INTERNSHIP / VOLUNTEER PROGRAM PACKET

Individuals interested in internship/volunteer positions shall be required to provide to the Sponsoring Department the following documentation for assessment:

1. Current Resume or CV
2. Recommendation Letter
3. Recent Transcript
4. Intern/Volunteer Information Sheet
5. Intern Disclosure and Authorization Form (BACKGROUND CHECK FORM)
6. Internship/Volunteer Confidentiality Agreement
7. Internship/Volunteer Program Learning Agreement
8. Intern/Volunteer Statement of Understanding
9. Criminal Background Check (BACKGROUND CHECK FORM)
10. RBHS Internship Policy
11. Informed Consent
# INTERNSHIP PROGRAM LEARNING AGREEMENT

## PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>SS#:</th>
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<tr>
<th>Telephone #:</th>
<th>Email Address:</th>
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</table>

## DEPARTMENT INFORMATION

<table>
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<tr>
<th>Department:</th>
<th>Unit/School:</th>
<th>Campus:</th>
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</table>

Account # to be charged for physical examination:

Name of Supervisor: Telephone #:

Duration of Agreement: From / / To / / Hours/Week:

## POSITION INFORMATION

Internship Proposal: (Including learning objectives of the internship, duties, responsibilities, and nature of activities to be performed)

## REQUIRED SIGNATURES

<table>
<thead>
<tr>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Intern</td>
<td></td>
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<tr>
<td>Supervisor</td>
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<tr>
<td>Dean/CEO/VP</td>
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<tr>
<td>Human Resources</td>
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REV. - 6/13/2013
INTERN STATEMENT OF UNDERSTANDING

I, ___________________________ understand and agree with the following conditions concerning my internship at Rutgers.

It is understood that Interns are not covered by the New Jersey Workers Compensation Act.

It is understood that if I am injured while interning on Rutgers premises, the University will provide, at the time of injury, reasonable emergency medical treatment for that injury without charge, regardless of apparent fault; and it is also understood that the provision of emergency medical service does not constitute an admission of liability on the part of Rutgers.

Intern Signature: ___________________________

Faculty Mentor: ___________________________ Signature: ___________________________

Supervisor: ___________________________ Signature: ___________________________

Department: ___________________________ Date: ______________

If you have any questions or concerns, please contact the Senior Human Resources Generalist assigned to your school or unit.

For the Stratford/ Camden campuses, please call 856-566-6164

REV. - 6/13/2013
INTERN CONFIDENTIALITY AGREEMENT

I understand that in the course of my internship experience I may have access to and be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to clients, patients, employees, or University business.

I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my internship experience. I understand that I will not share, discuss, or reveal any of this information with anyone.

I understand any breach of confidentiality may result in disciplinary action, including termination of my internship, or legal action.

I certify by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information and its treatment. I agree to adhere to and uphold the private and privileged information therein.

Intern Name: ____________________________________________
Signature: ____________________________________________ Date: ________________________

Witnessed by
Supervisor/Mentor: ______________________________________
Signature: ____________________________________________ Date: ________________________

REV. - 6/13/2013
INTERNET DISCLOSURE AND AUTHORIZATION FORM

In connection with my application for internship at Rutgers, I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended (FCRA), 15 U.S.C 1681 et seq., may be obtained by Rutgers from a consumer reporting agency. I understand that the report may include but not be limited to my consumer credit history, education, professional licensing, professional liability claims history, criminal history, driving history, personal character, abilities, work habits, charges of research misconduct, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to my qualifications for an internship, including reasons for termination of past employment. I further understand that the consumer reporting agency may not give out information about me to Rutgers without my written consent.

I understand that I am entitled to be informed if an internship is withheld because of information obtained from the consumer reporting agency; and in that event, I have sixty (60) days within which to submit a written request to the consumer reporting agency which will provide me with a copy of my file and a "Summary of Your Rights Under the Fair Credit Reporting Act."

I hereby authorize UMDNJ and affiliated clinical facilities where I may Intern to obtain consumer reports in connection with my application for internship at Rutgers. I authorize all former employers, listed references, schools, law enforcement agencies and courts, to release to Rutgers and/or their representatives information pertaining to me.

