EMORY UNPAID INTERNSHIP CHECKLIST

Date Submitted ________________________________

Name of Unpaid Intern __________________________

Supervising Physician/PI ________________________

Location of Intern ______________________________

Required Documents:

- Unpaid Intern Acknowledgment Statement
- Completed Observership forms from location of Internship
- Supervisor Agreement
- eHRAF using job code 9830 and class code V (routed first to Patricia Haugaard then to Cliff Teague)
- Background check completed (include e-mail confirmation in packet)
  - Send attached consent form (signed), a copy of a photo ID (driver’s license or passport) and smart key to: Steven Hill in Recruiting services at steven.hill@emory.edu (Cost is approx. $50)
- Documentation of training completion
- Internship Program description completed
- ID badge issued

__________________________________   ______________
Signature                        Date