

RBHS-Newark

If vertebrate animals are involved, please complete the actions noted below:

Item	Action	Method or Action Completion
IACUC Protocol Review	Ensure work to be conducted is covered in an approved IACUC protocol	Check IACUC protocols; email Newark IACUC Administrator for assistance
Addition of Personnel	Ensure that new personnel are added to all applicable IACUC Protocols	Complete online form (see below for list of pre-requisite training PRIOR to completing this form) https://research.njms.rutgers.edu/redcap/surveys/?=7K8T9R8X7W
Complete Pre-Requisite Training	<ol style="list-style-type: none"> 1) CMR Orientation 2) ACHQ / Medical clearance 3) PI/ Lab Training 4) REHS Training 	<ol style="list-style-type: none"> 1) CMR: go to https://ored.rutgers.edu/trainingprograms and follow instructions 2) ACHQ: instructions also available in link noted above for orientation 3) PI/Lab training: the PI must ensure that study personnel receive all necessary training as appropriate for the level of involvement and prior amount of animal research experience. The CMR veterinary staff can provide animal handling training, training on specific procedures, etc. (contact Tracy Davis davista@rutgers.edu) as needed 4) REHS: go to https://halfliife.rutgers.edu/training_calendar/calendar.php And follow instructions (note that the initial training must be via the in-person session

EXHIBIT A

Unpaid Interns and Non-Affiliated Internship Programs at Rutgers

Policy# 60.9.31

Frequently Asked Questions

- 1. What level of student is eligible under this program?**
Unpaid Internships are open to undergraduate, graduate level and “recently” graduated students “recently” is defined as not exceeding two (2) years. Exceptions can be made for individuals who are in career transition.
- 2. I am interested in setting up an internship program for high school students. Do I need to follow procedure in this policy?**
No the Unpaid Interns and Non-Affiliated Internship Programs policy does not govern high school student Internships. However, if the student will participate in laboratory work, refer to the REHS website for Lab Safety and parental consent forms at <https://ipo.rutgers.edu/rehs>
- 3. I have an intern program in my department and the Interns are paid stipends. What procedures do I now need to follow?**
You should continue with your current process as this policy does not apply to internships with stipends.
- 4. My department’s Intern program is scheduled for four weeks during the summer. The department plans to allow the students to return each year to gain additional experience until they graduate from their undergraduate programs. Is this allowed?**
Yes. Providing the program adheres to the policy requirements and is approved by the appropriate leadership.
- 5. Will these returning Interns need to repeat applicable University trainings and go through the background check and pre-placement screenings each year they return?**
Departments are responsible for making sure Interns are in compliance with the various training programs. Because a break has occurred since their last enrollment in the program, they should resubmit their information forms; background checks and pre-placement screenings must occur.
- 6. The Department of Labor (DOL) criteria states an employer cannot drive any immediate advantage from the Intern’s activities. Why is this stipulated?**
This requirement is important because if an employer has the intention of providing internships for the advancement of the Intern’s academic experience. It cannot also intend to benefit from the Intern’s activities as it would from a paid employee. Together with the other five (5) DOL criteria, the distinction between employee and intern is ensured and the use of internships is not abused

X. EXHIBITS

- A. Unpaid Interns and Non-Affiliated Internships Programs at Rutgers frequently asked questions.
The following EXHIBITS can be found at <http://uhr.rutgers.edu/policies-resources/policies-procedures>
- B. Intern Information Sheet
- C. Internship Program Learning Agreement
- D. Disclosure & Authorization
- E. Intern Statement of Understanding
- F. Confidentiality Agreement

By the Direction of the President

Vice President for Human Resources

UNIVERSITY POLICY				
SUBJECT	HUMAN RESOURCES	TITLE:	UNPAID INTERNS AND NON-AFFILIATED INTERNSHIPS PROGRAMS AT RUTGERS	
CATEGORY: Check one	<input type="checkbox"/> Board of Trustees	<input type="checkbox"/> Presidential	<input checked="" type="checkbox"/> Functional	<input type="checkbox"/> School/Unit
Responsible Executive:	Vice President for Human Resources	Responsible Office:	Human Resources Services	
Coding:	00-01-30-75:10	3/09/2011	AMENDED:	Last Reviewed:

I. PURPOSE

To set policy for the acceptance of unpaid interns; and to establish oversight of non-affiliated Internship programs at the University.

This policy does not apply to academic programs of the University and high school student Internship programs which are processed through the sponsoring high school and University school/unit(s) <http://njms.rutgers.edu/research/>

This policy is not applicable to existing Internship programs governed by affiliation agreements.

