



Department of Medical Informatics and
Clinical Epidemiology
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Internship Course Contract

The **Course Contract** and **Project Plan** draft should be submitted to the DMICE Internship Coordinator no later than the midterm of the quarter prior to the Internship.

Please attach the Project Plan draft to a copy of this contract.

Student Name: Date:

Location (City, State):

Phone:

Email address:

OHSU Faculty Advisor: Internship Start Term:

Sponsoring Organization Name:

On-site Sponsor/Mentor
Name:

Title:

Address:

Phone:

Email Address:

Project Plan attached:

- Submit to Internship Coordinator **4 weeks prior** to start of Internship

Internship Project Plan (to be attached) - Please address the following in 2-3 double spaced pages:

- 1) Overall description of planned involvement
- 2) Specific objectives to be accomplished
- 3) List of activities required of student (indicate deadline after each item)
- 4) Deliverables (a training manual, research summary, etc.) and metrics for assessment
- 5) Description of how your education, experience, and interests align with the proposed project
- 6) Description of how the proposed project relates to your job role
- 7) Frequency of meetings with Sponsoring Organization mentor
- 8) Frequency of other meetings with other Sponsoring Organization staff (if applicable)
- 9) Any additional requirements the Sponsoring Organization or Faculty Advisor may have for the student

Please check each box below to acknowledge awareness of the Internship requirements:

- I will meet with my sponsor/mentor on the frequencies listed in the Project Plan.

- I will complete three Qualtrics surveys each term giving feedback on my internship work. I will also make sure that my onsite supervisor knows that they are responsible to also fill out three similar surveys a term.

- I will write a 10-15 page report to be submitted to the Faculty Advisor and Internship Coordinator no later than **one week prior** to the end of the quarter of my Internship.

- Along with the report, I will submit a log of hours kept and project plan activities to the Faculty Advisor and Internship Coordinator no later than one week prior to the end of the quarter of my Internship.

Paperwork required to initiate the Internship:

- Interest Form

- Project Agreement with approved Project Plan

- Signed Affiliation Agreement

Your signature below indicates that you have read and agree to abide by all of the processes and role responsibilities as outlined in the OHSU Internship.

Student Signature _____ Date _____

Sponsor Signature _____ Date _____

Faculty Advisor Signature _____ Date _____

Internship Coordinator Signature _____ Date _____