

APPLICATION FOR A HEALTHCARE ADMINISTRATION INTERNSHIP

PART A: HEALTHCARE ADMINISTRATION INTERNSHIP PROGRAM GUIDELINES

1. Description and Purpose: HCAD 4980 is an internship course that provides student interns in the Healthcare Administration program with learning experiences that are generally unattainable in an academic setting. An internship is a very effective way to gain work experience and make jobrelated contacts while pursuing the BBA degree. Career-related work experience for students has become increasingly important for securing a job in today's competitive job market. Students enrolling in HCAD 4980 will work at least 150 hours per term to receive three (3) credit hours upon successful completion of the internship. Students should contact their academic advisor for guidance with this process.

2. Student Responsibilities Prior to the Internship:

- The student must: (1) **find an internship position** within an organization; (2) **identify a person within the organization** who will supervise the intern; and (3) **Meet with the professor of healthcare administration** who will serve as the academic coordinator for the internship course. The intern, the professor, and the organization supervisor will cooperatively structure a program or work activities and responsibilities that provide a learning experience equivalent to an in-class, three-semester-hour course.
- The student must complete the **Healthcare Administration Internship Agreement Form**, which consists of: (1) student and internship employer information sections; (2) a description of the duties, typed or neatly printed; and (3) signatures of the organization supervisor, the professor, the Department Head of Healthcare Administration. Once all signatures are obtained, the form will be submitted to the Associate Dean who will then obtain/add to the CRN for this course.
- 3. All of the details of the internship, including plans for registering for the course and getting necessary approvals, must be done before the end of the Drop/Add period for the semester.
- 3. Employer and Organization Supervisor Responsibilities: (1) The employer may pay the student intern a salary commensurate with his/her training and experience, or the intern may accept an unpaid position; (2) The employer will appoint an immediate supervisor to act as the organization's representative in structuring, implementing, and reviewing the work of the student intern; (3) At the end of the semester, by the last day that regular classes meet, the student's supervisor will complete the Intern Evaluation Form and submit it to the professor.
- **4. Student Responsibilities at the End of the Internship: By the last day that regular classes meet,** the student will submit a formal project or written report with content, format, and length in accordance with the requirements stated by the supervising professor.
- **5. Professor Responsibilities:** The professor will grade the report or project and review the student's Internship Evaluation Form completed by the student's supervisor to determine the final course grade (S for Satisfactory or U for Unsatisfactory).

PART B: HCAD 4980 INTERNSHIP AGREEMENT FORM

STUDENT INFORMATION – compl	leted by the student
Student's Name:	Student ID#:
Local Address:	
CityState	Zip
Phone:Cell	l Phone:
E-mail:	
Semester of Internship:	Year:
Have you had an internship before? N	To Yes For how many credits?
INTERNSTILL EMBLOYER INFORM	IATION completed by the student
INTERNSHIP EMPLOYER INFORM	ATION – completed by the student
Employer/Organization Name:	
Name of Organization Supervisor:	
Local Address:	_
City State	Zip
Phone:	Fax:
E-mail:	
	d? OHourly Wage:
FACULTY ADVISOR INFORMATIO (Not Academic Advisor)	N – completed by the student
Faculty (Professor) Name:	
Phone:	Fax:
E-mail:	

ESCRIPTION OF DUTIES: (typed or neatly printed) – completed by the student after onsulting with the company supervisor					
Signature of Organization Supervisor	Date				
C' C D C					
Signature of Professor	Date				
Signature of Department Head	Date				

PART C: INTERN EVALUATION FORM

Name of Intern	Name of Orga	nization Supervisor	ization Supervisor Organization				
Purposes: (a) To serve as input into the exit interview, if the supervisor desires. Instructions: Listed below are a number characteristic, place an X mark on the information will be in	er of characteristic rating scale, under	es that are important the word(s) that bes	for success in bu t describes the in	siness. For each			
		Needs Improvement	Acceptable	Above Average			
Accuracy (Correctness of work duties	performed.)		Ô	0			
Alertness (Ability to understand instru- and to solve problem situations.)	ctions	0	0	Ŏ			
Attendance (Dedication to coming to veconforming to work hours, and avoiding		0	0	0			
Courtesy (Politeness of the attention the gives other people.)	nat the intern	0	\circ	\circ			
Creativity (Talent for being imaginative finding new and better ways of doing the		0	0	0			
Drive (Extent to which the intern is a so has a desire to attain goals.)	elf-starter and	0	0	0			
Efficiency (Ability to complete work we the time allowed.)	vithin	0	0	0			
Job Knowledge (Knowledge of the inf concerning work duties that the internal know for a satisfactory job performance	should	0	0	0			
Stability (Ability to withstand pressure and to remain calm in crisis situations.)		0	0	0			
Ethics (Ability to make ethical decision	ns)		\bigcirc				
Value of Services (Extent to which the performed valuable services.)	intern	0	0	0			
Comments:							
Did the above-named intern complete a minimum of 150 hours for the said term?(Y or N)							
Signature of Organization Supervisor		Date					