**Emory University School of Medicine**

**Pharmacology Research Internship Program**

**Program Description**

The Department of Pharmacology offers individuals interested in furthering their research skills the opportunity to complete a research internship in a biomedical research laboratory. The goals of this program are to provide interns with practical experience in biomedical research and to help them gain an understanding of recent advances in pharmacological research through interactions with faculty and postdoctoral fellows within the department. Research activities will be customized for each intern’s specific interests and educational goals. Each internship will last at least two months after safety training but no more than six months, and will be on an unpaid volunteer basis. Each intern will be assigned a departmental faculty mentor.

**Program Objectives:**

The Pharmacology Research Internship Program supports the School of Medicine’s missions of teaching and scholarship, as well as the intern’s progress towards a career in biomedical research. Towards these objectives the Program will:

* provide a research experience that may help students evaluate their interest and potential in a biomedical research career, and
* Provide opportunities to learn and gain practical training in the use of current research techniques.

**Educational research experiences provided for the intern – examples:**

* Opportunity to work directly with a faculty mentor and lab members within a flexible schedule;
* Conduct research on a specific aspect of a project;
* Learn specific techniques needed for the research project;
* Learn how to maintain a research notebook;
* Learn how to analyze actual research data statistically;
* Read relevant literature for the project;
* Learn to develop your own experimental research designs and protocols;
* Participate in laboratory research meetings and attend departmental research seminars;
* Receive Biosafety and Laboratory Safety training with the possibility of animal training;
* Present your project, write a report and discuss what you learned at a lab meeting near the end of the internship.

**Eligibility Requirements:**

* Undergraduate in good academic standing, post-baccalaureate or post-graduate;
* At least 18 years old;
* Strong interest in pursuing a biomedical research career.

**Program Requirements**

* No work is permitted with animals or hazardous materials as defined by EHSO level 2, except under close immediate supervision by qualified faculty or senior staff after the intern completes the required safety and animal training.
* The research intern will not replace a regularly paid staffing need. The work of project staff would continue without the participation of interns.
* Each internship requires the approval of the Program Director and department chair.

**Program Evaluation and Monitoring**

* The program will be directed by Dr. Edward Morgan and annually reviewed by Drs. Morgan and Fu.
* The department HR Manager (Ms. Olga Rivera) will maintain a database of internships including evaluations.
* The department HR Manager will be responsible for ensuring that required regulatory and safety trainings are completed before research activities begin. The HR Manager will meet personally with each intern approximately halfway through the internship to discuss the process and value of this program.
* Upon completion of the internship each intern will be evaluated by the faculty mentor and in turn have a structured exit interview with the department administrator.
* Measures will be reviewed annually that ensure interns do not displace a current employee serving in a paid position, replace a past employee who served in a paid position, or impair the employment of an employee holding a paid position at Emory. For example, a faculty member cannot:
  + recruit an intern with responsibilities that overlap an existing open position, or
  + hire a technician to replace the intern’s responsibilities within 3 months of the end of the internship.

**Pharmacology Research Internship Application**

(upon completion, email this whole file to Ms. Olga Rivera [otrambl@emory.edu](mailto:otrambl@emory.edu))

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| APPLICANT INFORMATION | | | | | | | | | | | | |
| Last Name: | | | | | First Name: | | | | | | | M.I.: |
| Desired start date for internship | | | | | | Work eligibility age:  18 or over | | | | | | |
| E-mail: | | | | | | Phone: | | | | | | |
| Local home/mailing address:       DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| Are you currently eligible to work in the U.S.?  YES  NO | | | | | | Proposed faculty mentor: | | | | | | |
| Have you previously been employed by Emory University?  YES  NO If yes, when? {MM/YY} | | | | | | | | | | | | |
| Are you currently employed by Emory University?  YES  NO If yes, name of department? | | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | | |
| Highest degree or expected degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected or Actual Graduation Date**:** | | | | | | | | | | | | |
| Institution for your highest degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Department/Major: | | | | | | | | | | | | |
| Do you have previous research experience? If so, in which fields? | | | | | | | | | | | | |
| Please list courses and certifications helpful in preparing you for this internship: | | | | | | | | | | | | |
| **RECENT WORK OR VOLUNTEER EXPERIENCE** | | | | | | | | | | | | |
| NAME OF EMPLOYER | | | TYPE OF WORK | | | | | | DATES {MM/YY-MM/YY} | | | |
|  | | |  | | | | | |  | | | |
|  | | |  | | | | | |  | | | |
| **REFERENCES**  (i.e., academic advisor, previous employer) | | | | | | | | | | | | |
| Name, Relationship, Phone or Email: | | | | | | | | | | | | |
| Name, Relationship, Phone or Email: | | | | | | | | | | | | |
| **List possible hours you are available for work. Please be specific.** | | | | | | | | | | | | |
| MONDAY | TUESDAY | WEDNESDAY | | THURSDAY | | | FRIDAY | | | SATURDAY | SUNDAY | |
|  |  |  | |  | | |  | | |  |  | |
| **Please prepare a 400-800 word personal statement describing your research interests and career goals:** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Please attach your CV. CV attached:  YES | | | | | | | | | | | | |
| DISCLAIMER AND SIGNATURE | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge. | | | | | | | | | | | | |
| Signature or E-Signature of research intern | | | | | | | | Date | | | | |
| **Research project description and intern activities (to be prepared jointly by faculty mentor and intern candidate)** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Internship Program Director approval signature | | | | | | | | Date | | | | |
| Department Chair approval signature | | | | | | | | Date | | | | |

