



Research Internship Application

Name: _____
(Last) (First) (MI)

Local Address: _____
(Street) (City) (Zip)

Home Phone: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

College/University: _____ Graduation Year: _____

Major: _____ Minor: _____

Completed Undergraduate Level: Freshman Sophomore Junior Senior

Completed Graduate Level: 1st year 2nd year 3rd year

Is this internship for course credits or a volunteering experience? Credit Volunteering

If seeking course credits, how many credits do you need to complete? _____

What are the course credit requirements?

Desired Internship/volunteering session (circle choice): **Spring** (Jan.-May) **Summer** (Jun-Aug.) **Fall** (Sept.-Nov.)

Identify up to three shifts with a minimum of 8 hours/week (128 hours per semester)

Day	AM Hours	PM Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

1. Have you ever interned or volunteered at SLUHN? Yes No

If yes, please list the department(s):

2. What experience would you like to gain while interning/volunteering at SLUHN? (**Numerically categorize below options in order of preference**):

Research & Quality Improvement Projects (Internal research projects being done at SLUHN): _____
e.g., literature reviews, tables and graphs, manuscript writing, chart reviews, etc.

Regulatory & IRB tasks (Clinical Trials compliance and Institutional Review Board tasks): _____
e.g., IRB forms, consent form writing, FDA documents, policy writing, etc.

Research billing functions (Clinical Trials financial and billing functions): _____
e.g., protocol review, Medicare guidelines, coverage and cost analyses, billing regulations

Literature review on various topics (Supporting internal literature reviews): _____
e.g., scholarly article searches, review of literature and summarizing key info., etc.

Data management (Supporting research integration data management): _____
e.g., REDCap software data builds, de-identification of data warehouse, data collection, etc

Clinical Trials & Research functions (Clinical Trials & Research projects and functions): _____
e.g., shadowing clinical trials nurses and coordinators during patient care, safety reporting data collection screening for potential patients, development of various tools, etc.

Other (please describe below): _____

3. Do you have any conflicting schedules (work, school, etc.) during the internship?

4. What specific skills and personal strengths would make you a good volunteer in research?

5. If you've ever taken any research methodology or statistics courses, please list them below.

6. Have you ever interned, volunteered, or been employed in a research setting? Yes No

If **yes**, please answer the following:

A) Summary of research conducted:

B) Your specific responsibilities:

C) Length of time you assisted:

D) Where the research was conducted:

Submit completed application to:

St. Luke's University Health Network
Clinical Trials and Research
801 Ostrum Street - EW2
Bethlehem, PA 18015

Application Deadlines Dates:

February 1 (Summer:Jun-Aug.)

April 1 (Fall: Sept. –Nov.)

October 1 (Spring : Jan. – May)

Reviewed by SLUHN research staff

Mentor: _____

Department: _____

Staff Name Signature _____ Date: _____