



Healthcare Practicum Approval Packet

Student Eligibility

- You must be current Healthcare Administration student and in good academic standing (minimum 3.0 GPA).
- You must have already completed HCA 600 before starting the internship.
- You must get approval from the Healthcare Administration Program Director.

Student Requirements

- Students must work at least 200 hours to receive 3 hours of Graduate Internship credit for HCA 671. Additional hours may be required by the employer.
- Before starting the internship and getting registered for HCA 671 you will need to get the appropriate signatures on the approval form (page 2) as well as have the employer complete a job description (page 3).
- While working you will need to complete a daily work log outlining your duties.
- You will need to complete a mid-term report that will be submitted to the Program Director. There will also be a final report and presentation.
- You and the employer will complete an evaluation at the conclusion of the internship.

Salary and Other Job Benefits

- Salary and other job benefits are established through agreement between the student and employer.
- The student is not guaranteed a job on completion of the program and, if performance or other conditions merit it, the employer may at any time terminate the employment of the student. The student is expected to perform and follow policies and practices common to other employees of the employer.



**Marshall University College of Business and
Agency Agreement of Supervised
Healthcare Administration Practicum**

Agency Name:

Agency Address:

Agrees to Accept: _____ as an intern during the
_____ semester for a total of _____ (at least 200) contact hours beginning on
_____ and ending on _____.

The student will be under the direct agency supervision of _____
who agrees to items on the attached Site Supervisor Form.

The student wants to take credit for HCA 671 _____ Yes _____ No

Student Signature

Date _____

Agency Site Supervisor

Date _____

HCA Program Coordinator

Date _____

This document must be completed in full and signed by all parties before the residency may begin. The employer must also submit a letter to outline responsibilities and expectations.

Copies to: Agency Supervisor
HCA Coordinator
Academic Advisor



DESCRIPTION OF HEALTHCARE ADMINISTRATION PRACTICUM

Date _____

Semester _____

Name _____

Goals and objectives of Healthcare Administration Practicum as well as a brief description of proposed Healthcare Administration Practicum and project:

HCA Residency Site Supervisor

Name _____

Agency/Organization _____

Address _____

Phone _____ FAX _____

E-Mail _____

Student Signature/Date

HCA Program Coordinator/Date

Marshall University Lewis College of Business Internship/Co-Op Program Employer Appraisal

_____ Company: _____
 Student's Name Address: _____

 Date: _____ Supervisor's Name: _____

Indicate in the respective space a rating of the intern on each factor. This appraisal will be used by the Division Head to determine the intern's grade and whether the student will be given credit for the intern experience.

DEFINITIONS OF PERFORMANCE LEVELS

- 5 **EXCELLENT.** The intern's performance is well above the normal requirements of the job. The students in this rating are consistently very high performers and continually contribute more than their share to the organization.
- 4 **GOOD.** The intern's performance is beyond the ordinary requirement for satisfactory performance on the job. This rating indicates accomplishment of all assigned tasks.
- 3 **SATISFACTORY.** The intern adequately and competently performs the requirements of the job.
- 2 **POOR.** The intern does not meet the expectations. This rating applies to those performing in a substandard manner, and improvement is needed.
- 1 **UNSATISFACTORY.** The intern's performance is totally unacceptable. Release is justified unless improvement is made within a specified period of time.
- NA **NOT APPLICABLE.** This rating applies to those factors that are not relevant to the intern's responsibilities.

	PERFORMANCE LEVEL (5-1)	COMMENTS
1. Exhibits traits such as honesty, loyalty, and trustworthiness.	_____	_____ _____ _____
2. Reports to work without tardiness or absenteeism.	_____	_____ _____ _____

WORKPLACE SKILL	PERFORMANCE LEVEL (5-1)	COMMENTS
3. Exhibits courteousness and the ability to work well with others.	_____	_____ _____ _____
4. Uses effective oral/written communication skills.	_____	_____ _____ _____
5. Demonstrates the ability to work with company policies and regulations.	_____	_____ _____ _____
6. Sets priorities and utilizes good time management skills.	_____	_____ _____ _____
7. Adapts well to changes.	_____	_____ _____ _____
8. Demonstrates initiative/self-starter attitude.	_____	_____ _____ _____
9. Follows directions, admits errors and accepts constructive criticism.	_____	_____ _____ _____
10. Meets expected volume of work.	_____	_____ _____ _____
11. Meets quality expectations.	_____	_____ _____ _____
12. Exhibits diligence and perseverance.	_____	_____ _____ _____

WORKPLACE SKILL

**PERFORMANCE
LEVEL (5-1)**

COMMENTS

13. Requires minimum supervision.

What is the intern's strongest qualification? _____

What is the intern's most noticeable area of needed improvement? _____

What suggestions do you have for this intern which may help him/her achieve his/her career goal? _____

Additional comments: _____

Number of internship hours completed as of this date: _____

Rated by: _____

Signature

Date: _____

Print Name

Title

Department

This report has been discussed with the intern: YES NO

Internship Program Evaluation

Student Evaluation of Employer

This form must be submitted in order to receive credit for the internship.

Name _____ Student I.D. _____
Semester _____ Department of Internship (ex: ACC 490) _____
Employer's Name _____ Phone _____
Company Name _____ E-mail _____
Company Address _____

1. **This internship provided me with knowledge of the field.**

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

2. **My mentor spent adequate time with me.**

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

3. **I was allowed to participate in meaningful work activities.**

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

4. **The staff made me feel welcome.**

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

5. **There are opportunities for further employment with this employer.**

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

6. **My mentor understands that my schoolwork is my number one priority.**

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

(continued on back)

7. **My internship did not interfere with my schoolwork.**

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

8. **This internship exceeded my overall expectations.**

Strongly
Disagree

Somewhat
Disagree

Neutral

Somewhat
Agree

Strongly
Agree

Please include any additional comments you wish to make regarding your internship: