

THE HALMOS COLLEGE OF NATURAL SCIENCES AND OCEANOGRAPHY AT NOVA SOUTHEASTERN
UNIVERSITY AND
THE ATLANTIS PROJECT, SPAIN
SUMMER 2020 BIOLOGY STUDENT INTERNSHIP PROGRAM APPLICATION

THIS FORM MUST BE NEATLY TYPED. (DO NOT TYPE ON THE REVERSE SIDE OF ANY FORMS). **Note: Save this Word document to your computer first and then complete it. ALL FINAL APPLICATION MATERIALS (ELECTRONIC COPIES) MUST BE RECEIVED NO LATER THAN October 31, 2019!**

Submit ALL MATERIALS to Deanne Roopnarine, D.P.M.; Office: Parker 352; TEL: (954) 262-8196; Email: roopnari@nova.edu

SECTION I: DESCRIPTION OF PROGRAM

The Halmos College of Natural Sciences and Oceanography at Nova Southeastern University provides foundational study in core and emerging disciplines and technologies to prepare students for graduate and professional study, career development, and responsible citizenship. The College highly values our partnerships with the basic science/clinical researchers of the Atlantis Project.

In the Atlantis project, students will be rotating through various medical departments in one of two hospitals in either Zaragoza or Talavera for six weeks. They will shadow doctors in surgery, trauma, nephrology, pathology etc. with no more than two students per physician.

The **Biology Student Internship Program** is a unique collaboration between NSU and the Atlantis project, which allows for intercampus and institutional interaction in multiple medical disciplines whereby young scientists gain exposure, direction and guidance during their developing career paths. The benefits of this program are as follows:

- To foster intercampus and inter-institutional collaborative relationships on both a national and international level
- To educate and train young scientists
- To produce outcomes that will allow for successful acquisition of extramural support.

This collaborative venture with our partners will contribute to the leadership of all institutions in basic science and medical education and help to meet the needs of our national community through basic science and academic training, high-quality collaborative relationships and gaining the interest and exposure from future basic scientists/clinicians and the community.

Participant Eligibility. Any individual desiring to participate must have JUNIOR or SENIOR ranking and be a returning registered student for Fall 2020. Other criteria include: an overall GPA of 3.0 and a GPA of 3.0 in basic sciences. Candidates must submit an application inclusive of a written statement discussing the reason(s) why participation is desired, and an Official University Transcript of Grades or equivalent Capp report. Three letters of recommendation must also be included: 2 from basic science faculty, and 1 other. All application materials must be received by the Biology Student Internship Program Committee (BSIPC) no later than **October 31, 2019**. The timeline follows below.

Timeline Summary

Monday, September 10, 2019	Summer 2020 Application Process Begins
Thursday, October 31, 2019	Summer 2020 Application Deadline
October 31-November 4, 2019	BSIPC reviews applications and qualifies applicants for an interview
Nov 4-Nov 11, 2019	BSIPC interviews the qualified candidates and selects up to four finalists
November 11-12, 2019	The BSIPC committee will present proposed recommendations to the Dean and to the biology department chair and await confirmation
November 15, 2019	The confirmed Awardees and the alternates will be informed of their selection by the BSIPC.
December 2, 2019	Awardees deadline to notify the BSIPC in writing accepting their internship program by signing a contract.
Monday, January 6, 2020	Awardees begin preparation training for their internship by the committee members.
Wednesday April 15, 2020	Awardees must satisfactorily complete all requirements including travel documents in preparation for the summer internship.

Monday, May 11 OR 18, 2020	Summer Internship begins. Student interns communicate regularly with their NSU faculty mentor
Friday, July 3, 2020	Summer Internships End (unless extended 1-2 additional week(s))
July 10, 2020	Summer Interns complete all requirements and turn in assignments for grading to their NSU Faculty Mentor
Fall, 2020	Summer Interns do presentations of their summer internship experience to students, faculty and staff

BSIPC Role. The Biology Student Internship Program Committee (BSIPC) will qualify and rank candidates and select those who will be granted a face-to-face interview by the committee. Following the BSIPC interviews, up to eight finalists will be identified. Additional interviews of the finalists by the respective partner institutions either by phone or face-to-face may also take place.

