

**Coordination of Clinical Internship
HLIN 2206 and HLIN 2208
HLIN 1115**

Acknowledgement and Agreement

I, as a student in the Health Information Technology Program, acknowledge and agree to complete clinical internships for HLIN 1115 (summer semester), HLIN 2206 (third semester), and HLIN 2208 (fourth semester).

I understand that the clinical internship for HLIN 1115 (summer semester) consists of a total of 60 hours to be completed under the direction of the faculty.

I understand that the clinical internship for HLIN 2206 (third semester) consists of a total of 120 hours. This encompasses two six-hour days for ten weeks of the semester. It is scheduled on Tuesdays and Thursdays from 8:00 am to 2:00 pm.

I understand that the clinical internship for HLIN 2208 (fourth semester) also consists of a total of 120 hours. This clinical rotation must be completed during the last three weeks of the semester. I understand that I am to report to my clinical affiliate location for eight hours a day, five days a week, for three consecutive weeks.

I understand that I am expected to complete my clinical internships during the regular school-year semester and that I will need to arrange my work and family schedules accordingly.

I understand that I am responsible for providing my own transportation to the clinical affiliate location. I further realize that I may be required to travel a distance to this location. In order to meet my internship responsibilities, I will be sure to consider traveling time when preparing my class schedule.

I understand that it is my responsibility to complete both clinical internships prior to my planned graduation date, and that my graduation is contingent upon this completion.

Signature _____ Date _____

Printed Name _____

Coordinator, Clinical Internship _____ Date _____