

UNIVERSITY OF TOLEDO

HEALTH CARE ADMINISTRATION INTERNSHIP AGREEMENT

I, _____ (name), plan to complete HCAR 4540,
Internship in Health Mid-Management, at _____ (facility).

The internship will begin _____ (date) and end _____ (date).

Both the student and the preceptor by signing below agree to abide by the guidelines as set forth in the attached “HCAR 4540 – Internship In Health Mid-Management”.

_____ (Signature of Student) _____ (date)

_____ (Signature of Preceptor) _____ (date)