Length & Location of Internship. There are up to eight six-week internship positions available for summer 2020 at one of two hospitals in Spain. If the original internship Awardees to Spain, declines their internship or during their BIOL 4950 course changes his or her mind, one of the alternates may be selected to replace that Awardee.

Program Outline.

A. Spain. The intern’s primary responsibility includes shadowing doctors in surgery, trauma, nephrology, pathology etc. with no more than two students per physician.

B. Course Credit. Awardees of internships will be required to register for a total of 3 credits of BIOL 4950 (Internship in Biology) at Nova Southeastern University between winter 2020 and summer 2020. The awardee must maintain a “daily journal”; write a summary paper and turn in all required assignments by July 2020. The paper will be critically reviewed and commented by the supervisors at NSU and graded by their assigned NSU Faculty Mentor for a final assignment of course grade.

The Awardee shall be required to give a presentation of their internship/research experience to faculty and students at Nova Southeastern University upon their return to campus in the fall of 2020.

Check below Your Choice OF program for The Summer 2020 Biology Student Internship Program

Atlantis Project in Spain

SECTION II: PERSONAL IDENTIFICATION INFORMATION

Prefix: Mr.
 Mrs.
 Ms.
 Miss.

Please, attach your photograph here (required).



Name: _____
(last) (first) (middle)

Address: _____
(number) (street)

(city) (state) (zip code)

Date of Birth: _____ Age: _____

Telephone: _____ Telephone: _____
(primary) (area code) (number) (cell) (area code) (number)

Email: _____

NSU Student N#: _____
(Required)

SECTION III: DEMOGRAPHIC INFORMATION

This information is kept for statistical reporting and possible reporting in compliance with the EEO/AAA requirements. Your responses are voluntary, and your cooperation in providing this information is appreciated.

Race/Ethnicity: (Please choose the category that best describes you).

American Indian or Alaska Native (People having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)

- Asian** (Person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
- African American/Black** (A person having origins in the black racial groups of Africa.)
- Hispanic or Latino** (Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.)
- Native Hawaiian or Other Pacific Islander** (Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
- White/Caucasian of Non-Hispanic Origin** (Persons having origins in any of the original peoples of Europe, Middle East or North Africa.)

- Multiracial/Other**
- I was made aware of this opportunity from:*
- faculty member (specify: _____)
 - a promotional flyer
 - an advertisement
 - a physician (specify: _____)
 - a prior participant (specify: _____)
 - Other (specify: _____)

I have previously participated in the Biology Student Internship Program:

- YES. NO.

If yes, please specify all dates: _____

SECTION IV: EMERGENCY CONTACT INFORMATION
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In the event of an injury or emergency, contact the individuals (2 are required) listed below in the following order:

First:

Prefix: Dr. Mr. Mrs. Ms. Miss.

Name: _____
 (last) (first) (middle)

Address: _____
 (number) (street)

 (city) (state) (zip code)

Telephone: _____ Telephone: _____
 (primary) (area code) (number) (cell) (area code) (number)

Relationship: _____

Second:

Prefix: Dr. Mr. Mrs. Ms. Miss.

Name: _____
(last) (first) (middle)

Address: _____
(number) (street)

(city) (state) (zip code)

Telephone: _____ Telephone: _____
(primary) (area code) (number) (cell) (area code) (number)

Relationship: _____

SECTION V: BRIEF MEDICAL HISTORY

Check all that apply.

