**STUDENT INTERNSHIP REQUEST FORM**

**PLEASE DO NOT ALTER ANY CONTENTS OF THIS FORM**

Please provide information about the person filling out worksheet:

Name:

Title:

Sponsoring Department:

Phone Number:

Email address:

Signature:

Please provide information regarding the student intern:

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Weekly Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date: October 1st, 201\_ End Date: April 30th, 201\_

Name of student’s educational institution:

*Boston University School of Medicine, Graduate Medical Sciences, MACCP*

*Contact at student’s school: Dr. Bayla Ostrach, Service Learning Internship Coordinator*

*Phone Number: 541-510-2963*

*Email Address: ostrachb@bu.edu*

This internship is: / / Clinical / x / Patient ~~Care~~ Interaction (Participant-observation)

/ x / Non-Clinical /x / Non-Patient Care

***Interns who will have direct patient contact must be scheduled to attend the Non-BMC Employee Orientation before having contact with patients.***

The student will be:

/ x / Unpaid

/ / Paid by the Student’s educational Institution

/ / Paid by Federal work study

/ / Receiving a stipend through an established program

/ / Paid through another organization directly to the student as part

of a student fellowship

/ / Privately funded through donor directly to the student

The Student:

/ x / Will receive course credit based on hours worked (graduation requirement/credit on assignments in required courses)

/ x / Is required to complete this internship/externship to graduate from his/her

education program

Please provide a detailed description of the student’s planned experience at BMC.

What type of supervision will the student receive? (Describe in detail including who will provide such supervision.)

*The MACCP-GMS Service Learning Internship Coordinator (Dr. Ostrach) and the BMC Internship site supervisor listed above will jointly supervise the student intern’s work. A designated BMC site supervisor will train, assign, and monitor day-to-day tasks and supervise the weekly internship hours in the BMC site. Dr. Ostrach will check in with the student multiple times each semester about their assigned internship role and tasks, and be available to discuss any concerns with the site supervisor, throughout the internship.*

Will the student perform any duties that would otherwise be or currently is performed by an employee? Please explain why or why not.

Is there a promise or intention of a job offer after the training?

*No*

Is the student associated with an organization that has a contractual relationship with Boston Medical Center regarding student training?

Yes / x /

If so, please name organization and state whether such contract has been approved by the General Counsel’s Office.

*The student is a student of B.U. School of Medicine, in Graduate Medical Sciences. This placement is a BMC assignment for the MACCP (GMS) Service Learning Internship program, required for graduation from a BUSM-GMS program, which is part of BUSM. BMC Legal reviewed the MACCP Internship program in 2014 and it has been thoroughly discussed between our program director, Dr. Linda Barnes (BUSM), Barbara Catchings (BMC), and Anne McDonald (BMC).*

HR Use Only:

Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Approved / / Rejected / / Employee / /