

BREVARD COLLEGE

BREVARD, NORTH CAROLINA

Revised Internship Registration Process for Faculty Supervising Internships

Site Agreement Determination

1. Does the internship involve any of the following?
 - Work at any site managed by the county government of Transylvania County, NC? This includes the Sheriff's Department, Department of Social Services, and others, but not municipal sites managed by the City of Brevard
 - Work with any law enforcement agency.
 - Work in any health service or healthcare setting that will include interaction with patients
 - Work in any education setting that involves interaction with people under age 18
 - Greater than usual risk to life or property, including work in industrial settings or with dangerous equipment

If none of the above are applicable, proceed to Process C. If the site is managed by the county government of Transylvania County, proceed to Process B. If one or more of the other options above is applicable, proceed to Process A.

Process A

1. If the student is going to be a paid employee of the organization at which they are interning, no site agreement is necessary. Submit evidence of the paid employee status along with the [Internship or Practicum Form](#), syllabus and all supporting documents to the Registrar's Office. Process is complete.
2. Check the [Agreements on File](#) section of the Registrar's Office website to see if the student's intended internship site is already covered by a Site Agreement. If the College already has a site agreement with the internship site, Submit completed [Internship/Practicum Form](#), syllabus along with supporting documents, to the Registrar's Office. If the site does not have an agreement in place, proceed to number 3.
3. Download the [Template Affiliate Site Agreement](#). Faculty drive the site agreement process and should contact the internship site to complete the template agreement. [This suggested verbiage](#) can help ease the communication process. The signatory at the internship site must be someone with authority to execute agreements on behalf of the organization, such as an owner, partner, principal, officer, executive director, operations director, executive-level employee, or attorney. Intermediate managers and those directly supervising internship experiences will not necessarily (and usually do not) have the authority to contract on behalf of the organization.
4. Once you have obtained a signature from an appropriate signatory at the internship site, send the signed site agreement via email to the Registrar's Office, who will forward it to the appropriate persons.

Process B

1. Notify Transylvania County's Human Resources office via email that the student will be completing an internship in a County office. Provide the student's name, name of county office, dates of internship, whether or not the office will be paying the student, and any other notable terms/conditions. You may submit this notification via email to Kate Hayes (kate.hayes@transylvaniacounty.org) or Sheila Cozart (Sheila.Cozart@transylvaniacounty.org).
2. Once you have completed this notification, print a copy of your email and submit it, along with the [Internship or Practicum Form](#) and all supporting documents, to the Registrar's Office.

Process C

Complete the Internship or Practicum Form on the Registrar's Office website and submit it, along with the syllabus and any supporting documents, to the Registrar's Office. Note that a syllabus for the credit-bearing portion of the internship is required.

BREVARD COLLEGE

Academic Internship/Practicum Form (269, 369, 469)

Internship: Provides students with an opportunity to strengthen their academic experience and assess career goals. The internship is supervised by the student's academic advisor or area faculty member and requires 45 hours of job site work per hour of academic credit awarded. Minimum student contact with the faculty member directing the internship will be 10 hours.

Prerequisites: **Students should have completed 48 or more semester hours, completed at least one semester at Brevard, and have a cumulative GPA of 2.0 or higher. Students may register for no more than 12 credits in any given registration period with a maximum of 12 credits applied toward graduation.**

IMPORTANT INFORMATION

- Any expenses for a background check/drug test or any other associated cost are the student's responsibility.
- NO internships may be done in the state of CA.

REGISTRAR:

Agreement on File: Yes No
PROCESS A B C

ALL the information on this form MUST be completed before the form will be processed.

Course Prefix: _____ Number (check one): 269 369 469 Semester Hours _____ Semester/Yr. _____

STUDENT INTERN INFORMATION

PLEASE PRINT INFORMATION

Student Name: _____ Brevard College ID: _____

Home Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

MUST ATTACH COURSE SYLLABUS WITH FORM.

SYLLABUS MUST INCLUDE LEARNING GOALS, OBJECTIVES AND OUTCOMES

Brief Description Internship/Practicum:

INTERNSHIP SITE INFORMATION

Business/Organization: _____

Name of Supervisor: _____ Title: _____

Address: _____ City: _____

State: _____ Zip: _____ Organization Phone Number: _____

Dates: Begin Date _____ End Date: _____ Hours Per Week _____

Supervisor Email Address: _____

REQUIRED STUDENT ACKNOWLEDGEMENTS
(Student please initial each required acknowledgement)

Concerning the internship experience:

_____ I am encouraged to obtain and am responsible for obtaining my own health insurance.
Brevard College does not provide me with health insurance.

_____ I am responsible for coordinating directly with the internship site to complete any prerequisites or requirements they may have for my internship experience (for example, obtaining any required background check, training, vaccinations, etc.).

_____ I am personally and individually responsible for any costs of completing any of the internship site's prerequisites or requirements for my internship experience.

_____ I agree to familiarize myself with and abide by the internship site's institutional policies, protocols, and bylaws when participating in my internship experience.

_____ I will notify my faculty advisor, within 24 hours, should the internship site withdraw me from or otherwise terminate my internship experience (except upon the natural conclusion of the internship experience).

_____ If I have access to patient/client/student information at my internship, I will not make copies of patient/client/student records or case studies, nor will I provide any such copies to or share any other personally identifiable information about a patient/client/student with anyone affiliated with Brevard College (faculty, staff, students, or others), nor with any others, without: 1) Obtaining written permission from my supervisor at the internship site, and 2) Complying with any and all of the internship site's confidentiality and privacy policies and procedures.

Printed Name and Signature of Faculty Supervisor

Date

Signature of Division Chair

Date

Print Name and Signature of On-Site Supervisor

Date

Signature of Student

Date

Please return form to the Office of the Registrar, Beam Administration Building

OFFICE USE ONLY

Date Received in the Office of the Registrar: _____ Date Processed: _____

Notified: _____ Faculty Supervisor _____ Division Chair _____ Student _____ Entered in Spreadsheet