



# 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 2024) \_\_\_\_\_

**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 2025: \_\_\_\_\_ Expected  
Graduation Date: \_\_\_\_\_ Current GPA: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_ Are you  
returning to school for the Fall 2024 semester as a full-time student? Yes \_\_\_ No \_\_\_

**Externship:**

Check the position you are applying for (if more than 1—rank from 1-3 with 1 being your first choice)

**Sisseton IHS work sites:** \_\_\_ Behavioral Health \_\_\_ Nursing \_\_\_ Lab \_\_\_ Pharmacy \_\_\_ Physical  
Therapy \_\_\_ Purchased & Referred Care \_\_\_ Property and Supply \_\_\_ Facilities/Maintenance  
\_\_\_ Nutrition/Dietician

**SWO work sites:** \_\_\_ Asniyapi Clinic \_\_\_ Dakota Pride Treatment Center \_\_\_ Native Connections

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? \_\_\_\_\_

**Essay Questions:**

Please answer the following questions to the best of your ability. The essay questions will aid the selection committee in making a decision about your application. Please remember to use correct grammar and spelling. Also, please note that some questions have multiple parts and varying word counts, so please be sure to read and answer each question fully.

**State your career and academic goals. How does this externship align with them?: (500-550 words; 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: (350-400 words; Additional pages may be used if needed).**

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**How important is it to you to stay connected to the SWO Lake Traverse Reservation and contribute to its health development after you leave for further education? : (350-400 words; Additional pages may be used if needed).**

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

- Extern Supplemental Application
  - Sisseton-Wahpeton Oyate Application For Employment
  - Copy of College Transcripts (Unofficial transcripts accepted)
  - Copy of Tribal I.D or Proof of Tribal Enrollment
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- The logo is circular with 'COMMUNITY' at the top, 'HEALTH' in the center, and 'EDUCATION' at the bottom. It features a gear-like border and the slogan 'Healthy Choices. No Regrets!' at the bottom.

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, March 7, 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: \_\_\_\_\_