II. ACCOUNTABILITY

The Vice President for Human Resources shall ensure compliance with this policy. The Deans, President/CEO's of the healthcare units, and Vice Presidents shall implement this policy in collaboration with the Director of Human Resources Services.

III. APPLICABILITY

This policy applies to all schools and operating units, University-wide.

IV. DEFINITION

Intern-An individual who is placed in a university school or operating unit for a limited time period for the purpose of gaining exposure to, and experience in, a field of study or career of his/her interest. As defined in this policy, an intern is not an employee and is unpaid.

V. 2. REFERENCE

Cancellation of Access to University Assets

VI. BACKGROUND

The University is committed to its mission of education. Establishing Internship programs through its various schools and operating units and extending the opportunity for individuals to explore diverse educational and career options provides a method for fulfilling this commitment.

VII. POLICY

1. Individuals shall be allowed to participate in the University's various internship programs for the following objectives. Such individuals shall function as unpaid interns, as defined above.

- To access educational experience unobtainable in traditional classroom settings.
- To advance theoretical knowledge
- To obtain "hands -on" experience in the work environment
- To gain exposure to various career options



RUTGERS HEALTH

New Jersey Medical School

2. Pursuant to the U.S. Department of Labor (DOL) Wage and Hour Division (WHD) and the Fair Labor Standards Act (FLSA), the University's schools and operating units must ensure that the following criteria are met when developing Internship programs. Meeting all of the following factors ensures that an employment relationship does not exist under the FLSA

Refer to Fact Sheet #71 at <http://www.dol.gov/whd/regs/compliance/whdfs71.pdf> "Internship Programs Under the Fair Labor Standards Act" (for-profits, public sector and non-profits).

- The training is similar to that which would be given in academic educational instruction.
 - The training is for the benefit of the interns.
 - The interns do not displace regular employees, but function under their close observation and/or supervision.
 - The school or operating unit derives no immediate advantage from the intern's activities.
 - It is understood by management and the Intern that the intern is not necessarily entitled to a job at the end of training.
 - Management and Intern understand that the Intern is not entitled to wages for the time spent in training.
3. Internships at Rutgers are solely learning opportunities which may be:
 - Full or part time during the summer months for up to twelve (12) weeks
 - Part time during the year, not to exceed an academic year.
 4. Departments are responsible for ensuring that a structured learning experience is provided to Interns and must obtain approval of the program and its participating through the Deans or Presidents/CEO's of the operation units or Vice Presidents. Programs for research interns must be reviewed by the school's Office of Research.
 - All such programs shall include a departmental orientation and compliance with mandatory University training as applicable and tailored to the student's program. i.e. (1) Ethics, Compliance and Corporate Integrity (2) Sexual Harassment, (3) Code of Conduct (4) HIPAA (5) Lab Safety or other mandatory training which may be required by the University, school or operating unit.
 - Departments shall comply with all six (6) factors set forth in Paragraph 2 above.
 - Interns must be supervised by a faculty member and/or an on-site supervisor.
 - Supervisors shall ensure Interns receive University ID's and access to technology as required.
 - Supervisor shall be responsibilities for providing a final evaluation to Interns upon completion of their participation.
 5. Acceptance/Eligibility Requirements
 - Unpaid Internships are open to both undergraduate (enrolled), graduate level and "recently" graduated students ("recently is defined as not exceeding two (2) years in all academic disciplines preferably those majoring in the science and healthcare professions, including social and behavioral sciences. Administrative Internships are allowed. Exceptions can be made to accommodate individuals who may be in a career transition.

Individuals shall be required to provide the sponsoring department with the following documentation for assessment before acceptance.

- Unpaid Internship Program Learning Agreement
- Current resume or CV
- Recommendation letter
- Recent transcript

VIII. PROCEDURES

1. Prior to establishing Internship programs and accepting individuals, departments shall contact the following who shall access and approve the program structure.

Research	Dean; Office of Research
Type of Internship	Contact
HealthCare	Dean; Office of Research
Administrative	Vice President (or designee)
Educational	Dean (or designee)

2. Supervisors shall assess all applicant documentation referenced in section VII.5 above and obtain appropriate approvals.
3. The Dean, President/CEO (or designee) or the Vice President (or designee) or Research Dean (or designee) for research interns shall review the applicant's supporting documentation and inform the department of its approval (or denial). Approved documents are then forwarded to the campus Senior Human Resources Generalist.
4. The campus Senior Human Resources Generalist shall review documentation to ensure compliance with Department of Labor and University guidelines. Upon completion of review, the Senior Human Resources Generalist shall arrange for the applicant to complete the following standard University requirements prior to acceptance to the program. No individual shall commence assignment in a Rutgers Internship Program until all documentation is finalized.
 - Rutgers Criminal Background Check
 - ❖ Costs for background checks shall be covered by Human Resources
 - Disclosure and Authorization
 - Intern Statement of Understanding
 - Confidentiality Agreement
 - Pre-placement medical/screening and/or testing as necessary.
 - ❖ Costs for screenings shall be the responsibility of the sponsoring school. unit

Upon satisfactory completion of background checks (including OIG and GSA) the campus Senior Generalist shall inform the requesting department.

