

**School of Health and Rehabilitation Sciences
Department of Health Sciences Internship Program
Indiana University Purdue University Indianapolis**

Purpose of the Internship Program

The Health Science Internship Program is designed to provide you with work experience that compliments your experience in the Undergraduate Health Science program. The internship is a valuable part of the academic experience because it gives you the opportunity to:

1. Apply classroom knowledge and skills
2. Gain valuable work experience that can lead to gainful employment
3. Identify alternative career opportunities
4. Contributes to professional growth and personal development
5. Network with employees in the healthcare field

Eligibility

Undergraduate students who are at sophomore standing (30 or more credit hours), have a cumulative GPA of a 2.5 or higher, completed at least one semester at IUPUI, and have been admitted to the School of Health and Rehabilitation Sciences qualify to complete an internship.

Requirements for Students

1. Identify and acquire an internship
2. Complete the Internship Proposal Form (attached to this document) and return to Tim Scully in Fesler Hall, Room 115L along with a current transcript
3. Once permission and approval of your internship is given you will be able to register for SHRS-W 495: Health Internship in your Student Center which is 3 credit hours.
4. Attend the in class meetings as listed on the Schedule of Classes
5. Submit all required assignments in Canvas before the end of the semester per the course schedule and syllabus

Please note, the internship proposal form must be submitted and approved prior to starting an approved internship for SHRS-W 495. Failure to do so could result in denial of your internship for credit experience. **A minimum of 150 hours at the internship site are required to complete the internship course unless approval for less hours is granted by the instructor in advance.**

Questions regarding internships should be directed to Tim Scully, Director of Career Services at scullyt@iupui.edu.

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HEALTH SCIENCES INTERNSHIP PROPOSAL FORM

This internship is proposed for the _____ (Fall, Spring, or Summer) term _____ (Year)
Student name: _____ IU Email: _____ @iupui.edu
Local address: _____
Cell phone: _____ Alternative phone: _____

On occasion, the Health Sciences Internship Program is approached by the media, IUPUI Administrative Offices, or SHRS Marketing and Communications for interviews with current or past interns. Would you welcome these requests? ____ Yes ____ No (By checking yes, you are giving permission to share your contact information above with individuals from IUPUI or other media outlets)

I grant my instructor permission to contact my site supervisor to assess progress. I also grant permission for my instructor to share my progress within my academic department.

_____ (Student Signature) _____ (Un. ID #)

INTERNSHIP SITE – COMPLETED BY SITE SUPERVISOR

Company/Agency Name: _____

Mailing Address: _____

Website URL: _____ Public/Private/Nonprofit: _____

Intern Supervisor: _____ Title: _____

Phone: _____ Email: _____

How often will the intern meet with the supervisor to discuss progress? _____

Intern Title: _____ Hours per week: _____ Salary: _____

Start date: _____ End date: _____

This student: ____ is new to this job/agency
____ is currently employed at this job/agency. How long? ____
____ has been previously employed at this job/agency. How long? ____

Please note: If you selected one of the last two statements, it is expected that the student complete duties are that outside of their normal job duties. Academic credit is not awarded for students employed in their current position. Please contact Tim Scully at scullyt@iu.edu with any questions.

Please attach a job description along with this proposal form.

Would you like information on how to post full-time jobs and internships in SHRS? ____ Yes ____ No

Site Supervisor Signature: _____ Date: _____