



Nevada Cancer

INSTITUTE

Research • Treatment • Education

Undergraduate and Graduate

Student Member Internship Program

Undergraduate and Graduate Student Member Internship Programs

Research Internship Opportunities

Typically, a student will choose or be matched with a NVC I Faculty research mentor according to their research interests. The student will then conduct substantive, directed research on a particular aspect of the Faculty's current project(s), either part-time during the academic year or full-time over the summer. The student will meet frequently with the mentor to discuss progress and future directions for the project. Students are encouraged to participate in seminars in which students, NVC I Faculty members, and/or visiting investigators present their current research or new directions of research in their field of endeavor.

Departments: Laboratory, Biostatistics/Data, Clinical, Education and Outreach

Business Internship Opportunities

Typically, a student will choose or be matched with a member of NVC I's Executive Management team according to their interests. The student will then conduct a substantive, directed project(s) within a particular aspect of the Executive Manager's current scope of work, either part-time during the academic year or full-time over the summer. The student will meet frequently with the Manager to discuss progress and future directions for the project. Students are encouraged to participate in seminars in which students, NVC I faculty members, and/or visiting investigators or executives present their current research/work or new directions in their field of endeavor.

Departments: Administration, Public Policy, Development and Grant Writing, Education and Outreach, Finance, Volunteer & Support.

Graduate Students

The Nevada Cancer Institute supports and encourages the training of medical and other students and/or graduate students from other local institutions in its own facility. Students carry out their research in an academic setting under the direction of NVC I Faculty members or Executive Management.

Undergraduate Students

The Nevada Cancer Institute supports and encourages the participation of undergraduate students from local universities and colleges in NVC I research programs so that they may develop mentoring relationships with NVC I Faculty or Executive Management, enter the research community, pursue honors or other significant projects, and/or gain experience to obtain

fellowships and entry to graduate level study programs. Whether seeking advice on research methodologies and data analysis, sustained support for honors writing, or assistance in formulating a research plan, undergraduate students are encouraged to visit and join the laboratories and departments of the NVC I.

Student Responsibilities

Participation of a student in a research project requires a commitment on the part of both the student and NVC I mentor(s).

To apply for Student Member status, the student must:

1. Complete a NVC I Student Member/Internship Application
2. Provide a letter of recommendation from the dean, research/faculty advisor, and/or faculty member of the applicant's current school of enrollment. The writer should be personally knowledgeable about the student's commitment to cancer research/advocacy.
3. Students must submit a research or project proposal, signed by the student and faculty mentor(s), to be approved by the Director, or a Committee appointed by the Director or Executive Management mentor. Before initiating the research or business project the student must show proof of or obtain the same training and certification that any NVC I employee has to attend (human subjects, animal care, biohazard, recombinant DNA, radioactive isotopes, etc). ***Research proposal format information below.***

OR

Students must submit a one-page-maximum statement of internship concentration (i.e., what do you hope to learn in Administration, Finance, etc.) to be approved by the appropriate faculty member of the student's academic institution. An internship project will be designed and facilitated by a member of NVC I's Executive Management team.

Once a project is approved, the student must:

1. Work on the project as proposed. If the student needs to change the nature, scope or direction of the project, this must be discussed with the mentor. (For laboratory research, the Director or the Chair of the Research Review Committee or Executive Manager must be notified and a petition for change submitted.)

In order to evaluate the quality of the student training, the student must give an oral presentation and write a final report as follows:

1. Oral presentation of the results or progress of the project must be made to the NVC I Faculty or Executive Management Committee. Presentation at a national or an international meeting also fulfills this requirement.
2. For laboratory research, the written report should be in manuscript format (hypothesis, methods, results, bibliography) with emphasis on the results. The paper need not be extensive and may take the form of a progress report if time does not allow for the completion of the project and if the advisor deems that substantial work has been completed. If the work is being published, a paper can be the final written report if the student made significant contributions to the paper.
3. If the project and training is part of a medical/graduate school requirement, the written report should be attached to the Final Completion report, which is signed by the Faculty advisor.
4. For business internships, a one-page written project summary will be required.

