

ACADEMIC INTERNSHIP AVAILABILITY

Date _____

Name _____ Mr. ___ Mrs. ___ Ms. ___ Dr. ___ Rev. ___

Do you have any physical challenges or health problems that could limit your intern duties?
 ___ Yes ___ No *If yes, please explain so we may find the most suitable activity for you*

Emergency Contact:

Name _____ Relationship _____

Phone Number _____

Please mark all times on the grid that you are available.

	MON	TUES	WED	THUR	FRI
6a-7a					
7a-8a					
8a-9a					
9a-10a					
10a-11a					
11a-12p					
12p-1p					
1p-2p					
2p-3p					
3p-4p					
4p-5p					

Academic interns are required to work a minimum of 16-20 hours per week. Some departments start as early as 6 am (i.e. IT). Be sure to mark all times that you are available. You will finalize your schedule with your preceptor.

ACADEMIC INTERN AGREEMENT

I understand that I am applying to be an academic intern, not a paid employee, within Texas Health Resources (THR). I understand that I am authorized solely to perform tasks assigned specifically to me. I understand I must follow all rules and regulations of THR. I understand that all information concerning THR and its patients/residents is strictly confidential, and I hereby agree to maintain this confidentiality. I agree to accept full responsibility and to hold harmless Texas Health Resources (THR), its employees, directors, officers, trustees or agents from any and all claims and damages that may arise from my participation in the academic internship program.

I understand that as an academic intern of Texas Health Presbyterian Hospital of Dallas (THD), I may not provide services that involve direct patient care, and I may not provide services that require a license or certification. In addition, as a condition of academic internship placement, I may not solicit physicians on the THD medical staff or other clinical staff for “shadowing” or other educational opportunities. Such behavior may result in termination from my internship assignment.

I have read and understand the above and agree to comply with all rules and regulations of Texas Health Resources (THR) and the THD Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from the academic internship program. I understand THD may terminate my academic internship for any reason, or no reason.

Signature _____

Date _____