**Pharmacology Research Intern Acknowledgment Statement**

By signing this form, I certify that I:

* Understand that this unpaid Research Internship Program does not entitle me to wages, compensation or other fringe benefits and that it does not entitle me to a job offer at the conclusion of the internship.
* Understand that I am responsible for following university policies while participating in the internship and that my failure to do so will result in an immediate end to the internship.
* Understand that Emory will not provide accident or health insurance for me and that it is my responsibility to pay for treatment of any injury or illness that may result from my participation in the internship.
* Understand that Environmental Health and Safety Training is required, and that training for animal work may be required depending on the goals of the internship.
* Understand that my role as an intern does not allow working with hazardous materials unless under immediate supervision. Activities will be limited to a specific research project with some lab experiments and data collection activity.
* Understand that if my mentor directs me to do any activity that seems outside those outlined above I will contact the Department Chairman ([hfu@emory.edu](mailto:hfu@emory.edu)) or Department Administrator (Charles Sparkman, [csparkm@emory.edu](mailto:csparkm@emory.edu) ) immediately.

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Name of Intern Name of Mentor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

Contact Information for Intern: Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pharmacology Research Internship Program**

**Supervision Agreement of Intern**

I agree to be responsible for supervising \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while he/she participates in a research internship during the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I acknowledge that the intern will be under my supervision, or the supervision of a senior member in my laboratory, and that he/she is not to be present in any animal facilities without immediate supervision. I agree to ensure that the intern shall not participate in any activities that require use of radioactive materials or human pathogens.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Name and Title (print) Signature Date

**Pharmacology Research Internship Program**

**Release and Waiver of Liability**

I, ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to participate in the unpaid research internship program and participate in research project(s) in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_at Emory University from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in furtherance of my personal and career goals.

I understand I am not to access the animal facilities without my faculty mentor or senior laboratory member being present with me.

I understand that if I breach this agreement, it will result in immediate termination of my internship.

I understand that even though I will only be observing or assisting in research activities, I may be exposed to certain risk of bodily injury and other dangers, including but not limited to exposure to blood borne pathogens, biological waste, and dangerous chemicals. I am aware of these risks and voluntarily assume these risks upon completion of biosafety and laboratory safety training.

For and in consideration of Emory University allowing me to participate in research activities to further my educational goals, I hereby release and forever discharge Emory University and its officers, agents and employees from all claims, demands, rights and causes of action of whatever kind or nature arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, death, or damage to property arising out of my internship activities, including but not limited to, those specific risks enumerated above. In addition, I understand and take sole responsibility for any personal belongings I bring with me to Emory.

I have read this document carefully and I voluntarily choose to participate in the activities described herein. I hereby certify that I am at least 18 years of age, I am legally competent, and I am signing this document with full knowledge of its significance.

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(Print) Intern Name Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print) Witness Name Signature Date

**Pharmacology Research Internship**

**Code of Conduct**

When shadowing with or learning under a faculty investigator, I will

* Arrive promptly;
* Accurately represent my position and role;
* Maintain honesty and integrity by being forthright in my interactions with faculty, peers, and staff;
* Ensure staff and faculty safety by remaining at home if I am ill;
* Report concerns about laboratory safety to the appropriate individual;
* Behave in an appropriate, professional, courteous manner at all times;
* Dress and act professionally and according to ESHO guidelines;
* Not abuse alcohol or take drugs;
* Follow the EHSO prohibition of food and drink in the laboratory.

I agree to follow the Code of Conduct described above:

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(Print) Intern Name Signature Date

**PHARMACOLOGY RESEARCH INTERNSHIP EVALUATION**

Department of Pharmacology

Emory University School of Medicine

Intern Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Internship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Excellent** |  | **Good** |  | **Average** |  | **Poor** |
|  |  |  |  |  |  |  |  |
| **KNOWLEDGE** for level of education |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **SKILLS**--ability to accumulate, organize and write |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **DEPENDABILITY & RELIABILITY** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **INDUSTRIOUSNESS & INITIATIVE** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **PROFESSIONALISM**--with other members of the research laboratory |  |  |  |  |  |  |  |

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| **OVERALL EVALUATION:** | | |  |  |  | Outstanding |  |  |  | Satisfactory |  |  |  | Unsatisfactory |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **PROFESSIONAL CONDUCT:** | | |  |  |  | Outstanding |  |  |  | Satisfactory |  |  |  | Unsatisfactory |

**OTHER COMMENTS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Principal Investigator’s Name |  | Principal Investigator’s Signature |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Program Director’s Name |  | Program Director’s Signature |  | Date |

**Pharmacology Research Internship Checklist**

***For office use only:***

Date Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Intern\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervising Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lab Area(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required documentation from intern:

* Internship Code of Conduct
* Intern Project Description and Task Assignment
* Applicant Materials
* Intern Acknowledgment Form
* Release and Waiver of Liability

Required documentation:

* Supervision Agreement of Internship
* EHSO Lab Registration form
* Documentation of training completion
* ISSS approval (if applicable)
* eHRAF submitted and ID badge

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Name and Title