



Institute for Diversity and Health Equity

An affiliate of the American Hospital Association

Fall Enrichment Program

Fall Enrichment Program Host Site Commitment Form

The Fall Enrichment Program (FEP) is a 20-week, paid internship opportunity for academically strong, diverse Graduate Students that have graduated within the last (2) years from their Graduate Program. The FEP connects host sites with qualified internship candidates for an immersive onsite experience. Participating students are available for immediate, full-time placement in appropriate, available positions.

The following is an overview of what to expect from the FEP and what interns are responsible for. Please review, sign, and submit this document to communicate your interest and commitment to participate in the Fall Enrichment Program.

Contact Information

Host Site Location Name:

Street Address:

City/ State/ ZIP:

Primary Contact Name:

Title:

Email:

Phone:

Secondary Contact Name:

Email:

Phone:

This person should receive all communication first.

Preceptor Name:

Email:

Phone:

Note: If primary/secondary contact is also the preceptor, please enter "Same as Primary/Secondary" here. If you have multiple preceptors for multiple interns, copy and paste this section to capture their contact information.

Host Site Basics

How many interns will you be hosting for the Fall Enrichment Program? _____

How long will the duration of the internship be (20-weeks minimum but no greater than)? _____

How much will you pay your intern hourly? (*The Institute recommends a rate of no lower than \$20.00 per hour/\$800 a week - Interns are only paid for hours worked at their Host Site*) _____

Host Site Expectations and Responsibilities

Pre-FEP

- Creation of workspace (computer/phone/temporary email address)
- Employee orientation
- Download and review the Preceptor and Host Site Handbooks

FEP Duration:

- Introduction of FEP Intern to Senior Leadership
- Assignment of a Special Fall Project(s)
- Schedule regular weekly meeting between FEP intern and preceptor
- Set up (2) hospital visits at off-site healthcare locations (1 per month)
- Organize FEP intern attendance/participation in department, staff and board meetings and management activities
- Organize lunch/meeting with hospital President/CEO and intern
- Participation in the photo project (*FEP interns document their experiences with pictures*)
- Special project presentation to appropriate senior leadership
- The Institute for Diversity and Health Equity will invoice my organization in the amount of \$2,500 per intern within the first week my intern(s) arrival

Post-FEP:

- Attendance of the FEP graduation webinar
 - Completion of the FEP Host Site Survey
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By signing this commitment form I understand:

- The FEP is a 20 week full-time (40 hours a week) commitment
- FEP interns work on a Special Fall Project(s) that will benefit my organization
- The preceptor will be available, provide guidance and meet with the intern on weekly schedule and/or bi-weekly
- Students are responsible for their own housing
- Students are responsible for their transportation to, from and during their internship
- The Host Site's policies and procedures are applicable to interns for the duration of the internship (i.e. termination, sick time, holiday pay, etc.)

Representations:

Image Use

By signing the document, below, you represent the right to the Institute for Diversity and Health Equity to use your digital imagery for promotional purposes for the FEP/SEP or educational programs.

Liability

By signing the document, below, you indemnify and hold harmless the Institute for Diversity and Health Equity officers, agents, and employees from all suits, actions, losses, damages, claims, or liability of any character, type, or description, including without

For questions or concerns about the FEP, please contact us at IFD-FEP.org or 312-422-2658

limiting the generality of the foregoing all expenses of litigation, court costs, and attorney's fees for injury or death to any person, or injury to any property, received or sustained by any person or persons or property, arising out of, or occasioned by participation in the Fall Enrichment Program.

Agreement

By signing the document, I represent that I will use the Institute for Diversity and Health Equity's database (Mentor Scout) solely for the Fall Enrichment Program. If I use the database to access additional applicants for the benefit of my organization, my organization will be responsible for the fees associated.

SIGNATURE

Type name as signature:

Date: