

CWRU MS Biomedical & Health Informatics:

Internship/Practicum Learning Agreement

*If this is an opportunity listing, only the sections marked with an * are required.*

Student Information

Name		Contact #	
Email		Track	
Emergency Contact		Contact #	
Email		Relationship	

Preceptor Information

Preceptor's Name*			
Email*		Phone	
Preceptor's Organization*			
Department (If no Department, leave blank)*			
Lead Investigator (if different than Preceptor)*			
Email*		Phone	
Faculty Supervisor (if working directly for lead investigator)			
Email		Phone	
Mailing Address			

Project Information

Title of Project*	
Brief Description of the Project*	
Activities/Tasks for the Intern*	
Learning Objectives	

Deliverables*			
Estimated Hours (Min 160)* If paid, may be >160		Site*	
Is the student required to work on site?*		Is this paid? * How much?	
Specific Skills Required*			
Special skills gained professionally from internship			
Special Training Required?*			
What special procedures are necessary for student to access site?			
What special procedures are necessary for student to access data?			

International Students Eligible?*	
--	--

Start Date		End Date				
Hours per Week		Is End Date Firm?				
Can hour per week vary?						
Expected Schedule						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Note to Preceptors: Students must write a report on the internship/practicum, submitted to Program Director to get credit.

MS student responsibilities:

- Seek out specific background reading or other information prior to initial meeting with Preceptor;
- Discuss the scope of the internship/practicum with Preceptor and MS Biostatistics Program Director;
- Complete a Practicum Learning Agreement describing the anticipated practicum experience;
- Clarify with Preceptor whether work will be independent or in collaboration with others;
- Clarify to whom to report if Preceptor is not available;
- Complete a minimum of 160 hours during the practicum;
- Discuss with Preceptor how time should be allocated;
- Comply with time commitments whether or not Preceptor is on site;
- Discuss work schedule with Preceptor on a regular basis;
- Record involvement in project(s) (i.e., project activities, data collection, meeting minutes) in a data/record notebook;
- Complete any special training or certifications as required;
- Meet with Preceptor regularly
- Update the MS Biostatistics Program Director on progress after completing 40, 80, 120 hours and upon completion of the Internship/Practicum;
- Report any problems regarding the practicum experience to the MS Biostatistics Program Director as they occur (rather than waiting until formal debriefing or completion of the experience);
- Act in a professional manner, respecting agency and individual confidentiality;
- Complete and submit an evaluation of the practicum site at the end of the experience;
- Complete and submit a written narrative report to the MS Biostatistics Program Director.

I accept these responsibilities (Student's Initials): _____

Preceptor responsibilities:

- Define the scope of the 160-hour practicum with student;
- Determine the need for special training or certifications (e.g., HIPAA, IRB, etc.);
- Discuss and develop a schedule with the student;
- Schedule regular meetings with the student to discuss performance, development, and progress;
- Review and approve the student's Practicum Learning Agreement which contains the above information, in concert with the MS Biostatistics Program Director;
- Include student in meetings or seminars related to the internship/practicum area;
- Clarify to whom student should report if Preceptor is not available;
- Communicate regularly with the MS Biostatistics Program Director /Faculty Supervisor;
- Review the final internship/practicum report;
- Complete an evaluation form for each student at the end of the practicum experience.

I accept these responsibilities (Preceptor's Initials): _____

By signing below, the student and Preceptor accept the above responsibilities and the agreed upon activities in this document. Please initial all pages at the bottom. Once signed, please return to the Population and Quantitative Health Sciences' Administration Office, WG-74A.

Student: _____ Date: _____

Preceptor: _____ Date: _____

FOR PQHS ADMINISTRATIVE USE ONLY			
Date Received		Received By	
Status			