



## **DESCRIPTION OF DUTIES**

TO:	All Potential Nonpaid Student Interns				
FROM:	VR Small, Director Student Support Services (UHMS) A Division of Student Affairs & Institutional Advancement				
DATE:					
RE:	STUDENT NONPAID INTERNSHIP AGREEMENT				
I	(print name), SID# am applying for a				
nonpaid inte	ernship at University Health & Medical Service (UHMS), within the Health Services				

I understand that I must sign and adhere to the Health Information Patient's Privacy Act HIPPA confidentiality statement (to be provided by Brooklyn Hospital Center via Medical Services), and the Personal Information and Confidentially Statement via Health Services. I understand that I may also be required to attend relevant trainings including, but not limited to HIPPA and CPR.

I understand that this nonpaid internship is so that I might obtain work experience in the health industry. This nonpaid internship will consist of a rotation of assignments that will include, but will not be limited to the following:

- Administrative support for Health Services consisting of:
  - Assistance with the Front Desk, customer services, clerical support such as answering/following-up on telephone calls, processing mail for clearance, following-up on outstanding files, clinical processing, NYS Public Health Laws and HIPPA compliance and on-going quality assurance of files as well as other duties as identified and assigned
- Community Health Education consisting of:
  - O Supporting our community partners' onsite at UHMS and at the main campus with outreach and engagement of students to support the Health Services campaigns to promote and produce healthy habits within our campus community. Campaigns such as "BE IN THE KNOW: KNOW YOUR STATUS," which encourages students to know their status as it relates to a variety of health issues via education and access to services. In addition, students will participation in efforts to increase exposure to, and engagement of, students in health education campaigns via tabling rotations.
- Research & Development for Campus Health Program Enhancements consisting of:
  - Assist in identifying our students' desires for health programs through the development and collection of surveys and/or health assessment onsite at UHMS as well as on the main campus. Students will assist with the development/distribution of surveys, creating databases, compiling data, reviewing outcomes and offering suggestions for addressing identified preferences.
- Participation in regular Professional Development In-Services Trainings offered on/off-site

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All students participating in this nonpaid internship program must commit to the following:

- 1. At least one semester of interning
- 2. Completion of a minimum of ten (10) hours weekly preferred ten (15) hours.
- 3. Maintain a consistent schedule of hours, per the schedule below

UHMS must be informed at least 72 in advance, where possible, via email at <a href="mailto:bkln-uhms@liu.edu">bkln-uhms@liu.edu</a> or by phone at 718-246-6456 of any proposed/required changes due to personal/professional issues.

At the completion of this nonpaid internship, the student will be provided a reference letter outlining the assignment(s) they perform, their performance levels and total hours of service. Students who failed to comply with minimum requirements will not be provided a reference letter of services.

If these terms are agreeable to you, please complete the section below identifying your commitment semester/year, weekly schedule and sign/date the document. Please attach a copy of your class schedule and your most recent resume. You will be informed of your final approval within 48 hours of your interview.

Semester:				
Please place the year in the spa Spring [ ]		you have selected for yo r [		.) Fall [ ]
Weekly Schedules: Please place	ce the times you are com	mitting to next to the app If split hours, please u		
Mondays				-
Tuesdays				-
Wednesdays				-
Thursdays				-
Fridays				-
Student Signature:				
Student should be informed necessary, even after ************************************	ed that all placements a r the start date upon re *******	re subject to approval quest by the Dean of S ********	and can be r	esend if
Administrative Comments: (Stu	dents do not write below	this line)		
Resume Received: Yes	No Referre	d for Resume Support	Yes[ ]	No[ ]
Comments:				
Interview Date:	Selected			No[ ]
Interview Date:	Selected	HS Approve I for Nonpaid Internship MS Approve	Yes[]	No[ ] No[ ] No[ ]
Start Date:	Supervisor Signatur	es:		
Copies to: Dean Williams	Career Services	Student	UHMS File	