Note: The phrases and wording contained in this authorization are required under the FCRA. Rutgers will not run a credit check as part of the investigation unless the internship for which applied requires financial information on a prospective applicant. The applicant will be notified if a credit check is required.

Please Print

Name: __________________________

SS# __________________________ Phone# __________________________

Other Name(s) used: __________________________ Email: __________________________

Applicant Signature: __________________________
INFORMED CONSENT

NAME OF STUDENT ________________________________________________________________
will be participating in __________________________________________ activity(s) on ____________________________
at ________________________________________________________________

Furthermore, I recognize and acknowledge the following:

• That participation is voluntary and it is at my own risk;

• That travel to and from the site in a vehicle such as a charter bus, car, or by a mode of public transportation, such as train or subway, entails risks of bodily injury or property damage;

• That I am physically able to participate in the activity and know of no disability that would prevent my participation;

• That while I am on the trip there are risks of bodily injury or property damage caused by or resulting from slips, trips, falls and other forms of physical harm.

• That participation in the trip takes place in an urban environment, in which there is a possibility to encounter unfortunate events, such as crimes such as theft, physical assault, car accidents, separation from the participating group, among others;

• That in the event that a need for emergency medical services arises, I authorize and consent to such service being provided and assume the cost thereof;

• For any activity that I engage in, including providing my own transportation, which is not scheduled by Rutgers’ staff, I assume full responsibility for my engagement in the said activity;

Notwithstanding these risks, I, for myself, and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees and agents from any and all claims, demands, actions, causes of actions, costs and expenses for and by reason of any personal injury, property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by me in consequence of and as a result of a certain accident, casualty or event or my presence or activities in connection with this activity. I also agree to indemnify and hold harmless Rutgers for injuries sustained either by me and/or caused by me to others during this activity. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risks known or unknown.

Participant’s Name (Print) ___________________________  Participant’s Signature ___________________________  Date ___________________________

Emergency Contact’s Name ___________________________  Contact’s Phone Number ___________________________
INTERN INFORMATION SHEET

Name: ___________________________ (Last Name) ___________________________ (First Name) ___________________________ (Middle Initial) 

Social Security Number: ___________________________

Address: ___________________________ (Street) ___________________________ (Apt. #) ___________________________ (City) ___________________________ (State) ___________________________ (ZIP) 

Phone Numbers: ___________________________ (Home) ___________________________ (Other) 

EDUCATION (List Name and Address of School)

HIGH SCHOOL: ___________________________ Diploma □ □ Equivalent □ □

Last Year Completed: _____________ Did you graduate? Yes □ No □

COLLEGE / UNIVERSITY: ___________________________ Major / Specialization: ___________________________

Last Year Completed: _____________ Did you graduate? Yes □ No □

TRADE / BUSINESS SCHOOL: ___________________________ Did you graduate? Yes □ No □

Diploma / Degree Received: ___________________________

GRADUATE SCHOOL: ___________________________ Did you graduate? Yes □ No □

Diploma / Degree Received: ___________________________ Major / Specialization: ___________________________

DRIVER'S LICENSE No. ___________________________ State Where Issued: ___________ Expiration Date: ___________

PROFESSIONAL CERTIFICATION / LICENSE

License / Document Number: ___________________________

Type of Document: ___________________________ Date Issued: ___________ Expiration Date: ___________

LIST ADDITIONAL SKILLS:

BACKGROUND

Do you have a legal right to reside in the U.S? Yes □ No □

If yes, please enter: Alien Registration No: ___________________________ Visa: ___________________________ Exp. Date: ___________________________

Naturalization No: ___________________________ Date Issued: ___________________________ Place: ___________________________

Are you currently an employee of Rutgers in a Legacy UMDNJ position? Yes □ No □

Were you previously an employee of Rutgers or UMDNJ? Yes □ No □

If yes, please indicate the date: From ________ To _________ Unit/School: ___________________________ Department: ___________________________

Do you have a relative that currently works for Rutgers? Yes □ No □

If yes, please enter name: ___________________________

Have you ever been convicted of a crime or found / pled guilty of a disorderly person's offense or a misdemeanor (excludes any minor motor vehicle offenses)? Yes □ No □