- Asthma
- Emphysema
- Other Respiratory Disorder (specify: _____)
- Allergy to Latex
- Other Allergy (specify: _____)
- Dermatitis
- Psoriasis
- Hypertension (high blood pressure)
- Heart Disease (specify: _____)
- Renal Disease (kidney disorders)
- Liver Disease (specify: _____)
- Eye Glasses
- Contact Lenses
- Eye Disease (specify: _____)
- Pregnant (currently or trying to become pregnant)
- Tobacco Use (i.e., smoking)
- Medications (specify: _____)
- Other (specify: _____)
- MED Alert Tag/Identification (specify: _____)
- Dietary Requirements (specify (vegetarian, food allergy, etc.): _____)

All information will be kept confidential and only released to medical personnel who would treat you if injured during this program.

SECTION VI: MEDICAL INSURANCE

You will be requested to show proof of insurance at the time of your participation in this program.

Insurance Carrier: _____
(company name)

Policy No. or Group I.D. No. _____

Address: _____

Telephone: _____
(area code) (number)

By placing an "X" in the box at the right, you certify that your medical (i.e., health) insurance coverage is current. My Coverage is Current.

This information will be kept confidential and only released to medical personnel who would treat you if injured during this program.

SECTION VII: CERTIFICATION OF TETANUS VACCINATION

By placing your signature in the space provided below, you certify that your tetanus vaccination/booster is current, and that if injured during the course of dissection requiring tetanus booster, you, and/or, your insurance carrier will cover the cost of said treatment.

Signature: _____

SECTION VIII: EDUCATION

Please, begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training (most recent first). [This information is required.]

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY & GPA

A. Awards and Honors. List in reverse chronological order previous positions, any honors, certifications, awards, recognitions or memberships.

B. Selected publications, abstracts and/or presentations (most recent first). Do not include publications submitted or in preparation.

C. Unique Experiences that you feel make you qualified for this program.

D. Have you ever spent time abroad in another culture? Explain.

SECTION IX: EMPLOYMENT HISTORY

Please, list most recent first.

INSTITUTION AND LOCATION	POSITION (title)	YEAR(s)	RESPONSIBILITIES

SECTION X: REFERENCES

Please, list three (3) individuals from whom letters of recommendation will be received. Two of whom must be Halmos science faculty. You may provide up to two (2) additional references who may be contacted if deemed necessary.

Letters will be received from:

First:

Prefix: Dr. Mr. Mrs. Ms. Miss.

Name: _____
(last) (first) (middle)

Title: _____ Relationship: _____

Address: _____
(number) (street)

(city) (state) (zip code)

Telephone: _____
(area code) (number)

Second:

Prefix: Dr. Mr. Mrs. Ms. Miss.

Name: _____
(last) (first) (middle)

Title: _____ Relationship: _____

Address: _____
(number) (street)

(city) (state) (zip code)

Telephone: _____
(area code) (number)

Third:

Prefix: Dr. Mr. Mrs. Ms. Miss.

Name: _____
(last) (first) (middle)

Title: _____ Relationship: _____

Address: _____
(number) (street)

(city) (state) (zip code)

Telephone: _____
(area code) (number)

Additional 1:

Prefix: Dr. Mr. Mrs. Ms. Miss.

Name: _____

(last) (first) (middle)
Title: _____ Relationship: _____
Address: _____
(number) (street)

(city) (state) (zip code)
Telephone: _____
(area code) (number)

Additional 2:

Prefix: Dr. Mr. Mrs. Ms. Miss.
Name: _____
(last) (first) (middle)
Title: _____ Relationship: _____
Address: _____
(number) (street)

(city) (state) (zip code)
Telephone: _____
(area code) (number)

SECTION XI: PERSONAL STATEMENT

In no more than 500 words, discuss your reasons for participation in the Biology Student Internship Program.
[Required. This can be attached separately.]

SECTION XII: CHECK-OFF LIST

- GPA requirement met
- Transcript or equivalent
- 3 letters of recommendation
- Photograph
- Proof of medical insurance
- Personal statement
- Completion of all pertinent sections

SECTION XIII: FINAL ATTESTATION STATEMENT

By placing your signature in the space provided below, you certify that all of the information you provided is true and accurate, that you will abide by the Student Handbook and Student Code of Conduct, and that you will be registered for classes for the Fall 2020 semester.

Signature

Date

END OF FORM