Statement of Understanding—HCM 422 Internship

Note: Effective January 12, 2011, the Statement of Understanding document will be required for all internship students.

All students preparing for internships will be required to submit signed Statement of Understanding within initial start-up of pre-internship activities.

Prerequisite: minimum grade of C in all Health Care Management courses.

I, [print name], have read the complete HCM 422 Packet and tentative schedule. (Packet is available on HCM website, Internship Link, D2L or from HCM Internship Coordinator). I fully read and understand this is a Pass/Fail course with the due dates for all assignments. If I fail to comply by due dates, this is grounds for a fail during the course. Guidelines and dates prior to initiating internship will be followed or one will need to wait until the following semester for application. All prerequisites must be in place prior to the start of my internship.

When the internship semester begins, weekly logs are due within one week interned or hours not submitted on time will need to be repeated during the semester. Weekly logs, department papers, revised resume, and projects/sample’s will be submitted on Desire2Learn to Internship Coordinator prior to Monday, 4:30 pm final exam week the semester interned unless prior arrangements were made. Supervisor /preceptor’s evaluations and student attendance sheets will be completed and emailed to coordinator by supervisor /preceptor, not student. It is student’s responsibility to have all work completed either early or on date designated by supervisor/preceptor and student. No excuses.

Attendance, participation, and proper conduct code for facility is required at internship with satisfactory evaluations and reports by supervisor /preceptor for this course. SIUC Student Conduct Code will apply. (Go to: http://policies.siuc.edu/policies/conduct.html). Failure of any rules and regulations are grounds for failure of HCM 422, dismissal from the HCM program, and/or Southern Illinois University Carbondale depending on circumstances.

If any problems arise or concerns develop, I will make an appointment to speak directly with Dr. Beebe to discuss matters.

Identify Location: [Carbondale, On-Line or Base Location]

HCM 421 Date: 

Planned Semester for HCM 422: 

[Student signature] [date]

[Dr. Sandra Nagel Beebe]

HCM Internship Coordinator signature [date]