|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: |  | Date: |  |
|  |  |  |
| Location (City, State):  |  |
|  |  |
| Phone:  |  |
|  |  |
| Email address:  |  |
|  |  |
| OHSU Faculty Advisor: |  | Practicum Start Term: |  |
|  |  |
| Sponsoring Organization Name:  |  |
|  |  |
| Sponsor/Mentor Name:  |  |
|  |  |
| Title:  |  |
|  |  |
| Address:  |  |
|  |  |
| Phone:  |  |
|  |  |
| Email Address:  |  |
|  |
| * **Project Plan attached**:
* Submit to Internship Coordinator **4 weeks prior to** start of Internship
 |

**Practicum 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 Practicum requirements:**

|  |  |
| --- | --- |
|  | I will meet with my sponsor/mentor on the frequencies listed in the Project Plan. |
|  |  |
|  | I will complete three evaluations about Practicum progress during the term, using the online Qualtrics tool. Each survey will require 2-5 minutes of my time. |
|  |
|  |
|  |  |
|  | I will write a 5‐8 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 Practicum. |
|  |
|  |  |
|  |  |

**Paperwork required to initiate the Internship**:

|  |  |
| --- | --- |
|  | Interest Form |
|  |  |
|  | Project Agreement |
|  |  |
|  | Project Plan (forward to Faculty Advisor for review and approval.) |

***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 Practicum.***

Student Signature Date

Sponsor Signature Date

Faculty Advisor Signature Date

Internship Coordinator Signature Date