



Sisseton-Wahpeton Oyate

COMMUNITY HEALTH EDUCATION PROGRAM

EXTERN SUPPLEMENTAL APPLICATION

Have you previously participated in this student extern program?_____

If yes, please indicate year(s) participated (ie 2025)_____

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 **total** credit hours completed by end of Spring Semester 2026:_____ Expected

Graduation Date:_____Current GPA:_____Cumulative GPA:_____ Are you
returning to school for the Fall 2026 semester as a full-time student? Yes___ No ___

Externship:

Check the position you are applying for (if more than 1—rank from 1-5 with 1 being your first choice)

Sisseton IHS work sites: ___Behavioral Health ___Nursing ___Lab ___Physical Therapy ___
___Dental ___Administration

SWO work sites: ___Asniyapi Clinic ___Dakotah Pride Treatment Center ___Native
Connections___ Domestic Violence & Sexual Assault ___ Tribal Vocational Rehabilitation ___
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?

How did you hear about the Extern Program? _____

Video Questions:

Please answer the following questions to the best of your ability using your phone or video recorder. Your responses are important and will help the selection committee understand your potential and dedication.

Recording yourself for each question and sending three videos that are between 3 to 5 minutes will showcase your commitment and help us get to know you better.

Question 1: Introduce yourself, where you're from, a brief background, and state your career and academic goals. How does this externship align with them? Your thoughtful answers will help us see your aspirations and how you plan to grow in the health field.

Question 2: Do you think it is important for you, as an aspiring health care professional/ provider, to be alcohol, drug & tobacco/vape-free?

Question 3: How important is it to you to stay connected to the SWO Lake Traverse Reservation and contribute to its health care delivery system after you leave for further education?

Please email all three recordings to WahleahW@swo-nsn.gov and confirm with the sender that they were sent.

Application Checklist: Your application must be fully completed and signed. Listed below are the items required for a complete application.

- ☐ **Extern Supplemental Application (Must be delivered or mailed).**
- ☐ **Email all three videos to WahleahW@swo-nsn.gov**
- ☐ **Sisseton-Wahpeton Oyate Application For Employment**
- ☐ **Copy of College Transcripts (Unofficial transcripts accepted)**
- ☐ **Copy of Tribal I.D. or Proof of Tribal 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 termination from the program.

Signature:_____ **Date:**_____

Student Externs 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 email.

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 brochures, etc?
Your response does not affect your selection for this program.

Yes_____ No _____

Submit application and all required materials by Friday, February 27, 2025 to:

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

Hand deliver to:

Woodrow Wilson Keeble Memorial Health Care Center
100 Lake Traverse Drive, Room #E-22
Sisseton, SD

Incomplete applications will not be considered

Date Received:_____

SSEP 2026