

**Functional Integrative Practice of Dr. Nadia Ali**

Functional Holistic Healing

995 Old Eagle School Road, suite 311

Wayne, PA, 19087

PH: 610-363-3973

Fax: 484-631-1327

website: [www.theholistichealing.org](http://www.theholistichealing.org)

## **Functional Holistic Healing Internship Program**

### **I. Description**

Our Internship program provides under graduates, graduates and medical students who have an interest in pursuing a career in medicine an opportunity to interact professionally with patients and medical staff at Functional Holistic Healing.

We only allow 1-2 students at a time to provide an effective experience. We provide an opportunity for the participants to observe and learn the skills they need to succeed in clinical practice. Areas covered during Internship program include

1. Completion of 2 Mini-cex for pathway 6
2. Medical interviewing
3. Physical examination
4. Doctor-patient relationship
5. Clinical reasoning
6. Humanism and professionalism
7. Health promotion/disease prevention
8. Electronic Medical Records
9. Patient communication skills include identifying their health concerns, creating differential diagnosis and treatment plans to address the concerns.
10. Communicating with pharmacies to order and/or refill medications
11. Reviewing lab results and interpreting them.
12. Observing blood Draws, administration of intravenous therapy and Intramuscular injections
13. One-on-one mentorship with Dr. Nadia Ali
14. Opportunity to participate in research.

### **II. Requirements:**

**Eligibility:** Under graduates, Graduates or medical students.

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**Confidentiality:** The Participant will maintain the confidentiality of records and files during their internship.

**Length of Internship:** The length of time can be 1 week, 2 weeks or 4 weeks. An extension can be requested. Upon the expiration of the rotation, he/she will no longer be permitted access to the facility.

**B-1/B-2 Visa or permanent resident:** A international medical student wishing to participate in the International Internship Program (hereinafter referred to as "Participant") shall be responsible for obtaining a B-1 (Visitor for Business) or B-2 (Visitor for Tourism) non-immigrant visa from the appropriate authorities.

A Participant must be in the possession of an unexpired, valid passport and maintain the validity of such passport for the entire duration of the Participant's Internship.

Any and all costs incurred in obtaining or maintaining a Participant's visa status shall be borne by the Participant.

**Application process:** All participants must complete the internship application form and checklist.

**Timeline Line:** Applications are due at least 4 weeks prior to the start date. Incomplete applications will not be considered. Slots are allotted on a first come first serve basis.

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## **Functional Holistic Healing internship Checklist**

### **1. Application Form**

All sections need to be completed. Photographs must be affixed to application.

### **2. Copy of Passport (for international graduates and/or medical students)**

Copy of Passport (biographical page) and Visa page.

### **3. Fee:**

Internship: Includes physician shadowing, practicing of clinical skills, mentoring as well as opportunity to do research and a letter of recommendation according to the performance of the candidate. The research will not be limited to 4 weeks. It can be continued after 4 weeks. Fee for 1 week: \$300, 2 weeks: \$550, and \$700.00 USD processing fee for a 4 week period of internship payable to 'Functional Holistic Healing' in the form of cash, money order, traveler's check, cashier's check drawn from a US bank, or a credit card. Personal check permitted if from a U.S. bank. Elective fee is non-refundable and paid once the application is accepted.

Please scan and email items 1-5 as a single PDF file to Dr. Nadia Ali at email @  
[theholistichealing.org](mailto:theholistichealing.org)

**Living Arrangements:** Participants are responsible for supplying their own short lab coat (hip-length), meals, transportation, and living arrangements.

Questions may be directed to [email@theholistichealing.org](mailto:email@theholistichealing.org)

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**Functional Holistic Healing Internship Application**

**PART 1 PERSONAL INFORMATION**

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_ **MI:** \_\_\_\_\_

**Gender:** Female \_\_\_\_\_ Male \_\_\_\_\_

**Current Address** \_\_\_\_\_

City/State \_\_\_\_\_ Country/Zip \_\_\_\_\_

**Area Code and Telephone Number** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_

**In Case of Emergency, notify:** \_\_\_\_\_ **telephone:** \_\_\_\_\_

**\* Completion of the following sections is optional.**

\* Health Conditions (if significant) \_\_\_\_\_

\* Current Medications \_\_\_\_\_

\* Health Insurance Provider \_\_\_\_\_

**Proposed starting date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Ending date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Length (weeks)** \_\_\_\_\_

