

**Minority Care International**  
Collin College School of Nursing, McKinney, Texas  
Presbyterian Hospital of Greenville, Texas

INTERNSHIP FORM

Date Completed \_\_\_\_\_

Please print or type the following:

Student Name \_\_\_\_\_

U.S. Faculty Sponsor \_\_\_\_\_

Internship Topic \_\_\_\_\_

Clinical Site \_\_\_\_\_

Clinical Preceptor \_\_\_\_\_

Credit Hours Requested \_\_\_\_\_

REQUIRED SIGNATURES:

Student \_\_\_\_\_ Date \_\_\_\_\_

Minority Care International President \_\_\_\_\_ Date \_\_\_\_\_

Faculty Sponsor \_\_\_\_\_ Date \_\_\_\_\_

Clinical Preceptor \_\_\_\_\_ Date \_\_\_\_\_

Director, School of Nursing \_\_\_\_\_ Date \_\_\_\_\_

Complete this form prior to registration appointment with Director of Nursing School.  
Attach a copy of this form to registration materials.  
Submit one original form to faculty sponsor and one to Hospital supervisor upon completion.  
Keep copies for your personal records and advising appointments.

**MINORITY CARE INTERNATIONAL NURSING INTERNSHIP PROPOSAL  
(PLEASE PRINT)**

This document is intended as a formal agreement among **Minority Care International**, \_\_\_\_\_ (Intern), \_\_\_\_\_ (Faculty Supervisor) and \_\_\_\_\_ (Hospital Supervisor) concerning a \_\_\_\_-credit internship to be performed during the \_\_\_\_\_ semester of 20\_\_\_\_ at the Presbyterian Hospital of Greenville, Texas. The objective of the internship is to supplement the intern's general theoretical knowledge of \_\_\_\_\_ (subject area) that has been gained through academic course work with a practical work experience. The internship objective will be achieved by the intern's performing the following specific duties:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

*(Attach additional sheets of paper if necessary.)*

The internship will begin on \_\_\_\_\_ and conclude on \_\_\_\_\_. The intern will work for a total of \_\_\_\_\_ hours. The intern will maintain a daily journal documenting the various duties performed. Upon completion of the internship, the intern will submit a paper summarizing his or her activities (consistent with the daily journal) according to departmental requirements.

The Hospital Supervisor and/or Preceptor will directly or indirectly supervise the internship activities, and evaluate the intern's performance using the Intern Evaluation Form provided.

The grade for the internship will be assigned by the Faculty Supervisor and will be based upon the following components and weights as specified by the supervising faculty member:

- 1) Review of the daily journal \_\_\_\_\_%
- 2) Evaluation of the required paper \_\_\_\_\_%
- 3) Site supervisor's evaluation \_\_\_\_\_%
- 4) Other: (specify) \_\_\_\_\_ %

\_\_\_\_\_  
(Faculty Supervisor Signature) (Date) Print Site Supervisor Name

\_\_\_\_\_  
(Intern Signature) (Date) (Site Supervisor Signature) (Date)

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

\_\_\_\_\_  
**E-mail address:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_