

Experiential Observation Application 2020/2021

Use this form for all internship program registration requests

Please complete this form in pen.

Student Information

Name:				
ID#:			Phone #:	
Class Level:				
Observation Term:	Fall	Winter	Spring	Summer
(Please circle & indicate year)				
Major:	Minor 1:	Minor 2:	Minor 3:	
Name of Internship Site:				

Observation Title: *(no more than 27 characters)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Course Subject: _____ <small>(Department for which you are seeking credit – Ex: HHP, BUS, etc.)</small>	Credit Hours Requesting (Circle One)			
Course Level: 397	0.5= 19.5 hrs of observation	1= 39 hrs of observation	2= 78 hrs of observation	3= 117 hrs of observation

Student Responsibilities: Complete the application process and submit all signed documentation to the CEL by deadline* Email with confirmation from appropriate parties can be used when in-person signatures are not possible.

1. Complete Student Learning Objectives Section, Sign & Date.
2. Contact host agency to determine Site Information (job responsibilities, tasks and learning opportunities. Include activities, projects, meetings, trainings, etc...) Complete Observation Site information and, host site supervisor must sign and date.
3. Meet with Academic Advisor to discuss academic fit for proposed observation and get signed approval.
4. Meet with Faculty Sponsor to determine Learning Outcomes and outline requirements for receiving credit and get signed approval.
5. Get Department Chair Signature.
6. Sign the attached Student Responsibilities and Release of Liability Form for Experiential Learning.
7. Return completed documents to Center for Experiential Learning. (CEL will submit forms to Registrar’s office for course credits to be billed to student account) **Note: All observations must be registered and billed for the term in which they are being performed.**

- ❖ Recognize that an observation should complement rather than replace in-class coursework.
- ❖ Conform to the administrative policies, practices and standards of the college and the host agency.
- ❖ In consultation with the host agency supervisor, supervising faculty member, agree upon hours, work schedule, location and responsibilities to be performed prior to beginning the experience
- ❖ Complete the observation requirements and learning outcomes during the dates specified.
- ❖ Maintain full confidentiality of information supplied by the host agency.
- ❖ Report physical, safety or personnel problems to the host agency supervisor and to your supervising faculty.

1

*Deadline for submitting forms is one week prior to official drop/add deadlines for processing time:

Fall 2020 = September 2nd, Winter 2021 = January 7th (same as standard add

date) **Spring 2021 = February 9th and Summer 2021 = June 3rd**

Experiential Observation Application 2020/2021

Use this form for all internship program registration requests

Please complete this form in pen.

1. Learning Objectives: *What new learning (information, skills, experience) will you gain during your experience?*

2. Observation Host Sites may have separate application materials for you to complete in order for you to be at their facility. Please check with the institution's coordinator for their required forms.

Additional materials for participation at West Valley Medical Center, Saint Alphonsus , St. Luke's Medical Center or VA Medical Center may include:

1. Background check (can be requested from Idaho State Police)
<https://www.isp.idaho.gov/BCI/index.html>)
2. Fingerprints (can be requested from Idaho State Police)
<https://www.isp.idaho.gov/BCI/index.html>
3. Current immunizations/vaccinations
4. Liability insurance (covered by school if enrolled in course for credit)
5. Proof of personal health insurance

Confidentiality Agreement

I recognize that my College of Idaho host agency may reveal proprietary information to me in the process of allowing me access to information during my observation. I promise that I will not reveal any secret, confidential, or proprietary information I may gain about my host observation agency. If I am not sure the information should be confidential, I will assume that it is and will not reveal it to people outside the host agency, and/or I will not use it for my own personal gain.

I recognize and acknowledge that I have moral, ethical and legal obligations to keep the host agency's business information confidential, and I acknowledge that I understand that if I violate this obligation in and substantive manner that causes damage to the host agency or The College of Idaho, the host agency and The College of Idaho may take legal action against me for violating this confidentiality agreement.

Student Signature:

Date:

2

*Deadline for submitting forms is one week prior to official drop/add deadlines for processing time:

Fall 2020 = September 2nd, Winter 2021 = January 7th (same as standard add date) Spring 2021 = February 9th and Summer 2021 = June 3rd

Experiential Observation Application 2020/2021

Use this form for all internship program registration requests

Please complete this form in pen.

Site Information

Organization Name:			
Street:	City:	State:	Zip:
Supervisor Name:		Supervisor Title:	
Supervisor Email:		Supervisor Phone:	
Start Date:	End Date:	Hours Per Week: (Part-time =20 hours, Full-time=21+hours)	
Hosting Site Information: <i>(responsibilities: provide observation and learning opportunities. Include time for student to ask questions and receive feedback)</i>			
<p>Host Supervisor Responsibilities:</p> <ul style="list-style-type: none"> ❖ <i>Allow for a one-semester, individualized observation experience, in conjunction with the student and the faculty supervisor that is relevant to the student's academic program.</i> ❖ <i>Provide the student with a thorough orientation to the host agency's administrative policies, standards and practices, including safety training.</i> ❖ <i>With the student, establish hours, location, and responsibilities to be performed prior to the student beginning the observation.</i> ❖ <i>Designate an on-site mentor to provide quality and experienced supervision of the student.</i> ❖ <i>Contact the CEL to inform the director if there is a problem or if in the event that it becomes necessary to terminate the student, provide reasons for such action.</i> ❖ <i>Complete a performance evaluation at the completion of the observation time and return to the CEL.</i> 			
Host Supervisor Signature:			Date:

3

*Deadline for submitting forms is one week prior to official drop/add deadlines for processing time:

Fall 2020 = September 2nd, Winter 2021 = January 7th (same as standard add date)
Spring 2021 = February 9th and Summer 2021 = June 3rd

Experiential Observation Application 2020/2021

Use this form for all internship program registration requests

Please complete this form in pen.

C of I Academic and Department Information

3. Academic Advisor: Discuss academic fit for proposed observation

Signature:

Date:

4. Faculty Sponsor: *(Determine Learning Outcomes and outline requirements for receiving credit. (Per Faculty Handbook max sponsorships not to exceed more than 3 combined internships, independent studies and honors projects per term).*

- ✓ **Keep a Journal and Communicate with Faculty Sponsor on a Weekly Basis**
- ✓ **Submit 1-2 page reflection paper on overall experience**
- ✓ **Identify an interesting case that you observed and write a research paper based on the injury or disease that you observed**
 - **Please observe HIPAA guidelines and do not included identifying patient information**
- ✓ **Materials due to Faculty Sponsor by last day of class**

Supervising Faculty Member's Responsibilities:

- ❖ *Approve and complete the observation application after reviewing the completed sections submitted by the host agency and student.*
- ❖ *Assume general responsibility for academic instruction, advising and evaluation of the observation experience*
- ❖ *In a timely manner, respond in partnership with the CEL to any complaints concerning the student.*
- ❖ *Evaluate and determine a grade for the experience according to established learning outcomes.*

Faculty Sponsor Signature:

Date:

5. Department Chair Signature:

Date:

6. CEL Signature:

Date:

Registrar Receipt
Stamp:

Class Standing

Grad App Y or N

GPA over 3.5 Y or N

Credits Enrolled

Holds:

4

*Deadline for submitting forms is one week prior to official drop/add deadlines for processing time:

Fall 2020 = September 2nd, Winter 2021 = January 7th (same as standard add date)

Spring 2021 = February 9th and Summer 2021 = June 3rd