**Preceptor agreement FORM**

(To be provided by the student with their Internship Planning paperwork)

Preceptor Name:

Title/Position:

Degree or certifications (if any):

Name of Organization:

Years at Organization:

**To be completed by the Preceptor/Site Supervisor:**Note: At the discretion of the academic department, a formal letter of offer on organization letterhead or organizational email bearing supervisor's signature may be attached in lieu of this section. A detailed position description may also serve as useful documentation of expected activities and qualifications.

|  |  |
| --- | --- |
| **Status of Intern** a brief description of the intern’s status within the agency – for example, expected number of hours worked/weekly, any wages or benefit compensations |  |
| **Intern Minimum Qualifications** for example, public health major, pervious work experiences, other special skills |  |
| **Training Plans** for example, orientation to site and responsibilities |  |
| **Requirements for the Intern** for example, any expectations regarding job functions, office conduct, attendance policies |  |
| **Identifying possible risks** for example, any significant obvious and non-obvious risks of participation |  |
| **Other** |  |

As Preceptor I agree with the following statement:

*A preceptor must demonstrate experience in their field with at least one year in their current position and, when necessary, have the education and professional certification to meet training requirements. Preceptors must have supervisory experience to demonstrate that they can oversee the internship and be able to critically evaluate student performance based on direct observation of a student’s contribution. Preceptors must have the ability to communicate effectively in a timely manner with MEZCOPH. All preceptors must be willing to commit time to the internship project and be willing to engage in meetings with students and their faculty advisor during the internship experience.*

By signing this document as the site supervisor (Preceptor) for an intern earning University of Arizona academic credit, I understand that the work plan outlines the mutually agreed upon proposed activities which the intern will be responsible for fulfilling and which the site will be responsible for providing as a part of the experience. Changes to work plans are a normal part of any internship, and are permissible as long as the activities remain with a relevant learning focus and all parties agree to the changes.

I understand the role that I have accepted as a preceptor and will work with MEZCOPH to ensure that I meet my responsibility to supervise students.

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

\*\***Preceptor** signature

Please provide a current CV, Resume or Biosketch with this document.

CV, Resume or Biosketch: Attached [ ]  On file [ ]

**To be completed by the Student:**

By signing this document, I understand that I am responsible for fulfilling the proposed activities at the internship site plus all additional requirements in order to earn academic credit for this internship experience. I acknowledge I have been provided with the University of Arizona Risk Management Disclosure of Insurance for University Internships (last two pages of this document).

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

\*\*Student Intern signature

**Internship Committee Chair Approval:**

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

\*\*Internship Committee Chairsignature

Questions and concerns may be directed to the Office of Student Services and Alumni Affairs:

* MPH Coordinator – Tucson, 520.626.3204 or
* MPH Coordinator – Phoenix, 602.827.2070

# DISCLOSURE RE: INSURANCE COVERAGE FOR UNIVERSITY INTERNSHIPS

INTRODUCTION

This document is prepared to provide guidance to students and academic programs regarding the types of insurance coverage available to students enrolled in university internship opportunities. The University of Arizona participates in a statutory program of insurance administered by the Arizona Department of Administration, Risk Management Division, as authorized in Arizona Revised Statutes §41-621 *et seq*. Insurance coverage described herein is governed by the provisions outlined in this statutory insurance program.

WHAT ARE INTERNSHIPS?

An internship is a guided learning experience offered by an organization with the student’s academic program and preparation for future employment in mind. An internship is a temporary practical assignment, usually lasting only 1-2 academic terms, with no guarantee of employment.

Students must coordinate with the designated individual within their academic department to determine if the internship will be eligible for academic course credit, and what documentation will be required to support award of credit. The nature of the internship, and the arrangement in place between the UA and the training site will also influence the availability of one or more types of insurance coverage listed below.

INTERNSHIP DOCUMENTATION

Insurance coverage for university internships may be applicable if there is written approval from the academic advisor or faculty member that documents a connection between the training opportunity and the student’s academic program curriculum. The University of Arizona recommends that this approval be documented by the UA Student Intern Work Plan form and include acknowledgement by the student of receipt of this insurance disclosure.

A training affiliation agreement between the UA and the training site is the preferred method to document an ongoing relationship, and establish the responsibilities of all parties, when the training site does not consider student interns to be employees of their organization.

Affiliation agreements specify which party provides insurance coverage, and the type and extent of that coverage. If there is an expectation that an internship relationship with a training site will be continuing, and the site does not consider interns to be employees of the organization, the academic program should consider formalizing an affiliation agreement with the training organization. Contact XX or the Provost's Office for guidance.

If there is no written approval documentation establishing a UA connection to the internship or training activity as a part of the student’s academic program, such as the UA Student Intern Work Plan form, UA insurance is NOT APPLICABLE to that activity. In such cases, the student participant assumes all risk of participation.

TYPES OF INSURANCE

Several types of insurance may be applicable to an internship opportunity. These are listed and discussed in detail below:

Liability Insurance (General and Professional Liability) – This coverage insures an individual or an organization against claims alleged to be the result of negligent acts or omissions. An intern, acting in the course of their authorized duties, is insured by the State of Arizona for liability claims that allege injury or harm caused by the negligence by the intern. Liability insurance pays for legal counsel to defend that claim, and pays damages awarded to the claimant either through settlement or jury award if the case goes to trial. The statutory insurance program described above covers both general and professional liability.

Worker’s Compensation – This insurance covers on-the-job injuries to employees, including authorized medical treatment expenses and lost wages if the injury requires missing work. If an internship training site hires a student intern as an employee, then that employer is responsible for providing worker’s compensation coverage. In many cases, student interns are not covered by worker’s compensation because they are not employees. Stipends and other financial aid are not employment.

International Insurance – Special insurance is applicable when a university internship requires travel outside the U.S. The international insurance program for the UA includes liability coverage, emergency medical treatment, and specialized services abroad such as emergency evacuation, executive assistance, repatriation, etc. University processes for travel authorization and itinerary registration must be followed to identify the travel as having an official UA purpose, and to ensure rapid access to insurance and assistance if needed while abroad.

Travel Accident Insurance – University students are expected to arrange for their own health insurance through Campus Health, through a family relationship, or directly from a health insurance provider. Accident insurance is different from health insurance. If a student intern is injured while traveling away from their home UA campus, there is limited coverage available to cover emergency medical care. The coverage is limited in scope, and is capped at $25,000 per incident. There is no cost to students, no registration is required, and coverage is automatic. This coverage is in excess of ANY other insurance available to the student. It does not replace regular health insurance, and should not be relied upon as the sole source of insurance coverage to respond to medical needs that may arise.

UA Risk Management Services (RMS) coordinates university insurance coverage with the State of Arizona, and can assist university departments with coverage questions, and determining which type of insurance is applicable to a particular situation. Contact RMS at 520-621-1790 or risk@email.arizona.edu for assistance.