

# 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:** 1 Hours per week: 2-4 Fall/Spring/Summer – Year: \_\_\_\_\_ Dates: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Site Address: \_\_\_\_\_  
(Street) (City, State) (Zip)

Supervisor Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Internship Responsibilities:**

1. Participate in dialogue with therapists and staff 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. Know and understand all of the physical therapy practice's 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: James A. MacKenzie

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Experienced-Based Education Director \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor \_\_\_\_\_ Date \_\_\_\_\_