If yes, please explain below. Continue on a separate sheet and attach to application if more space is needed. Include any crimes, misdemeanors or disorderly persons offenses:

REV. - 6/15/2013
### INTERNSHIP & EMPLOYMENT HISTORY (list last three, starting with most recent)

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<thead>
<tr>
<th>From:</th>
<th>To:</th>
<th>Phone No:</th>
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<tr>
<td>Employer:</td>
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<td>Address:</td>
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<td>State:</td>
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<td>Responsibilities:</td>
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<td>Reason for Leaving:</td>
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<tr>
<td>Immediate Supervisor:</td>
<td>Phone No:</td>
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If currently employed, may we contact your employer?  Yes ☐  No ☐

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<tr>
<td>Immediate Supervisor:</td>
<td>Phone No:</td>
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</table>

I hereby release from liability all persons, corporations, or other organizations furnishing information. I am aware that my internship status with the University is conditional depending on the results of verification of references, licenses, educational background, criminal background check, and if required, a physical examination. It is understood and agreed that any misrepresentation, to the best of my knowledge and belief in this application will be sufficient cause for cancellation of the application for an internship position, and/or termination of my internship. I hereby give Rutgers University permission to investigate all references and to secure any additional information that may be required.

In accordance with Federal law, Rutgers University will not employ or enter into contracts or otherwise engage with any individual or entity that is currently excluded by the Office of the Inspector General (OIG) and/or the General Services Administration (GSA) from participating in Federal programs.

I have read the above statement and I do certify that I am not currently excluded by the OIG and/or the GSA from participating in Federal healthcare programs.

Signature: ________________________  Date: __________

REV. - 6/13/2013
RUTGERS CRIMINAL BACKGROUND CHECK

First Name ___________________________ Last Name ___________________________ Middle Initial ___________________________

Other Name(s) You Have Used: ___________________________ Date of Birth ___________________________

Social Security Number ___________________________ Email Address ___________________________

Telephone Number ___________________________ Date ___________________________

Please list all addresses for the past ten years. If more than three, please use the reverse side of this form.

1) ___________________________ Full Street Address, City, State ___________________________ From- To ___________________________

2) ___________________________ Full Street Address, City, State ___________________________ From- To ___________________________

3) ___________________________ Full Street Address, City, State ___________________________ From- To ___________________________

HUMAN RESOURCES USE ONLY- Level IV Screening

Select report type by placing a check in the appropriate box.

☐ 470 Regular Staff
☐ 473 Faculty
☐ 476 Housestaff
☐ 479 Volunteer Staff
☐ 482 Volunteer Faculty
☐ 915 Intern

☐ 470 Regular Staff
☐ 473 Faculty
☐ 476 Housestaff
☐ 479 Volunteer Staff
☐ 482 Volunteer Faculty
☐ 915 Intern

☐ 470 Regular Staff
☐ 473 Faculty
☐ 476 Housestaff
☐ 479 Volunteer Staff
☐ 482 Volunteer Faculty
☐ 915 Intern

Human Resources Generalist: ___________________________ Date: ___________________________

REV. - 6/13/2013
If vertebrate animals are involved, please complete the actions noted below:

<table>
<thead>
<tr>
<th>Item</th>
<th>Action</th>
<th>Method for action completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>IACUC protocol review</td>
<td>Ensure work to be conducted is covered in an approved IACUC protocol</td>
<td>Check IACUC protocols; email Newark IACUC Administrator for assistance (<a href="mailto:lauren.danridge@rutgers.edu">lauren.danridge@rutgers.edu</a>)</td>
</tr>
<tr>
<td>Addition of personnel</td>
<td>Ensure that new personnel are added to all applicable IACUC protocols</td>
<td>Complete online form (see below for list of requisite training PRIOR to completing this form): <a href="https://research.njms.rutgers.edu/redcap/surveys/?s=7K8T9R8X7W">https://research.njms.rutgers.edu/redcap/surveys/?s=7K8T9R8X7W</a></td>
</tr>
<tr>
<td>Complete requisite training</td>
<td>(1) CMR Orientation</td>
<td>(1) CMR: go to <a href="http://njms.rutgers.edu/research/cmr/personnel.cfm">http://njms.rutgers.edu/research/cmr/personnel.cfm</a> and follow instructions.</td>
</tr>
<tr>
<td></td>
<td>(2) ACHQ/Medical clearance</td>
<td>(2) ACHQ: instructions also available in link noted above for orientation</td>
</tr>
<tr>
<td></td>
<td>(3) REHS training</td>
<td>(3) REHS: go to <a href="http://rehs.rutgers.edu/rehs_train.html#bio">http://rehs.rutgers.edu/rehs_train.html#bio</a> and follow instructions (note that the initial training must be via the in-person session)</td>
</tr>
<tr>
<td></td>
<td>(4) PI/lab training</td>
<td>(4) PI/lab training: the PI must ensure that study personnel receive all necessary training as appropriate for the level of involvement and prior amount of animal research experience. The CMR veterinary staff can provide animal handling training, training on specific procedures, etc (contact Tracy Davis @ <a href="mailto:davista@ca.rutgers.edu">davista@ca.rutgers.edu</a>) as needed.</td>
</tr>
</tbody>
</table>
Unpaid Interns and Non-Affiliated Internship Programs at Rutgers

Policy # 60.9.31

Frequently Asked Questions

1. What level of student is eligible under this program?
   Internships (unpaid) are open to undergraduates, graduate level and "recently" graduated students ("recently" is defined as not exceeding two (2) years). Exceptions can be made for individuals who are in career transition.

2. I am interested in setting up an internship program for high school students. Do I need to follow the procedures in this policy?
   No, the Unpaid Interns and Non-Affiliated Internship Programs policy does not govern high school student internships. However, if the student will participate in laboratory work, refer the EOHSS website for Lab Safety and parental consent forms at http://www.

3. I have an intern program in my department and the interns are paid stipends. What procedures do I now need to follow?
   You should continue with your current process as this policy does not apply to internships with stipends.

4. My department's intern program is scheduled for four weeks during the summer. The department plans to allow the students to return each year to gain additional experiences until they graduate form their undergraduate programs. Is this allowed?
   Yes, providing the program adheres to the policy requirements and is approved by the appropriate leadership.

5. Will these returning interns need to repeat applicable University trainings and go through the background check and pre-placement screenings each year they return?
   Departments are responsible for making sure Interns are in compliance with the various training programs. Because a break has occurred since their last enrollment in the program, they should resubmit their information forms; background checks and pre-placement screenings must occur.

6. The Department of Labor (DOL) criteria states an employer cannot derive any immediate advantage from the intern's activities. Why is this stipulated?
   This requirement is important because if an employer has the intention of providing internships for the advancement of the intern's academic experience, it cannot also intend to benefit from the intern's activities as it would from a paid employee. Together with the other five (5) DOL criteria, the distinction between employee and intern is ensured and the use of internships is not abused.
For RBHS Positions

X. EXHIBITS

A. Unpaid Interns and Non-Affiliated Internship Programs at UMDNJ Frequently Asked Questions
   The Following EXHIBITS can be found at: http://uhr.rutgers.edu/policies-resources/policies-procedures

B. Intern Information Sheet

C. Internship Program Learning Agreement

D. Disclosure & Authorization

E. Intern Statement of Understanding

F. Confidentiality Agreement

By Direction of the President:

________________________________________
Vice President for Human Resources
I. PURPOSE

To set policy for the acceptance of unpaid interns; and, to establish oversight of non-affiliated internship programs at the University.

This policy does not apply to academic programs of the University and high school student internship programs which are processed through the sponsoring high school and University school/unit(s) (see http://www.umdnj.edu/ehssweb/publication/highschool.htm).

This policy is not applicable to existing internship programs governed by affiliation agreements.

II. ACCOUNTABILITY

The Vice President for Human Resources shall ensure compliance with this policy. The Deans, President/CEO's of the healthcare units, and Vice Presidents shall implement this policy in collaboration with the Director of Human Resources Services.

III. APPLICABILITY

This policy applies to all schools and operating units, University-wide.