5. Upon satisfactory completion of background checks (including OIG and GSA) the campus Senior Generalist shall inform the requesting department.
 - For research interns, the requesting department shall inform the Research Office, Laboratory Safety Committee and REHS.
6. If a background check disqualifies an applicant for any reason, the department and applicant will be notified.
7. Applicants determined to have falsified formation on their application will not be considered for Internship placement. In the event that it is determined that an applicant has falsified information on his/her application, the Senior Human Resources Generalist should be contacted to discuss appropriate action.
8. Upon completion of the Internship, the sponsoring departments shall provide interns with a completed Intern Evaluation Form and retain a copy in its files.
9. Supervisors shall secure all University assets pursuant to university policy. Cancellation of Access to University Assets, 00-01-10-160:00

IX. RESPONSIBILITIES

Performed By:	Action
Departments	<ol style="list-style-type: none"> 1. Collaborative with the Dean or President/CEO's (or designee) or Vice President (or designee) in developing programs, for research Internships, also collaborative with the school's Office of Research. 2. Prepare documentation for review and approval, adhering to Department of Labor and University Guidelines 3. Review Intern application documents. 4. Notify the appropriate approver of intern selection and submit application material for review. 5. Responsible for costs of medical screening and/or tests as necessary 6. Provide departmental orientation and ensure interns complete applicable University training 7. Assign supervisors for Interns. 8. Ensure provisioning of University ID and access to required technology to interns. 9. Provide interns with final evaluation and cancel access to University assets.
Deans, Presidents/CEO's, Vice Presidents of operating units, Office of Research for each school (for research Internship programs)	<ol style="list-style-type: none"> 10. Provide guidance to departments in developing internship programs. 11. Provides oversight of Internship Programs. 12. Reviews and approve program documentation and intern application materials. 13. Sends approved materials to Human Resources.
Department of Human Resources	<ol style="list-style-type: none"> 14. Reviews program documentation to ensure compliance with Department of Labor and University guidelines. 15. Processes intern application materials. 16. Upon approval, contact the intern to arrange for completion of background check and other related University requirements: OIG, GSA, medical clearance. 17. Upon successful, completion of required checks, notifies the department, and forwards copies to intern information sheet and Intern Program Learning Agreement
Interns	<ol style="list-style-type: none"> 18. Must meet criteria for intern status. 19. Complete all applicable University training and departmental orientation. 20. Completes all applicable University training and departmental orientation. 21. Adheres to Learning Agreement. 22. Participates in final evaluation process. 23. Return University property upon completion of program.

UNPAID INTERNSHIP PROGRAM APPLICATION

Individuals interested in Internship positions shall be required to provide to the Sponsoring Departments the following documentation for assessment:

1. Intern Program Learning Agreement
2. Intern Information Sheet
3. Intern and Employment History
4. Intern Disclosure and Authorization Form (BACKGROUND CHECK FORM)
5. Intern Confidentiality Agreement
6. Intern Statement of Understanding
7. Criminal Background Check (BACKGROUND CHECK FORM)
8. Informed Consent
9. Current Resume or CV
10. Recommendation Letter
11. Recent Transcript
12. RBHS Internship Policy

UNPAID INTERNSHIP PROGRAM LEARNING AGREEMENT			
Intern Information			
First Name:	Middle Initial:	Last Name:	
Address:	City:	State:	Zip:
Telephone#		Email Address:	
Department Information			
Department:	Unit/School:	Campus:	
Account to be charged for physical exam:			
Name of Supervisor:	Telephone:	Email Address:	
Duration of Agreement: From: / /	To: / /	Hours/Week:	
Position Information			
Internship Proposal (Including learning objectives of the internship, duties, responsibilities, and nature of activities to be performed). Please use additional sheet of paper if needed			
Required Signatures			
Role	Signature	Date	
Intern			
Supervisor			
Dean/CEO/VP			
Human Resources			

