

Student Information

Date:

Student First and Last Name:

MSUM email:

Personal email:

Semester / Year when you plan to **complete HSAD 469**:

Semester

Year

Will you provide patient care as part of your Internship? Yes No

Will you plan to use patient data as part of your Internship? Yes No

*If Yes to using patient data, you will need to go through IRB process and gain IRB approval.

INTERNSHIP - Organization Information

Organization Name (full legal name):

Address:

City:

State:

Zip:

Mentor Name:

Phone Number:

Email:

Ask Mentor if they can sign an agency contract – if no –please provide **name and email of person with contract signing authority at your organization: **

Name:

Email:

Next Steps:

1. Student will upload capstone information sheet to HSAD Internship assignment drop box per course calendar due **AND**
2. Student will email completed capstone information sheet to: nursing@mnstate.edu;
Please include in the subject line: Capstone Course #, Semester of Internship, Last Name
ex: HSAD 469 Fall 2021 – Smith

Activities/Job tasks and skills the Student will learn:

Tools and Equipment the Student may use:

STUDENT RESPONSIBILITIES:

In exchange for the opportunity to participate in the Internship at the organization, the student agrees to:

1. Keep regular attendance and be on time, both for HSAD 469 requirements and at the organization. The student will promptly notify the organizational mentor if unable to report. The student's placement will automatically terminate if the student terminates his/her enrollment in the HSAD program, is no longer enrolled as a student at the Minnesota State University Moorhead (MSUM), or upon completion of the internship.
2. Demonstrate honesty, punctuality, courtesy, a cooperative attitude, grooming habits, desirable/required dress, willingness to learn, and maintain a level of health that is in keeping with the host organization; and
3. Furnish the coordinating HSAD 469 faculty with all necessary information and complete all necessary assignments requested by the faculty. Submitting knowingly inaccurate or falsified reports may be cause for course failure and/or expulsion from the program; and
4. Conform to all rules, regulations, and policies including health, safety, and work environment of the organization, follow all instructions given by the organization and always conduct myself in a safe manner; and
5. Consult with the MSUM faculty about any difficulties arising at the organization; and
6. Be present at the organization on the dates agreed upon; and
7. Not terminate his/her participation in the internship experience at the organization without first consulting with the MSUM faculty.

The Student also understands and agrees that:

1. Placement and participation in this internship does not constitute employment with MSUM;
2. The student is not covered by MSUM's worker's compensation coverage; and
3. The student will not receive any money or compensation or benefits of any kind from MSUM in exchange for his/her participation in the internship.
4. The student also understands that the organization does not promise or guarantee any future employment for the student related to the internship.
5. The student understands that he/she is responsible for providing his or her own health insurance and for any and all medical expenses incurred by him/her related to any injury, loss, or illness sustained by him/her while participating in the internship at the organization.

Student's Name (please print):

Student's Signature:

Date:

Mentor's Name (please print):

Mentor's Signature:

Date:

Faculty's Signature

Date:

****Please submit electronic signatures or you may print document, sign, and send.***