



## University of Connecticut Student Academic Internship Agreement

Use this form if you are doing your PIE fellowship with a faculty mentor at UConn Health

Student Name:

UConn Health Faculty Host Department:

UConn Health Faculty Host:

Start Date: Tuesday May 28

End Date: Friday August 2

In keeping with UConn Health's commitment to serve through healing, teaching and discovery, we are pleased to offer you an unpaid internship for which you will receive academic enrichment experience.

### I. **Participation Requirements**

A. **Advisor Approval** Your UConn Health Host Faculty academic advisor, has provided you with the requirements necessary for you to fulfill and satisfactorily complete this internship. These requirements are described in **Attachment A** which requires your advisor's approval signature.

B. **Documentation** Acceptance into an unpaid internship is subject to the satisfactory completion of all applicable documentation and onboarding requirements, including a criminal background check. Together with your academic advisor and UConn Health host, you are responsible for completing the following requirements prior to the onset of your experience:

1. Background Information Sheet/Criminal Background Check
2. UConn Health Confidentiality Policy
3. HIPAA Privacy and Security Training
4. Safety Checklist for Unpaid Individuals with Potential Exposure to Workplace Hazards
5. Self-learning Orientation Guidebook
6. Self-Learning Orientation Acknowledgement
7. Student Parking Registration Form
8. Verification of Health Requirements, School Sponsored

Special Requirements:

9. Attachment A: academic requirements provided by **your UConn Health Host academic advisor**
10. Current Resume or CV

### II. **Compensation** You will not be compensated for this experience and you will not be considered an employee of UConn Health.

III. **Conduct and Compliance with Facility Rules** You will spend approximately 40 hours per week on internship activities until the completion of your experience provided that you continue to meet the performance requirements set forth in Attachment A and comply with all UConn Health rules and regulations. Unpaid interns are expected to conduct themselves consistent with the standards of professional behavior common to all University and departmental staff. UConn Health may withdraw a student from an internship for unacceptable practices or performance, reasons of health, or if in the opinion of UConn Health, the individual's continued participation in the program is detrimental to the individual, any patient or member of the staff.

IV. **Emergency Care** If you should be injured or become ill during your internship experience, UConn Health will provide emergency care similar to care which would be given to any visitor. You will be financially responsible for that care.

## **Emergency Contact**

Name:

Relationship:

Phone:

V. **Photography Release** During the course of your internship, UConn Health may, on occasion, take photographs in which you may be included. The photographs are the property of UConn Health, and your signature below gives permission to reproduce for publication any photos taken.

VI. **Records Retention** A confidential record of the internship will be maintained in the host department in accordance with the State of Connecticut's record retention policy.

Please contact your UConn Health host directly with any questions about your internship.

## **Statement of Agreement**

This document does not serve as an employment contract but rather specifies the goals, intent and details of the arrangement between the University of Connecticut student and UConn Health.

## **University of Connecticut signatures**

**Student Intern:** I agree to adhere to the schedule and responsibilities as outlined in Attachment A. I agree to abide by all policies and procedures.

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Signature of Intern

Date

**Academic Advisor:** I agree to monitor the student's progress and to assign credits upon successful completion of the internship. (ONLY NEEDED IF STUDENT IS RECEIVING CREDIT)

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Signature of University of Connecticut Faculty Advisor

Date

## **UConn Health signatures**

**UConn Health Host:** I agree to supervise the activities of this intern, provide ongoing feedback to the intern and the academic advisor and complete all applicable documents.

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Signature of UConn Health Faculty Host

Date

## **Senior Level Approval:**

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Signature of UConn Health Business Unit Senior Leader

Date

### **Senior Leader for Operational Units**

- Chief Executive Officer, UConn Health Executive Vice President for Health Affairs
- Vice President for Ambulatory Care
- Chief Financial Officer
- Vice President for Human Resources
- Chief Administrative Officer
- Dean, UConn School of Medicine
- Dean, UConn School of Dental Medicine
- Executive Director for Correctional Managed Health Care