



## **CRITERIA for Intern/Externship**

**To qualify as an intern/extern at South Texas Dental centers, candidates must fulfill the following:**

1. The intern/extern should be in good standing with an accredited school for dental assisting.
2. He/she will continue enrollment in dental school during intern/externship.
3. He/she understands intern/externship will not extend to more than 12 months.
4. He/she must pass a drug test and background check prior to first day of intern/externship.
5. He/she must complete the attached contract and return it to Human Resources (HR).
6. All managers must inform HR through an email, if they plan to accept an interns/externs at their offices.

EXTERN RELEASE AND DISCLOSURE

I, \_\_\_\_\_, in consideration of accepting a position as a Dental Assisting Intern with South Texas Dental Associates, L.P., or an affiliate and related entities thereof (collectively "STD"), do hereby accept individual responsibility and assume all of the risks for any injury that is incurred by me while on or about any STD premises. By signing below, I do hereby release, acquit and forever discharge on my behalf, my heirs, executors, legal representatives, administrators, and successors, STD, and its owners, partners, members, employees, representatives, successors, insurers and assigns, and all other persons or entities who might be liable on any theory of recovery as to these entities, from any and all claims, demands, charges, fees, costs of court and causes of action of whatsoever nature, on any legal theory arising out of my presence on or about any STD premises while serving as a Dental Assisting Intern, including liability for damages of any kind, known or unknown, whether in contract or in tort, property damages and any other damages which may ever accrue to me or my heirs, executors, legal representatives, administrators, successors or assigns.

I acknowledge that my internship may cause me to learn individual patient information and that this information is confidential and not to be disclosed to anyone who is not associated with STD and involved in the patient's care or the processing of patient's records or accounts with STD. I am not to record in or alter any patient record and I am not to copy any records or radiographic studies, except as requested as part of my internship duties.

I acknowledge that I am not an employee of STD or any of its affiliates or related entities while serving as a Dental Assisting Intern and I am not covered by any policy of insurance maintained by STD, including, but not limited to, workers compensation, medical, dental, disability, life or professional liability insurance.

I AGREE TO HOLD HARMLESS AND INDEMNIFY STD FOR ANY AND ALL LIABILITIES, COSTS, DAMAGES, EXPENSES AND ATTORNEYS FEES RESULTING FROM OR ATTRIBUTABLE, IN WHOLE OR IN PART, TO ANY AND ALL ACTS, OMISSIONS OR NEGLIGENCE ON MY PART WHILE SERVING AS AN INTERN.

I hereby verify that I have learned the skills indicated on the Internship Skills Evaluation. Further, I acknowledge that I am a student and not allowed to receive payment for any services performed while serving as Dental Assisting Intern.

I hereby acknowledge that I am not to cause any patient harm.

I acknowledge that I have read the foregoing and agree to be bound by these terms and conditions in consideration of STD allowing me to serve as a Dental Assisting Intern.

Extern: Print Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_