

MASTER OF SCIENCE IN BIOMEDICAL SCIENCES CLERKSHIP

Program Code 810, 820, 830 —Clerkship

The clerkship is a structured and significant training experience.

The purpose of the clerkship is to encourage, enhance, and support a worksite/field experience as an integral part of the education and training of graduates and to provide an opportunity to pursue knowledge not addressed by established courses.

GOALS OF THE CLERKSHIP EXPERIENCE

Professional development should be a hallmark of the clerkship experience. The clerkship should allow the student to achieve some of the following:

- Experiencing first-hand the nature of work in the student's area of interest.
- Providing data or training for a research project.
- Providing an opportunity for applying classroom knowledge to problems in the field.
- Learning additional skills needed for work an intended field of employment.
- Enhancing the student's opportunity for future job opportunities.
- Exploring opportunities for thesis topics based on both the needs of the student and the needs of the organization.

Projects that are strictly clerical in nature or that do not provide hands-on training would generally *not* be acceptable.

Clerkship experiences should normally occur in units of at least 2 credits

ELIGIBILITY FOR THE CLERKSHIP EXPERIENCE

Students are eligible for the practicum when they have completed at least one semester of course work that includes at least one core course and a track-specific class. The Program Director may permit students to pursue clerkship experience in other circumstances.

The Programs work constantly with academic departments, clinical departments, industry, and various agencies to develop new opportunities for enriching your learning. Students are encouraged to seek opportunities beyond those suggested by the Program administrators.

PREPARING FOR THE CLERKSHIP EXPERIENCE

When you meet with a contact in an area of interest, establish mutual goals and objectives for the clerkship. The measurable goals and objectives that you set will be the basis of your evaluation at the end of the experience.

INSTRUCTIONS TO STUDENTS

On a separate sheet, please describe your learning objectives and detail how you plan to achieve these objectives via specific strategies. There are many ways to structure this description; an outline or bulleted-list format generally works well.

It may help to consider what assignments you will undertake and the criteria for completing those assignments.

You are required to meet with your clerkship mentor prior to beginning the clerkship to review, revise and agree to these objectives.

You need to finalize your objectives and resubmit your revised final objectives to your academic advisor within the first week of your clerkship experience if changes have been made since your initial submission. This is critical — you will be evaluated based upon how successful you are in reaching your stated objectives.

Attach the statement of your learning objectives and specific strategies to the form on the next page. Obtain the signatures needed, and then submit this package to your academic advisor for approval and filing.

CLERKSHIP PROPOSAL FORM

The attached Clerkship Proposal has been submitted by

(Type or print your name in the space above)

(Student Signature)

(Date)

a student in the Master of Science Program in

(Type or print the name of your program in the space above)

SITE OF CLERKSHIP

(Type or print the name of the site in the space above)

The person or persons below have agreed to serve as mentors of my clerkship experience

SIGNATURES OF CLERKSHIP MENTORS

(Type or print name here)

(Signature)

(Date)

(Type or print name here)

(Signature)

(Date)

NUMBER OF CREDITS SOUGHT FOR THIS CLERKSHIP EXPERIENCE

(Number of credits for this clerkship experience — calculated as 24 hrs experience per credit)

SIGNATURE OF ACADEMIC ADVISOR

(Signature)

(Date)

**COMPLETION OF CLERKSHIP EXPERIENCE
REQUEST FOR ASSIGNMENT OF AGREED-UPON CREDITS**

The attached Clerkship completion statement has been submitted by

(Type or print your name in the space above)

(Student Signature)

(Date)

a student in the Master of Science Program in

(Type or print the name of your program in the space above)

SITE OF CLERKSHIP

(Type or print the name of the site in the space above)

I (we) specify that the student named above has achieved the objectives set forth in the Clerkship Proposal previously approved.

SIGNATURES OF CLERKSHIP MENTOR(S)

(Type or print name here)

(Signature)

(Date)

(Type or print name here)

(Signature)

(Date)

NUMBER OF CREDITS SOUGHT FOR THIS CLERKSHIP EXPERIENCE

(Number of credits for this clerkship experience — calculated as 24 hrs experience per credit)

SIGNATURE OF ACADEMIC ADVISOR

(Signature)

(Date)