UNPAID INTERN INFORMATION SHEET				
Last Name:		Middle Initial:	First Name:	
Address:		City:	State:	Zip:
Telephone#		Email Address:		
EDUCATION (List name and Address of School)				
High School:		<input type="checkbox"/> Diploma	<input type="checkbox"/> Equivalent	
Last Year Completed:		Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College/University:				
Major Specialization:				
Last Year Completed:		Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trade/Business School:				
Last Year Completed:		Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diploma/Degree Received:				
Graduate School:				
Last Year Completed:		Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diploma/Degree Received:				
PROFESSIONAL CERTIFICATION/LICENSE				
License/Document #:		Type of Document:		
Date Issued:		Expiration Date:		
List Additional Skills:				
BACKGROUND				
Do you have a legal right to reside in the US?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please enter Alien Registration #:				
Naturalization #:		Date Issued:	Place:	
Are you currently an employee of Rutgers in a legacy UMDNJ position?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Were you previously an employee of Rutgers or UMDNJ		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please indicate the date:		From:	To:	
Unit/School:		Department:		
Do you have a relative that currently works for Rutgers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes; Please enter name:				
Have you ever been convicted of a crime or found /pled guilty of a disorderly offense or a Misdemeanor (excludes any minor motor vehicle offenses):				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes please explain below; attach additional sheet if needed		
Why do you want to participate in an Internship Program:				

UNPAID INTERN INFORMATION SHEET			
From:		To:	
Employer:		Phone:	
Address:		City:	State: Zip:
Job Title:			
Responsibilities:			
Reason for leaving:			
Immediate Supervisor:		Phone:	
If currently Employed, may we contact your employer		<input type="checkbox"/> Yes	<input type="checkbox"/> No
From:		To:	
Employer:		Phone:	
Address:		City:	State: Zip:
Job Title:			
Responsibilities:			
Reason for leaving:			
Immediate Supervisor:		Phone:	
From:		To:	
Employer:		Phone:	
Address:		City:	State: Zip:
Job Title:			
Responsibilities:			
Reason for leaving:			
Immediate Supervisor:		Phone:	
<p>I hereby release from liability all persons, corporations, or other organizations furnishing information. I am aware that my internship status with the University is conditional depending on the results of verification of references, licenses, educational background, criminal background check, and if required, a physical examination. It is understood and agreed that any misrepresentation, to the best of my knowledge and belief in this application will be sufficient cause for cancellation of the application for an internship position, and/or termination of my internship. I hereby give Rutgers University permission to investigate all references and to secure any additional information that may be required.</p> <p>In accordance with Federal law, Rutgers University will not employ or enter into contracts or otherwise engage with any individual or entity that is currently excluded by the Office of the Inspector General (OIG) and/or the General Service Administration (GSA) from participating in Federal programs.</p> <p>I have read the above statement and I do certify that I am not currently excluded by the OIG and/or the GSA from participating in Federal healthcare programs.</p>			
Signature:		Date:	

UNPAID INTERN DISCLOSURE AND AUTHORIZATION FORM

In connection with my application for Internship at Rutgers, I understand that a consumer report or investigative consumer report, as those terms are defined in the Federal Fair Credit Reporting Act as amended (FCRA), 15 U S C 1681 et seq., may be obtained by Rutgers from a consumer reporting agency. I understand that the report may include but not be limited to my consumer credit history, education, professional licensing, professional liability claims history, criminal history, driving history, personal character, abilities, work habits, charges of research misconduct, mode of living, residency, immigration status, general reputation, performances, experience and other qualities pertinent to my qualifications for an internship, including reasons for termination of past employments. I further understand that the consumer reporting agency may not give out information about me to Rutgers without my written consent.

I understand that I am entitled to be informed if an internship is withheld because of information obtained from the consumer reporting agency; and in that event, I have sixty (60) days within which to submit a written request to the consumer reporting agency which will provide me with a copy of my file and a “Summary of Your Rights Under the Fair Credit Reporting Act”

I hereby authorize Rutgers and affiliated clinical facilities where I may intern to obtain consumer reports in connection with my application for internship at Rutgers. I authorize all former employers, listed references, schools, law enforcement agencies and courts, to release to Rutgers and/or their representatives information pertaining to me.

Note: The phrases and wording contained in this authorization are required under the FCRA. Rutgers will not run a credit check as part of the investigation unless the internship for which applied requires financial information on a prospective applicant. The applicant will be notified if a credit check is required.

PLEASE PRINT

Name:

Phone:

Email:

Other Name(s) used:

Applicant Signature:

UNPAID INTERN CONFIDENTIALITY AGREEMENT

I understand that in the course of my internship experience I may have access to and be involved in the processing of verbal, written, computer generated, computer accessed, filmed, and/or recorded information related to clients, patients, employees, or University business.

