



**REQUEST FOR UNPAID STUDENT INTERN/TRAINEE
SPONSORED BY SCHOOL OF MEDICINE FACULTY**

**All requests (non-Stanford student) must be approved by HRG, Employee Relations.
Submit this request AT LEAST THREE WEEKS IN ADVANCE of student intern/trainee placement.
HRG Administrators: Email Monique Tran at moniqudt@stanford.edu or Fax: 3-5690**

Note: Trainees must be at least 16 years of age to train in a Lab. Trainees are not permitted to observe clinical observations in the Hospital or Clinics. Trainees must be supervised at all times by Faculty/Sponsor/Supervisor. A complete application is required for each individual Student Intern/Trainee.

Please print/type:

Check one: <input type="checkbox"/> High School <input type="checkbox"/> Undergraduate student <input type="checkbox"/> Graduate student <input type="checkbox"/> Medical Student <input type="checkbox"/> Pre/Post Baccalaureate <input type="checkbox"/> Not currently enrolled in school		Student's Date of Birth:
		Student's Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
What school/university does the student currently attend?		State/Country:
Student Trainee/Intern Name:	Email:	Phone:
SU Faculty/Sponsor Name:	Email:	Phone:
Department – Division: Pediatrics -	Education Manager: Margaret Murphy (650-736-6867)	HR Manager: Joe Noonan (650-498-8660)
Duration/dates of trainee assignment Student Intern/Trainee assignments normally match the length of course for which the student is receiving credit and/or not longer than 6 months, and usually not full-time. DO NOT have the student begin prior to approval from HRG nor before required training is completed. The following information must be provided; incomplete applications will not be approved and will be returned to sender.		
Start Date: _____ End Date: _____ # hours per week: _____ Schedule of hours/days: _____		
To be completed by <u>Faculty Sponsor</u>: Describe the learning plan and expected outcomes. Add additional page if needed.		
How will the plan benefit the student?		
Will the student intern/trainee receive academic credit for the training? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> If the student is receiving academic credit, please submit proof of registration in the course and the course description from your course catalog.		
<input type="checkbox"/> If the student is not receiving academic credit , a letter of support from the student intern/trainee's academic institution (i.e, from a counselor, teacher, or faculty member) justifying the value of the experience must accompany the application.		

Important note: In some cases the proposed training activities constitute actual work for which an individual must be paid. In those cases, the individual cannot be considered a student intern. Student interns/trainees may never receive any concurrent combination of paid Stanford employment, academic credit, and/or another form of academic institution acknowledgment.		
If the student is not receiving academic credit, how will the training be utilized in future academic courses?		
Name and title of person(s) providing the training, supervision, and evaluation of student: <i>*Please note this person(s), in addition to the Faculty/Sponsor, must be able to supervise the student at all times.</i>	Name & Title:	Email:
HIPAA and Health & Safety training are REQUIRED.		
Will the trainee have any access to restricted data? As defined by the data security website at http://www.stanford.edu/group/security/securecomputing/dataclass_chart.html		Yes <input type="checkbox"/> No <input type="checkbox"/>
Required: If answered yes , please describe what type of data (PHI) will be accessed, how the data will be accessed (using what system(s) or method), how the data will be used, and how data security be ensured?		
<i>*Please note that data (PHI) may never be accessed by non-Hospital employees (including students) using EPIC (EMR). The preferred research data base of Stanford University is STRIDE.</i>		
Will the training or activity be performed in a lab? (Student must be at least 16 years old)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please list the exact location(s) where the training or activity will be performed. Please include specific addresses, as well as building and room number(s).	Address:	Building/Room #:

Signatures (Required):

Print Name-Student Trainee/Intern:	Signature:	Date:
Print Name-Faculty/Sponsor:	Signature:	Date:
Print Name Division Manager:	Signature:	Date:
Print Name Education Manager/HR Manager: Margaret Murphy or Joe Noonan	Signature:	Date:

When approved/denied, the Employee Relations representative will email decision to Department Education Manager or HR Manager.