



## Partnership in Innovation & Education (PIE) Academic Fellowship Agreement

Student's Originating Institution: \_\_\_\_\_

PIE Site Director at that Institution: \_\_\_\_\_

Academic Fellowship Host Institution: \_\_\_\_\_

Academic Fellowship Host Department: \_\_\_\_\_

Academic Fellowship Host Faculty Advisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

The Partnership in Innovation & Education (PIE) is pleased to offer you an unpaid internship for which you will receive an academic enrichment experience.

### **I. Participation Requirements:**

A. Approval by Academic Fellowship Host Faculty Advisor: Your host faculty advisor has described the requirements necessary to fulfil and satisfactorily complete this academic internship in **Attachment A**, which requires their approval signature.

B. Documentation: Acceptance into an unpaid internship is subject to the satisfactory completion of all applicable documentation and onboarding requirements, including a criminal background check. Together with your Academic Fellowship Host Faculty Advisor, you are responsible for completing the following requirements prior to the onset of your experience:

1. Background Information Sheet/Criminal Background Check
2. Verification of Health Requirements
3. UConn Health Confidentiality Policy
4. HIPPA Privacy and Security Training
5. Self-Learning Orientation Guidebook
6. Self-Learning Orientation
7. Self-Learning Orientation Acknowledgement
8. Safety Checklist for Unpaid Individuals with Potential Exposure to Workplace Hazards
9. Student Parking Registration
10. Attachment A
11. Current CV or resume

II. Compensation: You will not be considered an employee of the institution that is hosting your experience, and you will not be compensated.

III. Conduct and Compliance with Facility Rules: You will spend approximately 40 hours per week on internship activities until the completion of your experience provided that you continue to meet the performance requirements set forth in Attachment A and comply with all rules and regulations of your Academic Internship Host Institution and Department. Unpaid interns are expected to conduct themselves consistent with standards of professional behavior. The PIE program may withdraw a

student from an internship for unacceptable practices or performance, reasons of health, or if the opinion of the host institution, department or host faculty advisor, the individual's continued participation in the program is detrimental to the individual, any patient, institutional member or staff.

IV. Emergency Care: If you should be injured or become ill during your internship experience, you will be financially responsible for that care.

Emergency contact: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

V. Photography Release: During the course of your internship, the PIE program may on occasion, take photographs in which you may be included. The photographs are the property of the program and your signature below gives permission to reproduce for publication any photos taken.

VI. Records Retention: A confidential record of the internship will be maintained by the PIE program and by the Academic Fellowship Host Department in accordance with the State of Connecticut's record retention policy.

### Statement of Agreement

This document does not serve as an employment contract but rather specifies the goals, intent and details of the arrangement between the PIE fellow and the Academic Fellowship Host Institution.

### Signatures

Student Fellow/Intern: I agree to adhere to the schedule and responsibilities outlined in Attachment A. I agree to abide by all policies and procedures.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Academic Host Fellowship Faculty Advisor: I agree to supervise the activities of this student fellow/intern, provide ongoing feedback to them, and complete all applicable documents.

\_\_\_\_\_  
Faculty Host Advisor Name

\_\_\_\_\_  
Faculty Host Advisor Signature

\_\_\_\_\_  
Date

Senior Level Approval: (Dean of Host Academic Institution)

\_\_\_\_\_  
Dean Name

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date