

Baylor College of Medicine Administrative Internship Application

Baylor College of Medicine's internship program is designed to provide students the opportunity to enhance their personal development, as well as their understanding of BCM, Baylor Clinic, and its affiliated clinic and academic partners. This is an administrative internship. The internship is **not** structured to provide opportunities to shadow clinical physicians or conduct research in a lab environment.

The program is open to college students, and graduate students. The official program dates are June 10 – August 2. We will provide learning opportunities outside of the host department during this time. We recognize that students and departments need flexibility on start and end dates; you will work with your host department to arrange your start dates. We ask that students begin and end the internship within a week of the formal start and end dates.

The internship is unpaid and does not include housing. Selected participants are responsible for securing their own housing and transportation. You are asked to commit to 20 hours a week. Please work with your department to arrange your work schedule.

Please note: The mode (virtual, onsite, hybrid) of the internship is contingent BCM safety guidelines at the time of the program. Baylor College of Medicine requires employees to be fully vaccinated -subject to approved exemptions-against vaccine-preventable diseases including, but not limited to, COVID-19 and influenza. BCM also requires compliance with any masking guidelines set by the college at the time of the internship.

Applicants must submit a **statement of interest** and **resume** along with this completed Baylor College of Medicine Application to bcmadminintern@bcm.edu. Include your areas and departments of interest in your statement; this is not a guarantee of placement.

Name _____

Address _____

Phone Number _____

Email _____

Classification: (Please circle the one that applies for the 2024-2025 school year):

Undergraduate (specify year) or Graduate Student (specify year)

School Currently Attending: _____

Major: _____

Are you legally authorized to work in the U.S.? Yes No

What is the basis of your current work authorization?

- ☐ A citizen of the United States
- ☐ A lawful permanent resident
- ☐ A non-citizen authorized to work in the U.S.
- ☐ Other _____

I hereby certify that the facts provided on this my application are true and complete to the best of my knowledge. I understand that any false statement on this form may result in termination of the internship. By signing below, I certify that I have read and agree with these statements.

Signature _____

Date _____