



Academic Internship Agreement

By initialing below, I acknowledge that I understand and agree with the following:

_____ I will attend, if offered an academic internship opportunity, a mandatory 3-hour orientation as part of my on-boarding requirements. The orientation is scheduled for **June 28, 2023 from 10 am – 1:30 pm**. This orientation will be in-person at Texas Health Presbyterian Hospital Dallas.

_____ I understand that the academic internship is an unpaid opportunity requiring 380 hours AND 7 months of service.

_____ I will show professionalism with our patients, visitors and staff. I will not use electronic devices in departments, hallways and elevators (i.e. phones, cameras, iPods, etc.) I will be productive in my assigned department and take initiative.

_____ I will meet Employee Health requirements and stay updated on vaccinations and/or TB tests. Failure to do so could result in possible suspension.

_____ I understand that Texas Health Resources has a COVID vaccine policy that requires I have a full dosage of the vaccine prior to attending the Employee Health appointment at the beginning of June. I will provide proof of that covid vaccine.

_____ I understand that I **MUST** complete all my minimum academic intern hours by the end of the program (380 hours) and also stay for the entire 7 months. If hours/7months are not met, I will not report participating in the THD academic internship program on my resume or receive a letter of recommendation from the volunteer staff.

_____ I understand that I am responsible for informing my academic internship manager or key staff of any shifts that I will not be able to attend at least one week in advance coupled with an Outlook calendar request.

_____ I will communicate with my assigned department, leader and key staff in the event of an unexpected absence or tardy. If I start excessively showing up late to my shifts or not show up at all *without communication*, coaching-possible termination from the internship will occur, depending on the reasons given.

_____ I will keep all patient information confidential. I understand that any major violations of THR Promise Behaviors or HIPAA may result in immediate termination from the program.

_____ Lastly, I understand that the Academic Internship does not tolerate unprofessional behavior. I will dress professionally and arrive punctually to my intern shifts. If there are any unexpected emergencies that prevent me from showing up, I will make sure to communicate with my department contacts.

Printed Name

Date

Signature