

BIO 195P - PHARMACY INTERNSHIP PETITION

Student's Name:	Semester:	Yr:			
Address:	Class level: (circle one)				
Telephone # :	Fr	Soph	Jr	Sr	Grad
Student I.D. #:	No. of units:	1	2		

DESCRIPTION OF INTERNSHIP ACTIVITIES

Pharmacy Location: _____

Volunteer Organization: _____

Student's Signature: _____

Sponsoring Pharmacist's Name (please print)	Volunteer Organization Supervisor's name (please print)	Biology Faculty Sponsor's Signature
Sponsoring Pharmacist's signature	Volunteer Organization Supervisor's signature	Biology Department Chair's Signature
Sponsoring Pharmacist's telephone No.	Volunteer Organization Supervisor's telephone No.	Student's e-mail address and phone number

INSTRUCTIONS:

This form must be completed during the first **TWO** weeks of the semester. Obtain all four signatures. Submit the completed form to the Department Secretary of the Department of Biological Sciences. Students must sign the form on the back of this sheet. Thank you.

COLLEGE OF NATURAL SCIENCES AND MATHEMATICS

Health and Safety Guidelines for Off-campus Learning Experiences

(Internships, Cooperative Education, Service Learning)

- A. Students must be informed by the host organization of any foreseeable personal health or safety risks that may be inherent in an off-campus learning experience.
- B. It is the student's responsibility to ask the host organization about any potential personal health or safety risks. It is also the student's responsibility to comply with the host organization's health and safety requirements.
- C. Students are responsible for any pre-placement health and safety preparation and must participate in such preparation when it is offered by the host organization.
- D. The University does not assume liability for students participating and does not provide liability or medical coverage for participants in the above-mentioned off campus learning experiences. Students should be advised that they can purchase secondary medical insurance through ASI.
- E. No University employee (management, staff, or faculty) shall sign a "hold harmless and indemnification" agreement from a host organization.

I am clearly aware, have read, and have received a copy of the above guidelines prior to my participation in any off-campus learning experience and agree to abide by the conditions therein.

Student's Name (Type/Print)

Student's SSN

Student's Signature

Date

The signed original of this form is to be retained for a minimum of three years in the office of the sponsoring NSM department, and a copy is to be given to the student.

*Approved by the NSM Academic Council on April 13, 1999.

Policy Guidelines for BIO 195 Internship in the Department of Biological Sciences

I. Goals and Objectives

The purpose of an internship is to provide the opportunity for Biological Sciences majors to have a supervised work-learn experience in a public or private agency in a career area that is related to the student's majors. To be a valid learning experience the internship should (1) enrich and reinforce the academic program of the student, (2) take place under adequate supervision, (3) permit evaluation of the experience, (4) allow the student to integrate knowledge and apply concepts learned in the classroom, and (5) demonstrate the relationship between the student's academic program and the world of work.

II. Qualifications

This program is limited to upper division or graduate majors in the Department of Biological Sciences who have the necessary background to perform the tasks involved with the particular internship.

III. Nature of the Work

The work involved in an internship should be similar to that expected of full-time employees of the agency. The intern is expected to put in 40 volunteer contact hours per unit of credit.

IV. BIO 195P Petition

The student is responsible for submitting the completed 195P petition to the department's secretary. This petition includes (1) a brief description of the work to be performed by the student intern, and (2) signatures of the president from the Future Pharmacy Student Organization (FPSO), the sponsoring professor from the Biological Sciences faculty (who is also the faculty advisor for FPSO), the department's chair, and the student intern. The completed petition must be filed in the department office before the student begins internship duties. **Internship credit cannot be given for past work experience.**

V. Evaluation/Grading

Internships will be graded Credit/No Credit. The following items must be submitted to the sponsoring professor (who is also the FPSO faculty advisor) at 5:00 p.m. on the Friday before the last week of classes:

- (1) A written evaluation will be submitted by the sponsoring Pharmacist
- (2) A written statement will be submitted by the student about her/his internship experience
- (3) A log of internship activities will be submitted by the student

VI. Limitation of Credit

No more than two units from BIO 195, 197, and 199 combined can be applied to the Biological Sciences upper division major requirements. Units received for BIO 195 will not count toward the 30 units for the Master's Degree. **Student must be a member of FPSO in order to participate in Bio 195P.**

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK
AND AGREEMENT TO PAY CLAIMS**

Activity: _____

Activity Date(s) and Time(s): _____

Activity Location/Facility: _____

Hazards to be aware of: _____

Hazard mitigation (how to prepare for a safe activity): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** the State of California, the Trustees of the California State University, California State University, Sacramento and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis or death), illness, damages, or economic or emotional loss that I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity locations(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I will be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, and (c) assuming all risks of participating in this Activity, including travel to, from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant's Name: _____ Date: _____

Participant's Signature: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Date

Minor Participant's Name