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: Linda Knox in Recruiting services at lolds@emory.edu (Cost is approx. $50)
☐ Documentation of training completion
☐ Internship Program description completed
☐ ID badge issued

__________________________________  _________________________
Signature                                      Date