and physical ability.
- Being responsible and accountable. Reporting to work on time and completing all job duties as outline in your job description. Notify your manager/supervisor when you are unable to report to work in accordance with our policy. Ensure the safety of yourself and others in the workplace. Adhering to organizational policies and procedures.
- Being a team player. Work collaboratively with managers, supervisors, co-workers, and customers of the organization and its partners to achieve the mission and vision of the organization.
- Being polite and honest. Using please and thank you. Speaking in a calm and concise manners. Reporting accurate timesheets and not falsifying information or documents.

### **Cell Phone Policy**

Student externs can bring their cell phones with them when reporting to their externship. However, cell can only be used during the student extern's schedule break and lunch times. During schedule externship hours, student externs are prohibited to use their cell phone. Additionally, cell phone must be store and out of site during the student extern's schedule hours.

If student extern's family members, externship coordinators, or teachers needs to reach the student due an emergency, student externs can provide them with the clinic/department manager's contact information list above.

## **EXTERNSHIP APPLICATION**

**Directions:** Please complete this application form and email copies of your immunization records for Hepatitis B immunization, COVID-19, TB/PPD Clearance, and resume to [hr@halocares.org](mailto:hr@halocares.org).

### **APPLICANT INFORMATION**

Last Name	First Name	Middle Initial	Date of Birth	Social Security No.		
Street Address		City	State	Zip Code		
Phone No.	Email Address					
Date You Can Start	Total Hours Needed:					
Please list your availabilities below:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

1. Do you speak another language other than English? Yes No  
 a. If yes, what language(s)? \_\_\_\_\_

2. Which externship program are you interested in?

- Medical Assistant
- Medical Administration/Front Desk
- Dental Assistant/RDA
- Medical Billing and Coding

3. Will you be needing any accommodations to perform your externship duties?

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### **SCHOOL INFORMATION**

Name:	Job Title:
School Name:	School Address:
Phone No.	Email Address:

**EMERGENCY CONTACT**

Name:	Relationship to Applicant:
Phone No.	Email Address:

Name:	Relationship to Applicant:
Phone No.	Email Address:

**DISCLAIMER, ACKNOWLEDGEMENT, AND SIGNATURE**

I affirm that the information I have provided in this application is true to the best of my knowledge and I have not knowingly withheld any information. I understand that withholding or mis-stating any information requested on this application is grounds for rejection of application and grounds for discharge.

I authorize the company to verify, previous employment, education/training and other information provided on this application and resume/CV, unless noted otherwise. I also authorize the company to contact my supervisors, schools listed on this application and resume/CV with or without giving me prior notice. In addition, I release the company, my former employer, and all other persons or entities on this application from any and all claims demands or liabilities arising out of or in any way related to my employment application or disclosure.

Additionally, I acknowledge that I have read, understood, and agree to adhere to the policies and procedures outline in this form to the best of my abilities. If I have questions or concerns regarding the policies ore procedures, I understand that I can address them with the clinic/department manager. Additionally, I understand that if I am unable to adhere to the policies and procedures outline on this form, I may be discharge from this externship.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_