IV. DEFINITION

Intern- An individual who is placed in a University school or operating unit for a limited time period for the purpose of gaining exposure to, and experience in, a field of study or career of his/her interest. As defined in this policy, an intern is not an employee and is unpaid.

V. REFERENCE

Cancellation of Access to University Assets 00-01-10-160.00

VI. BACKGROUND

The University is committed to its mission of education. Establishing internship programs through its various schools and operating units and extending the opportunity for individuals to explore diverse educational and career options provides a method for fulfilling this commitment.

VII. POLICY

1. Individuals shall be allowed to participate in the University's various internship programs for the following objectives. Such individuals shall function as unpaid interns, as defined above.

   • To access educational experience unobtainable in traditional classroom settings.
   • To advance theoretical knowledge
   • To obtain "hands-on" experience in the work environment.

REV. - 6/13/2013
To gain exposure to various career options.

2. Pursuant to the U.S. Department of Labor (DOL) Wage and Hour Division (WHD) and the Fair Labor Standards Act (FLSA), the University's schools and operating units must ensure that the following criteria are met when developing internship programs. Meeting all of the following factors ensures that an employment relationship does not exist under the FLSA.


- The training is similar to that which would be given in academic educational instruction.
- The training is for the benefit of the intern.
- The interns do not displace regular employees, but function under their close observation and/or supervision.
- The school or operating unit derives no immediate advantage from the intern's activities.
- It is understood by management and the intern that the intern is not necessarily entitled to a job at the end of the training.
- Management and intern understand that the intern is not entitled to wages for the time spent in training.

3. Internships at Rutgers are solely learning opportunities which may be:

- Full or part time during the summer months for up to twelve (12) weeks;
- Part time during the year, not to exceed an academic year.

4. Departments are responsible for ensuring that a structured learning experience is provided to interns and must obtain approval of the program and its participants through the Deans or Presidents/CEOs of the operating units or Vice Presidents. Programs for research interns must be reviewed by the school's Office of Research and Sponsored Program's (ORSP)

- All such programs shall include a departmental orientation and compliance with mandatory University training as applicable and tailored to the student's program, i.e.: (1) Ethics, Compliance and Corporate Integrity; (2) Sexual Harassment, (3) Code of Conduct (4) HIPAA, (5) Lab Safety or other mandatory training which may be required by the University, school or operating unit.
- Departments shall comply with all six (6) factors set forth in Paragraph 2 above.
- Interns must be supervised by a faculty member and/or an on-site supervisor.
- Supervisors shall ensure interns receive University IDs and access to technology as required.
- Supervisor shall be responsible for providing a final evaluation to interns upon completion of their participation.

5. Acceptance/ Eligibility Requirements

Internships are open to both undergraduate (enrolled), graduate level and "recently" graduated students ("recently" is defined as not exceeding two (2) years) in all academic disciplines preferably those majoring in the science and healthcare professions, including social and behavioral sciences. Administrative internships are also allowed. Exceptions can be made to accommodate individuals who may be in career transition.

Individuals shall be required to provide to the sponsoring department the following documentation for assessment before acceptance:

- Current resume or CV
- Recommendation letter
- Recent transcript
- Intern Information Sheet
- Internship Program Learning Agreement

VIII. PROCECURES
1. Prior to establishing internship programs and accepting individuals, departments shall contact the following who shall access and approve the program structure.

<table>
<thead>
<tr>
<th>Type of Internship</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Research</td>
<td>Dean; Office of Research and Sponsored Programs</td>
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<tr>
<td>Healthcare</td>
<td>Dean, President/CEO (or designees) of Healthcare unit</td>
</tr>
<tr>
<td>Administrative</td>
<td>Vice President (or designee)</td>
</tr>
<tr>
<td>Educational</td>
<td>Dean (or designee)</td>
</tr>
</tbody>
</table>

2. Supervisors shall assess all applicant documentation referenced in VII.5. above and obtain appreciable approval(s).

3. The Dean, President/CEO (or designee) or the Vice President (or designee) or ORSP for research interns shall review the applicants supporting documentation and inform the department of its approval (or denial). Approved documents are then forwarded to the campus Senior Human Resources Generalist.