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**PART 2: STATEMENT OF A DRUG-FREE WORKPLACE**

- Functional Holistic Healing is committed to maintaining a drug-free workplace.
- The unlawful possession, use, distribution, dispensation, sale or manufacture of controlled substances is prohibited on the office premises. Violation of this policy may result in the termination of internship.
- The illegal use of controlled substances can seriously injure the health of users, adversely impair the performance of their responsibilities and endanger the safety and well-being of the health care team, and members of the general public.
- This is to acknowledge that I have received, read and understand the above "Statement of a Drug-Free Workplace" for Functional Holistic Healing.

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Signature

Date

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**PART 3: Confidentiality Agreement**

As an intern at Functional Holistic Healing, you may have access to “Confidential Information”. The purpose of this agreement is to help you understand your obligations regarding confidential information.

- Confidential information is protected by Federal and State laws and regulations, including HIPAA, the Joint Commission on Accreditation of Healthcare Organizations standards, and strict policies of our practice.
  - The purpose of these laws, regulations, standards and policies is to insure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the purpose for which it is needed.
  - As an intern, you are required to conduct yourself in strict compliance with HIPAA laws, Federal and state regulations and policies governing confidential information.
  - Your principal responsibilities in this area are explained below.
- ▣ You are required to read and to abide by the confidentiality rules.
- ▣ Anyone who violates any of these rules will be subject to discipline, which might include, but is not limited to, termination of internship. In addition, violation of these rules may lead to civil and criminal penalties as well as potentially other legal action.
- ▣ As an intern, you may have access to confidential information, which includes, but is not limited to, information relating to:
1. Medical record information (includes all patient data, conversations, admitting information, demographic information and patient financial information).
  2. Protected Health Information (PHI) as defined by HIPAA includes, but is not limited to, names, all geographic subdivisions; all elements of dates (except year) for dates directly related to an individual, telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers, device identifiers and serial numbers, web universal resource locators (URLs), internet protocol (IP) address numbers, biometric identifiers, including finger and voice prints, full face photographic

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images and any comparable images; and any other unique identifying number, characteristic, or code.

3. Employee information (i.e., social security number, employment records, and disciplinary actions).
4. Practice information (i.e., financial and statistical records, strategic plans, internal reports, memos, contracts, quality and peer review information, and communications).
5. Computer programs, client and vendor proprietary information, source code, and proprietary technology.

You are expected to comply with the following regulations at all times during the period of your internship with Functional Holistic Healing Practice.

\_\_\_\_\_ You will only use confidential information/data as needed/necessary to perform your duties as an intern.

\_\_\_\_\_ You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information/data except as properly authorized within the scope of your professional activities affiliated with the practice.

\_\_\_\_\_ You will not misuse confidential information/data or be careless with it.

\_\_\_\_\_ You will safeguard and will not disclose your computer password or any other authorization that allows you to access confidential information/data.

Functional Holistic Healing and Dr. Nadia Ali reserves the right to monitor your access to the network, including your account, if deemed appropriate. Functional Holistic Healing can revoke your access code, or any other authorization that allows you to access confidential information/data at any time if deemed necessary.

\_\_\_\_\_ You accept responsibility for all activities undertaken using your assigned access code and/or any other authorizations.

\_\_\_\_\_ You will report activities by any individual or entity that you suspect may compromise the confidentiality of information.

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\_\_\_\_\_ You understand that your obligations under this Agreement will continue after your affiliation with the practice terminates.

\_\_\_\_\_ You understand that any of your access privileges to confidential information/data are subject to periodic review, revision, and, if necessary, modification and/or termination.

\_\_\_\_\_ You understand that you have no right or ownership interest in any confidential information/data.

\_\_\_\_\_ You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard confidential information/data or your password or any other authorization that allows you to access confidential information/data.

\_\_\_\_\_ Functional Holistic Healing may take disciplinary action against you up to and including termination in the event you violate this Confidentiality Agreement. In addition, it may initiate legal action including but not limited to civil litigation or criminal prosecution.

