

UNIVERSITY OF TEXAS AT TYLER

College of Nursing and Health Sciences
Department of Health and Kinesiology
HECC 4370/4371—Internship & HECC 5391—Practicum

INTERNSHIP/PRACTICUM CONTRACT

The purpose of the Internship or Practicum is to provide the student with practical experience in the application of health principles within the structure and function of a health entity depending upon the student's major interest.

This form constitutes an agreement between the student, the Internship Site, and the university to pursue the above purpose through the goals and objectives herein defined.

Name: _____

Current Address: _____

City, State, Zip: _____

Email: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Degree: _____

Anticipated Date of Graduation: _____

1. I have obtained approval to conduct my Internship/Practicum starting the _____ semester, _____ for 3 credit/non-credit hours.
2. The Internship/Practicum site at which I will perform the experience is:

Internship/Practicum Site:

Address:

Telephone: _____

Site Supervisor/Title: _____

3. The Internship/Practicum goals and objectives which will guide my Internship/Practicum experience and which have been agreed upon by the Internship/Practicum Site Supervisor, Faculty Internship/Practicum Advisor, and by myself are as follows:

By signing below, all parties involved agree to meet their responsibilities as outlined in the current course as posted in Blackboard for HECC 4370/4371—Internship or HECC 5391—Practicum.

Student signature: _____ Date: _____

Internship/Practicum Site Supervisor signature: _____

Date: _____

Faculty Advisor signature: _____ Date: _____

University of Texas at Tyler

Department of Health and Kinesiology

CONFIDENTIALITY POLICY

It is the policy of the Department of Health and Kinesiology that all students must sign a statement regarding the confidentiality of patients and clients. This policy is for the protection of the patients; in signing this form the student states that (s)he will not disclose any names or information regarding any patients or clients to peers, friends, or relatives.

I agree to protect the confidentiality of the patients and clients in all situations.

Student Signature

Date