NVCI Faculty Mentor Responsibilities

All proposals must have a letter of support from at least one NVCI faculty member. The advisor(s) must:

1. Read, comment on, and approve the proposal as submitted.
2. Write a letter of support that includes the following:
 - a. Support for the merit of the project;
 - b. Ability and willingness to provide space, supplies/equipment, and guidance necessary to complete the project.
 - c. Acceptance of responsibility for supervision of the project and the Student Member.
3. Make available the space, equipment, and supplies necessary for completion of the project within the projected time.
4. If applicable, ascertain that human subjects, animal care, biohazard, recombinant DNA, radioactive isotopes, and other needed assurances are applied for and received before the student undertakes the project.
5. Supervise the student's work, including the final written report, and attend the student's oral presentation.
6. Provide timely progress reports, if requested.

Research Internship Proposal Elements and Format

Research proposal submitted for consideration with a student member application should contain the following:

Title Page

1. **Project Title:** The title should clearly state the main idea of the research project and should be understandable by a broad audience (not just specialists in your particular field of research).
2. **Faculty Research Mentor(s):** All student applications require endorsement by (the signature of) at least one NVC I faculty member.
3. **Student Name, school of enrollment, student contact information, date of submission, and student signature.**

Abstract/Project Summary/Research Statement

1. The center of the research proposal, this approximately 250 word statement should present a succinct overview of the research.

Statement of Project Origins

1. No longer than 350 words, this statement should describe the genesis of the project, including, but not limited to the development of the initial interest in the project, the initial preparation for carrying out the project, affiliation with the NVC I faculty mentor, and the link between the student's project, and the student's program of study (current or future).

Applications should be mailed to:

**Crystal Franzese
Manager, Continuing Education Programs
Nevada Cancer Institute
One Breakthrough Way
Las Vegas, NV 89135**

STUDENT MEMBER/INTERNSHIP APPLICATION

SECTION I: PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Social Security Number _____ Email Address _____

Telephone Number _____ (indicate home, cellular, pager)

Are you at least 18 years of age? Yes No (If no, date of birth _____)

Local Mailing Address - Street _____

City _____ State _____ ZIP or Postal Code _____

Country _____

Permanent Address - Street _____

City _____ State _____ ZIP or Postal Code _____

Country _____

University/College Affiliation _____

Undergraduate Major/Minor _____

Graduate area of study (if applicable) _____

When do you expect your degree to be conferred? (mo/yr) _____

If currently employed

Name of Firm _____ Telephone _____

Current Position: _____

How did you find out about NVCII? _____

Emergency Contact Information

Contact in Case of Emergency _____ Relationship _____

Emergency Contact Home/Cellular Telephone _____

Emergency Contact Work Telephone _____

SECTION II: NVC I FACULTY/EXECUTIVE MENTOR INFORMATION

All proposals must have a NVC I Faculty or Executive Mentor. Note: The faculty and/or executive mentor(s) that you list here must write a letter of recommendation on behalf of your proposal.

Primary Mentor

Name _____ Division _____

Secondary Mentor (if applicable)

Name _____ Division _____

SECTION III: LETTER OF RECOMMENDATION

A letter of recommendation from your dean, research/faculty advisor, or a faculty member at your current school of enrollment is required.

Faculty Member Name _____

Title _____ Email _____

Office Telephone _____ Office Fax _____

SECTION IV: RESEARCH PROPOSAL

Proposal Title _____

When do you intend to begin your research activities? (mo/yr) _____

When do you intend to complete your project? (mo/yr) _____

Proposal Summary (Describe your project's main objective, significance, and methods in three or four sentences in a manner that someone outside your field can understand.)

ATTACH YOUR COMPLETE PROPOSAL, WHICH HAS BEEN SIGNED BY YOU AND YOUR NVC I MENTOR(S).