4. The campus Senior Human Resources Generalist shall review documentation to ensure compliance with Department of Labor and University guidelines. Upon completion of review, the Senior Human Resources Generalist shall arrange for the applicant to complete the following standard University requirements prior to acceptance to the program. No individual shall commence assignment in a Rutgers Internship program until all documentation is finalized.

- Rutgers Criminal Background Check
  - Costs for background checks shall be covered by Human Resources
- Disclosure and Authorization
- Intern Statement of Understanding
- Confidentiality Agreement
- Pre-placement medical/screening and/or testing as necessary
  - Costs for screenings shall be the responsibility of the sponsoring school/unit

Upon satisfactory completion of background checks (including OIG and GSA) the campus Senior Generalist shall inform the requesting department.

5. Upon satisfactory completion of background checks (including OIG and GSA) the campus Senior Generalist shall inform the requesting department.

- For research interns, the requesting department shall inform the ORSP its Laboratory Safety Committee and EOHSS

6. If a background check disqualifies an applicant for any reason, the department and applicant will be notified.

7. Applicants determined to have falsified formation on their application, will not be considered for internship placement. In the event that it is determined that an applicant has falsified information on his/her application, the Senior Human Resources Generalist should be contacted to discuss appropriate action.

8. Upon completion of the internship, the sponsoring departments shall provide interns with a completed Intern Evaluation Form and retain a copy in its files.

9. Supervisors shall secure all University assets pursuant to University policy, Cancellation of Access to University Assets, 00-01-10-160:00.

REV. - 6/13/2013
# IX. RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Performed By</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>Departments</td>
<td>1. Collaborate with the Dean or President/CEOs (or designee) or Vice President or designee in developing programs. For research internships, also collaborate with the school's Office of Research and Sponsored Programs.</td>
</tr>
<tr>
<td></td>
<td>2. Prepare documentation for review and approval, adhering to Department of Labor and University guidelines.</td>
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<tr>
<td></td>
<td>3. Reviews Intern application documents.</td>
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<td>4. Notify the appropriate approver of Intern selection and submit application material for review.</td>
</tr>
<tr>
<td></td>
<td>5. Responsible for costs of medical screening and/or tests as necessary.</td>
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<td>6. Provide departmental orientation and ensure interns complete applicable University training.</td>
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<td>7. Assign supervisors for interns.</td>
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<td>8. Ensure provisioning of University ID and access to required technology to interns.</td>
</tr>
<tr>
<td></td>
<td>9. Provide interns with final evaluations and cancel access to University assets.</td>
</tr>
<tr>
<td>Deans, Presidents/CEOs, Vice Presidents of operating units, Office of Research and Sponsored Programs for each school (for research internship programs).</td>
<td>10. Provides guidance to departments in developing internship programs.</td>
</tr>
<tr>
<td></td>
<td>11. Provides oversight of Internship Programs.</td>
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<td>12. Reviews and approves program documentation and Intern application materials.</td>
</tr>
<tr>
<td></td>
<td>13. Sends approved materials to Human Resources.</td>
</tr>
<tr>
<td>Department of Human Resources</td>
<td>14. Reviews program documentation to ensure compliance with the Department of Labor and University guidelines.</td>
</tr>
<tr>
<td></td>
<td>15. Processes Intern application materials.</td>
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<tr>
<td></td>
<td>16. Upon approval, contact the Intern to arrange for completion of background checks and other related University requirements: OIG, GSA, medical clearance.</td>
</tr>
<tr>
<td>Interns</td>
<td>17. Upon successful completion of required checks, notifies the department, and forwards copies to Intern Information sheet and Intern Program Learning Agreement.</td>
</tr>
<tr>
<td></td>
<td>18. Must meet criteria for Intern status.</td>
</tr>
<tr>
<td></td>
<td>19. Completes and submits all required forms.</td>
</tr>
<tr>
<td></td>
<td>20. Completes all applicable University training and departmental orientation.</td>
</tr>
<tr>
<td></td>
<td>21. Adheres to Learning Agreement.</td>
</tr>
<tr>
<td></td>
<td>22. Participates in final evaluation process</td>
</tr>
<tr>
<td></td>
<td>23. Return University property upon completion of program</td>
</tr>
</tbody>
</table>

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