

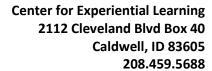


Use this form for all internship program registration requests **Please complete this form in pen.**

Student Information

Name:													
ID#:				Pho	ne #:								
Class Level:													
Observation Term:	Fall		Winte	r		Sp	ring			Summe	r		
(Please circle & indicate year)						•	J						
Major:	Mino	or 1:		Min	or 2:			Mino	r 3 ·				
	1411110	,, <u> </u>			0. 2.			14111101	· • ·				
Name of Internship Site:													
Observation Title: (no more than 2.	7 charac	rters)											
Cost valor rate. (no more than 2)	- Charac	1											\neg
Course Subject:	ı			ı	Credit	Hour	rs Request	ing (Cir	cle Or	ne)			
(Department for which you are seeking credit – Ex	: HHP, BU	S, etc.)			_		1 -	<u> </u>		1 _			
Course Level: 397		0.5	0.5 = 19.5 hrs 1 =		T = 39	9 hrs of 2		2 = 78 hrs of		3= 117 hrs of			
Course Level: 397		of ob	of observation observ		ation observation		ion	observation					
Student Responsibilities: Complete the	applicat	tion process and	l submit a	ll signe	ed docum	entatio	on to the CEL	by dead	lline* E	mail with	confirr	nation j	fron
appropriate parties can be used when ir	n-person	signatures are	not possil	ble.									
 Complete Student Learning C 													
2. Contact host agency to deter											es, pro	ojects,	
meetings, trainings, etc) Co										•			
3. Meet with Academic Advisor													
4. Meet with Faculty Sponsor to		nine Learning O	utcomes	and ou	itline requ	uireme	ents for rece	iving cre	dit and	get signe	d appr	oval.	
5. Get Department Chair Signat		iliking and Dalas		.:I:4 F	f F								
6. Sign the attached Student Re									· tt: t -		: 4 -	4- 6-	
7. Return completed documents billed to student account) No		•					_	-					
billed to student account) No	ite. All U	bservations inc	ist be reg	istereu	and bine	u ioi i	the term in v	WIIICII LIIE	ey are L	Jenig perio	Jilleu	<u>•</u>	
Recognize that an observatio	n should	d complement r	ather tha	n renla	aca in-cla	ee con	ırsowork						
_													
❖ In consultation with the host									chedule	e. location	and		
			_	-				.,		.,	- -		
	responsibilities to be performed prior to beginning the experience Complete the observation requirements and learning outcomes during the dates specified.												
-													

Report physical, safety or personnel problems to the host agency supervisor and to your supervising faculty.





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1. Learning Objectives: What new learning (information, skills, experience) will you gain during your exper	rience?
 Observation Host Sites may have separate application materials for you to complete in 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, Center or VA Medical Center may include:	, St. Luke's Medical
 Background check (can be requested from Idaho State Police) https://www.isp.idaho.gov/BCI/index.html Current immunizations/vaccinations Liability insurance (covered by school if enrolled in course for credit) 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 information during my observation. I promise that I will not reveal any secret, confidential, or proprietary about my host observation agency. If I am not sure the information should be confidential, I will assume the 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 bus confidential, and I acknowledge that I understand that if I violate this obligation in and substantive manner the host agency or The College of Idaho, the host agency and The College of Idaho may take legal action at this confidentiality agreement.	information I may gain hat it is and will not reveal siness information er that causes damage to
	Date:





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Site Information

Organi	zation Nam	ne:						
Street:				City:	State:	Zip:		
Supervisor Name:			Supervisor Title:					
Supervisor Email:				Supervisor Phone:				
Start D	Date: End Date: Hours Per Week: (Part-time =20 hours, Full-time=21+hours)							
	g Site Infori	mation: (respons	ibilities: provide observation and	learning opportunities.	Include time for s	tudent to ask questions		
Host Su	pervisor Respo	onsibilities:						
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.								
Provide the student with a thorough orientation to the host agency's administrative policies, standards and practices, including safety training.								
With the student, establish hours, location, and responsibilities to be performed prior to the student beginning the observation.								
 Designate an on-site mentor to provide quality and experienced supervision of the student. 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. 								
Complete a performance evaluation at the completion of the observation time and return to the CEL.								
Host S	upervisor Si	ignature:				Date:		

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



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C of I Academic and Department Information

3. Academic Advisor: Discuss academic fit for proposed observation

Signature:			Date:				
		and outline requirements for receiving credit , independent studies and honors projects pe					
✓ Keep a Weekly		nmunicate with Faculty S	Sponsor on a				
	√ 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							
Assume general responsibilIn a timely manner, respond	observation application after in ity for academic instruction, a If in partnership with the CEL t	reviewing the completed sections submitted idvising and evaluation of the observation exto any complaints concerning the student. ding to established learning outcomes.	, , ,				
Faculty Sponsor Signature	:		Date:				
5. Department Chair Sign	nature:		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:							