SECTION IV: FIELD WORK SUMMARY

Does the project as described in your proposal involve off-campus research or other activities? Yes No

Have you completed coursework that specifically prepared you for the cultural, managerial, ethical, and safety issues surrounding the off-campus field work you describe in your proposal? Yes No

If yes, please list _____

Have you completed coursework that specifically prepared you for the field work methodologies you describe in your proposal? Yes No

If yes, please list _____

If you answered "No" to either of the previous questions, when do you anticipate completing such coursework? (semester/year) _____

List additional field work preparation course(s) that you have completed or will complete

SECTION VI: HUMAN SUBJECTS SUMMARY

Will your project involve the use of human subjects? Yes No

Skip the rest of this section if you answered "No".

When did you submit your Human Subjects Protocol to the Administrative Panel on Human Subjects? (mm/dd/yyyy) _____

If not yet submitted, when do you intend to do so? (mm/dd/yyyy) _____

Submission of this application to NVC I does not guarantee appointment as a Student Member, nor does it imply any current or future fiduciary relationship between the applicant, the NVC I, and/or the NVC I faculty mentor(s) with regard to tuition, fees, or any other expense related to the applicant's education.

You will be requested to sign a consent form authorizing governmental agencies to provide NVC I with certain other information regarding your possible criminal history, as provided in Nevada Revised Statute 178A. This information will only be obtained and used in accordance with applicable state, federal and local laws.

The NVC I is a drug free work place. If you are appointed as a Student Member, you may be required to take a hair, blood and/or urine test to determine the presence of drug metabolites in your body. The initial tests may be given prior to or soon after you are appointed. You may also be required to take such tests at any time during your tenure. Failure to pass or refusal to submit to a background investigation or a drug test may result in the withdrawal of an appointment as Student Member or termination once service has started.

Student Resume

Objective

Education

Study Courses

Extracurricular Activities

Volunteer Work

Work History

Awards

Statement of Intent

APPLICATION RELEASE AND AUTHORIZATION

READ CAREFULLY BEFORE SIGNING

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the Organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a Student Member and may result in my immediate release from service even if discovered at a later date.

I authorize representatives of the Nevada Cancer Institute to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the Organization or its representatives may contact, to provide all information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the Organization, all persons and entities acting on its behalf and all persons and entities requesting or supplying such information.

I hereby acknowledge I have read and understand the information set forth above.

Applicant's Signature

Print Name

Date

For NVC I use only:

Application Received: _____

Faculty/Executive Mentor - Signature

Date

Approved by:

Department/Division Head

Date

Director/CEO

Date

CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY AGREEMENT, effective date _____, _____ between NEVADA
CANCER INSTITUTE and _____ ("Student Member").

- Student Members are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a Student Member, whether this information involves a single member of the staff, volunteer, patient and patient family's members or other person or involves the overall business of the Nevada Cancer Institute (NVC I).
- From and after the date of this agreement volunteer shall not, directly or indirectly, make known, disclose, furnish, make available or utilize any of the confidential information of the NVC I other than in the proper performance of the Student Member duties.
- Failure to maintain confidentiality will result in termination of the Student Member's relationship with NVC I or other corrective action.
- **GOVERNING LAW.** This Agreement shall be governed by and construed in accordance with the laws of the State of Nevada.

NEVADA CANCER INSTITUTE

By: _____
Program Head

Date: _____

By: _____
Student Member

Date: _____

STUDENT MEMBER/ INTERN PLEDGE

1. I will be punctual and conscientious in the fulfillment of my duties.
2. I will accept supervision graciously.
3. I will conduct myself with dignity, courtesy and thoughtfulness.
4. I will endeavor to make my work the highest quality.
5. I will abide by uniform and badge regulations.

Student Member/ Intern Applicant's Signature

Please complete the following *only* if Student Member/Intern is under 18 years of age.

(1) AUTHORIZATION FOR PARTICIPATION IN STUDENT MEMBER/INTERN PROGRAM

I, _____, as parent / guardian of _____, a minor, authorize said minor to participate in the intern program at the Nevada Cancer Institute (NVC I). My authorization includes allowing said minor to participate in any necessary instruction and to render the required number of service hours. I agree that NVC I is not responsible for illness or accidental injuries to said minor that occur during participation in the Student Member/Intern Program.

