

Western Kentucky University Department of Public Health



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, Director HCA Program, **Room AC 137**

Phone: 270-745-3076

Fax: 270-745-4437

Email: gregory.ellis.griffith@wku.edu

Dr. William Mkanta, Director MHA/EMHA Programs, **Room AC 124**

Phone: 270-745-5260

Fax: 270-745-4437

Email: william.mkanta@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: _____
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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:
 - a. Licensed by the State
 - b. Accredited
 - c. Certified for participation in Medicare or Medicaid
2. Be committed to contributing to the educational preparation of health care administration students.
3. Provide the operational environment necessary for the student to demonstrate application of acquired knowledge, competence, and opportunity to acquire and refine managerial skills.
4. Assign an appropriate individual who is both educationally and experientially qualified to function as a preceptor for the student.
5. Evaluate the student using the educational objectives and performance criteria as described in the Internship Guidelines.
6. Review and approve student assignments prior to the submission of assignments to the faculty supervisor.
7. Assist University faculty in planning and evaluating operational learning experiences of the student.
8. Review student progress and confirm outcomes of the student's learning process.
9. Participate in preceptor or adjunct faculty meetings relative to the internship program.
10. Appoint an individual (can be preceptor) to function as a liaison between the internship site and Health Care Administration Program.
11. 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.