I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my internship experience. I understand that I will not share, discuss, or reveal any of this information to anyone.

I understand any breach of confidentiality may result in disciplinary action, including termination of my internship, or legal action.

I certify by my signature that I acknowledge being informed of the confidentiality policy concerning confidential information and its treatment. I agree to adhere to and uphold the private and privileged information therein.

Intern Name:

Signature

Date:

Witnessed by

Supervisor/Mentor:

Signature of Supervisor/Mentor:

Date:

UNPAID INTERN STATEMENT OF UNDERSTANDING

I, _____ understand and agree with the following conditions concerning my Internship at Rutgers.

It is understood that Interns are not covered by the New Jersey Workers Compensation Act.

It is understood that if I am injured while interning on Rutgers premises, the University will provide, at the time of injury, reasonable emergency medical treatment for that injury without charge, regardless of apparent fault; and it is also understood that the provision of emergency medical service does not constitute an admission of liability on the part of Rutgers.

Intern Signature:

Faculty Mentor:

Faculty Mentor Signature:

Supervisor:

Supervisor Signature:

Department:

Date:

If you have any questions or concerns, please contact the Senior Human Resources Generalist assigned to your school or unit.

For the Stratford/Camden campuses, please call 856-566-6164

RUTGERS CRIMINAL BACKGROUND CHECK		
First Name:	Middle Initial:	Last Name:
Other Name(s) You Have Used:		
Date of Birth:		
Telephone Number:	Email Address:	
Please list all addresses for the past ten years. If more; please use the reverse side of this form		
Full Street Address:		
City:	State:	Zip:
Full Street Address:		
City:	State:	Zip:
Full Street Address:		
City:	State:	Zip:

HUMAN RESOURCES USE ONLY-Level IV Screening		
<i>Select report type by placing a check in the appropriate box</i>		
Newark	New Brunswick/Piscataway	Stratford/Camden
<input type="checkbox"/> 470 Regular Staff	<input type="checkbox"/> 470 Regular Staff	<input type="checkbox"/> 470 Regular Staff
<input type="checkbox"/> 473 Faculty	<input type="checkbox"/> 473 Faculty	<input type="checkbox"/> 473 Faculty
<input type="checkbox"/> 476 House staff	<input type="checkbox"/> 476 House staff	<input type="checkbox"/> 476 House staff
<input type="checkbox"/> 479 Volunteer Staff	<input type="checkbox"/> 479 Volunteer Staff	<input type="checkbox"/> 479 Volunteer Staff
<input type="checkbox"/> 482 Volunteer Faculty	<input type="checkbox"/> 482 Volunteer Faculty	<input type="checkbox"/> 482 Volunteer Faculty
<input type="checkbox"/> 915 Intern	<input type="checkbox"/> 915 Intern	<input type="checkbox"/> 915 Intern
Human Resources Generalist:	Date:	

INFORMED CONSENT	
Name of Student: _____	
Will be participating in _____	
activity(s) on _____ at _____	
<p>Furthermore, I recognize and acknowledge the following:</p> <ul style="list-style-type: none"> • That participation is voluntary, and it is at my own risk. • Traveling to and from the site in a vehicle such as a charter bus, car, or by mode of public transportation, such as train or subway, entails risks of bodily injury or property damage; • That I am physically able to participate in the activity and know of no disability that would prevent my participation. • While I am on the trip there are risks of bodily injury or property damage caused by or resulting from slips, trips, falls and other forms of physical harm. • That participation in the trip takes place in an urban environment, in which there is a possibility to encounter unfortunate events, such as theft, physical assault, car accidents, separation from the participating group, among others. • That in the event that a need for emergency medical services arises, I authorize and consent to such service being provided and assume the cost thereof. • For any activity that I engage in, including providing my own transportation, which is not scheduled by Rutgers staff, I assume full responsibility for my engagement in the said activity. <p>Notwithstanding these risks, I, for myself, and assigns do waive, release and discharge Rutgers, The State University of New Jersey, its governors, trustees, officers, employees and agents from any agents from any and claims, demands, actions, causes of actions, costs and expenses for and by reason of any personal injury, property damage, loss and expense, which heretofore have been or hereafter may be sustained or suffered by me in consequence of and as a result certain accident, casualty or event or my presence or activities in connection with this activity. I also agree to indemnify and hold harmless Rutgers for injuries sustained either by me and/or caused by me to others during activity. Furthermore, I acknowledge that the risks outlined above are not intended to be all-inclusive and voluntarily accept all risks known or unknown.</p>	
Participant Name (print): _____	Date: _____
Participant Signature: _____	
Emergency Contact's Name: _____	Date: _____