\_\_\_\_\_ You understand that Functional Holistic Healing reserves the right to monitor and record all network activity including email, with or without notice, and therefore users should have no expectations of privacy in the use of these resources.

“I certify that I have read and understand the Confidentiality Statement printed above and hereby agree to be bound by it.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**PART 4: Code of Conduct Policy Statement**

1. Intern will provide his/her own transportation.
2. Intern will report on time and as scheduled.
3. Intern will dress professionally.
4. Intern will be in compliance with applicable safety regulations prior to and during their internship.
5. Comply with safety guidelines and policies.
6. Termination for Cause. Functional Holistic Healing may terminate any intern upon the occurrence of any of the following:
  - (i) Conduct by Intern that could affect the quality of professional services provided to Company customers or adverse to the best interest and welfare of Company or its customers;
  - (ii) Breach of any of the confidentiality provisions hereof, including but not limited to HIPAA and the Student Confidentiality Agreement, or of Company policy;
  - (iii) Illegal possession or use of controlled substance
  - (iv) Intern is convicted of a criminal offense.

“I certify that I have read and understand the Code of Conduct Policy printed above and hereby agree to be bound by it.”

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Signature

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Date

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### Safety Policy

- Accident prevention is the responsibility of all interns.
- Functional Holistic Healing will strive to provide a safe and healthy workplace environment for all.
- Intern must accept and follow all established safety regulations and procedures.
- Unsafe conditions must be reported immediately to the supervisor.
- If you are not sure of how to perform a task safely, he or she should ask a qualified person for guidance or help. If someone needs help to perform a task safely we will provide assistance. Safety is a team effort.
- Every injury must be reported immediately. Even a slight cut or strain injury must be reported immediately to your supervisor. Do not leave the job site or clock out before reporting the accident or injury.
- Serious injuries that require emergency medical care must be reported to the supervisor immediately after emergency care has been provided.
- All accidents will be thoroughly investigated to assess the root cause and prevent future accidents.
- Interns must cooperate with management during any accident or injury investigation.
- Gloves must be worn whenever any vascular access procedure is performed, including phlebotomy.
- Gloves are required when giving an injection since there is a possibility of hand contact with blood or other potentially infectious materials.
- Bending, recapping, or removing contaminated needles is prohibited.
- Dispose all sharps in the sharps container.

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- Handwashing or Antiseptic hand cleansers in conjunction with clean cloth/paper towels need to be used after any procedure where physical contact with blood or other infectious material is anticipated.

- Sharps containers shall be maintained upright throughout use, replaced routinely and not be allowed to overfill. When removing sharps containers from the area of use, the containers shall be:

Closed immediately before removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

Placed in a secondary container if leakage is possible. The second container shall be:

- Closable;
- Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
- Labeled or color-coded

“I certify that I have read and understand the Safety Policy Statement printed above and hereby agree to be bound by it.”

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Signature

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**Patient Interaction Guidelines**

1. The patients' that are coming through Functional Holistic Healing **will not be** contracted directly without the exclusive permission of the Functional Holistic Healing. Inability to comply will be considered a cause for termination.
2. All the forms that are provided for patient assessment, education and documentation are the sole property of 'Functional Holistic Healing'. These cannot be copied, downloaded or produced without the sole permission of Functional Holistic Healing.

"I certify that I have read and understand the Patient Interaction Guidelines printed above and hereby agree to be bound by it."

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Signature

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Date

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**Attendance and Punctuality Policy**

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Timely and regular attendance is an expectation of performance for all. To ensure that we serve our patients efficiently and effectively, we need to take responsibility for being on time.

In the event an intern is unable to meet this expectation, he/she must obtain approval from their supervisor (Dr. Nadia Ali) in advance of any requested schedule changes. The request needs to be emailed to the physician.

This approval includes requests for late arrivals to or early departures from work.

Once the request is approved, it needs to be reflected on the schedule. This is the responsibility of the intern that the request is added to the schedule and everyone is aware of it.

If there is an emergency and you are unable to be on time for some urgent reason, then you need to inform the physician as soon as possible.

“I certify that I have read and understand the Attendance and Punctuality Guidelines printed above and hereby agree to be bound by it.”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date