**BENJAMIN FRANKLIN INSTITUTE OF TECHNOLOGY**

# INTERNSHIP MEMORANDUM OF UNDERSTANDING

1. **Purpose:** This Memorandum of Understanding (MOU) serves to govern the relationship between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Host Organization*) and Benjamin Franklin Institute of Technology (BFIT) involved in either an academic internship or a summer internship engagement, by which BFIT students gain supervised work experience in their field of study at a real-world professional healthcare organization.
2. **Responsibilities:** Benjamin Franklin Institute of Technology has created this MOU to describe the mutual responsibilities between Benjamin Franklin Institute of Technology and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Host Organization*) to safeguard the interests and assure optimal internship benefits to all parties involved.

**Duration of Agreement: This MOU shall be effective from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ 20\_\_\_**

**Benjamin Franklin Institute of Technology agrees to:**

1. Assist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Host Organization*) with promoting the internship among the Health IT students and help identify the right candidates.
2. Assist student to identify an internship placement that meets the educational requirements of the Health IT program.
3. Recommend for internship only those students who are in good academic standing.
4. Prepare student for a successful internship experience by advising them through training of the importance of employability skills—professionalism, punctuality, communication, security and confidentiality as well as overall workplace behavior including: attire, speech, and appearance.
5. Supply a BFIT representative available for assistance and consultation in administering the internship program.
6. Assign a faculty member such as Health IT Department Chair to collaborate with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Host Organization*) in developing goals, and monitoring the progress of student through periodic site visits.
7. Award a grade and related academic credit based on student’s internship performance and completion of work assignments as well as additional requirements set forth in related internship course, HI445, Professional Experience.

**The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Host Organization*) agrees to:**

1. Uphold the Equal Employment Opportunity (EEO) employer statement at end of MOU.
2. Assign an employee to serve as an internship site supervisor for the student.
3. Supply a description of the intern scope of work as well the name and contact information of the internship supervisor including e-mail address and phone number.
4. Provide meaningful supervised work experience throughout the internship period, based on areas agreed upon with Health Information Technology (IT) department chair.
5. Create work schedules that are not in conflict with student’s course schedule.
6. Notify BFIT liaisons immediately of any changes in student’s job responsibilities or schedule.
7. Encourage student intern to complete any remaining degree requirements at BFIT following the completion of the internship and refrain from offering full-time employment until after the student intern earns his/her degree.
8. Notify BFIT liaisons of any intention to offer full-time employment to student or extend the period of internship in which he/she is enrolled.
9. Speak briefly with a member of BFIT’s career service team after the first two weeks at the internship site to get feedback regarding student timeliness, professionalism and overall performance.
10. Upon completion of 80 hours conduct a mid-point review, using the evaluation form shown in Appendix C of the Health IT Internship Handbook, to assess student’s performance and progress. Discuss upcoming work schedules and areas of concern. Provide the Health IT department chair: a completed midterm evaluation of individual interns’ performance.
11. Hold final evaluation session at 160 hours of internship completion and submit a written evaluation of the student’s performance to the Health IT program coordinator as well as the student intern using the evaluation form shown in Appendix C of the handbook.

*(Continues on next page)*

**Benjamin Franklin Institute of Technology (BFIT)—Contact Information**

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**(Host Organization)—Contact Information**

*Name of Host Organization Representative:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACCEPTED AND AGREED:**

Signature of Host Organization Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Name and Title of Host Organization Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of BFIT Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name and Title of BFIT Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*EEO Statement: We are an Equal Employment Opportunity employer and do not discriminate against any applicant or employee on any grounds protected under federal, state, or local law, including race, color, religion, creed, age, sex, national origin, ancestry, marital status, pregnancy, disability (including those related to pregnancy or childbirth), sexual orientation, genetic information, gender identity or expression, veteran status or any other characteristic or activity protected under federal, state or local law.*