



Institute for Diversity and Health Equity

An affiliate of the American Hospital Association

Fall Enrichment Program

Fall Enrichment Program Intern 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

Name:

Email:

Phone:

Pre-FEP Checklist

- Application completed with all documents
 - Letter of Introduction (1-2 pages, telling us more about yourself)
 - Current Academic Resume
 - Current College Transcript (You may upload an unofficial copy from your college website. Your name, college and major must be listed)
 - Proof of US Citizenship (Birth Certificate, US Passport or US Passport Card Only)
 - Two (2) Letters of Recommendation (Preferably from a current dean, professor or recent employer)
 - One current, professional digital photograph of yourself uploaded to your profile page
 - Completed, uploaded copy of the FEP Intern Commitment Form
- After being “matched” to a Host Site, research the facility prior to your phone interview
- Identify housing options near the host site. **You are responsible for securing your own housing.**
- Research and secure reliable means of transportation to and from your host site. **You are responsible for securing your own transportation.**
- Download the FEP Intern Handbook

FEP Duration Checklist

- Attend FEP educational webinars
- Attend new employee orientation / Tour of the facility upon arrival
- Regularly scheduled weekly meeting between FEP intern and preceptor
- Completion of Special Project(s)
- Attend/participate in Department Meetings, Staff Meetings & Board Meetings
- Presentation of special project to appropriate senior leadership
- (2) Hospital visits at offsite healthcare locations

Post-FEP

- Attendance of the FEP graduation webinar
- Exit Interview / Resume Review
- Completion of the FEP Intern Feedback Survey

The FEP is a 20-week full-time (40 hours a week) commitment

I will be responsible for my own housing

I will be responsible for my transportation to, from and during my internship

I will conduct myself in a professional manner with the Institute and Health Care Organizations

I will adhere to the Host Site's policies and procedures applicable to the interns for the duration of the internship (i.e. termination, sick time, holiday pay, etc.)

I will be paid \$20 per hour/\$800 a week (Interns are only paid for the hours worked at their Host Site)

If I am no longer interested in participating in the Fall Enrichment Program, I will notify the Institute for Diversity and Health Equity within an appropriate time frame. If I do not notify the Institute, I will not be able to participate in ANY future FEP and/or SEP.

Representations:

Agreement

By signing the document, below, you represent that you have not been convicted of a felony and or misdemeanor and you are not currently subject to a pending criminal charge for a felony and or misdemeanor.

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 and its officers, agents, and employees from all suits, actions, losses, damages, claims, or liability of any character, type, or description, including without 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.

Signature

Type name as signature:

Date: