

State University of New York College at Oswego Internship Learning Agreement

Name: _____ ID#: _____ Major: _____ Graduation Date: _____

Address During Internship: _____ Effective Date: _____
(Street) (City, State) (Zip)

Email address: _____ Student Phone for Above Address: (____) _____

Dept./Course No.: _____ **Internship – Credits:** _____ Hours per week: _____ Fall/Spring/Summer – Year: _____ Dates: _____

Internship Site: _____

Site Address: _____
(Street) (City, State) (Zip)

Supervisor Name: _____ Email: _____ Phone: (____) _____

Internship Responsibilities:

1. Participate in dialogue with hospital personnel with regards to what activities they regularly perform and what skills they need to perform them.
2. Participate in dialogue, when possible, with patients with regards to their experiences.
3. Maintain a reflective journal which will document the experiences of the intern; the site supervisor and the faculty mentor will ask to see this journal regularly.
4. Assist staff, when asked, with patient treatments.
5. Apply previous knowledge from classes (especially anatomy and physiology) to the procedures being observed.
6. Read and understand all hospital policies with regards to safety, standard precautions, emergency situations, professional conduct, and patient confidentiality.

Internship Approval Signatures:

Student	Date
Faculty Sponsor	Date
Print Sponsor Name: _____	
Academic Advisor	Date
Department Chair	Date
Experienced-Based Education Director	Date
Site Supervisor	Date