**Western Kentucky University**

**Department of Public Health**

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**Healthcare Administration Program**

**Internship Guidelines**

**Academic Requirements and Procedures for Undergraduate and Graduate Internships**

**HCA 449 and HCA 546**

This document contains the guidelines for students conducting their internship in the Health Care Administration program, Department of Public Health at Western Kentucky University, Bowling Green, Kentucky. Internship students, preceptors (responsible for supervising the student on site), and faculty advisors should refer to these guidelines for information relative to the types and scope of tasks/activities in which the student should be engaged in order to demonstrate competence and the ability to apply academic knowledge in an operational environment.

In addition, the guidelines provide Western Kentucky University requirements, program requirements, internship purpose, and objectives, in addition to other pertinent information relative to the internship experience.

Student interns and preceptors having questions concerning the internship program or desiring additional information, guidance, or clarification regarding any items contained within this guide should contact the program directors:

**Dr. Gregory Ellis-Griffith**, MHA Program Coordinator

Email: [gregory.ellis.griffith@wku.edu](mailto:gregory.ellis.griffith@wku.edu)

**Nadia Houchens,** HCA Undergraduate Program Coordinator

Email: [nadia.houchens@wku.edu](mailto:nadia.houchens@wku.edu)

**Appendix A: Application for Internship Site Affiliation**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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President/CEO of Agency/or Signature Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Organization:

Hospital If hospital, number of beds: \_\_\_\_\_\_\_\_\_\_\_

Nursing Home If nursing home, number of beds: \_\_\_\_\_\_\_\_\_\_

Home health agency If home health agency, visits per year: \_\_\_\_\_\_\_\_\_\_

Ambulatory care center If ambulatory care facility, visits per year: \_\_\_\_\_

Professional group practice If group practice, number of provider\_\_\_\_\_\_\_\_\_\_

Insurance company

Health related product sales

Community agency

Government Office

Other Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of licensure held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Accreditations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* \* \* \* \* \* \*

Signature of person completing this form or if completed by student, name of agency contact person providing information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Criteria for Internship Site Affiliation**

**The following criteria have been established for approval as an internship site for the Health Care Administration program, Department of Public Health, Western Kentucky University.**

**The organization must be prepared to perform the following:**

1. Where appropriate, the organization must be:
2. Licensed by the State
3. Accredited
4. Certified for participation in Medicare or Medicaid
5. Be committed to contributing to the educational preparation of health care administration students.
6. Provide the operational environment necessary for the student to demonstrate application of acquired knowledge, competence, and opportunity to acquire and refine managerial skills.
7. Assign an appropriate individual who is both educationally and experientially qualified to function as a preceptor for the student.
8. Evaluate the student using the educational objectives and performance criteria as described in the Internship Guidelines.
9. Review and approve student assignments prior to the submission of assignments to the faculty supervisor.
10. Assist University faculty in planning and evaluating operational learning experiences of the student.
11. Review student progress and confirm outcomes of the student’s learning process.
12. Participate in preceptor or adjunct faculty meetings relative to the internship program.
13. Appoint an individual (can be preceptor) to function as a liaison between the internship site and Health Care Administration Program.
14. Conform to the University statement of compliance in that no discrimination shall take place on the basis of age, race, color, religion, sex, national origin, or disability.