(2) AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT OF MINOR

As parent / guardian of said minor, I certify that I have the power to consent to medical treatment of said minor. In my absence, I authorize physicians licensed under the provisions of NVC I, to render, secure, or consent to emergency medical treatment deemed necessary for said minor who, while participating in the student member/intern program, is on the premises of NVC I.

Signature of Parent / Guardian

Date

(_____) _____
Home Telephone

(_____) _____
Office Telephone

Witness

STUDENT INTERN HEALTH QUESTIONNAIRE

In case of an emergency, please notify:

(_____) _____ Name	(_____) _____ Relationship	(_____) _____ Relationship
Home Phone	Work Phone	Fax Number
Physician's Name: _____		(_____) _____ Phone Number

If a patient here, identify your
Name of Doctor _____ Phone: _____

1. Have you had any serious health problem that would keep you from volunteering?
 Yes No If yes, please describe:

2. Date of last physical examination: _____ Results: _____

3. Immunizations:

MMR (measles, mumps, rubella)... Yes No Poliomyelitis Yes No
Small Pox Yes No Tetanus Yes No

4. Have you ever had **OR** do you now have any of the following?

Chicken Pox..... <input type="radio"/> Yes <input type="radio"/> No	Skin infections, rash or boils... <input type="radio"/> Yes <input type="radio"/> No
Dizziness or fainting spells.... <input type="radio"/> Yes <input type="radio"/> No	Shortness of breath..... <input type="radio"/> Yes <input type="radio"/> No
Pain in chest, palpitations..... <input type="radio"/> Yes <input type="radio"/> No	Convulsions <input type="radio"/> Yes <input type="radio"/> No
Backaches or back Surgery... <input type="radio"/> Yes <input type="radio"/> No	High blood pressure..... <input type="radio"/> Yes <input type="radio"/> No
Herpes zoster (shingles) <input type="radio"/> Yes <input type="radio"/> No	Tuberculosis..... <input type="radio"/> Yes <input type="radio"/> No
Diabetes..... <input type="radio"/> Yes <input type="radio"/> No	Date of last Screening: _____
Are you taking medication?..... <input type="radio"/> Yes <input type="radio"/> No	

5. Are you taking any medications of which we should be aware? Yes No
Medication: _____

I hereby certify that the above is true and complete to the best of my knowledge. I realize this information is confidential and may be used to determine my eligibility to intern. If I have answered **yes** to any of the questions in **section 4**, I agree to provide NVC I with a letter of clearance from my physician.

Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Nevada Cancer Institute (“Company”), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** (“Kroll”). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers’ compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a “need to know” such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

LastName: _____ FirstName: _____ Middle: _____

OtherNamesUsed: _____ YearsUsed _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver’s License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO
 For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll’s offices in person during normal business hours and on reasonable



notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Company ID: _____

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PRIVACY STATEMENT

As an intern at NVCI, you may be considered as part of the workforce of under HIPAA Federal regulations. You may also have access to patient Health Information. To ensure that Health Information is used and disclosed in compliance with the HIPAA Privacy Regulation and our Privacy Policies and Procedures, you are required to read and sign this document. This Statement, along with the NVCI Privacy Policies and Procedures, describe your duties and obligations with regard to Health Information. Full compliance with this PRIVACY STATEMENT and our Privacy Policies and Procedures are a condition of your Internship and a copy of your signed Statement will be kept on file.

A. Restrictions on the Use and Disclosure of Health Information

As a general matter, an individual's Health Information may not be used or disclosed without proper permission from the individual. The use of and disclosure of Health Information is subject to the restrictions in the HIPAA Privacy Regulation and our Privacy Policies and Procedures. The use or disclosure of Health Information is limited. Please refer to the NVCI Privacy Policies and Procedures or ask the Facility Privacy Official for further guidance.

B. Penalties and Fines

Penalties and fines can be imposed by HIPAA on anyone who improperly uses or discloses Health Information. In addition to penalties and fines, any improper use or disclosure of Health Information may subject you to disciplinary action up to and including termination.

C. Certification of Understanding and Compliance

I hereby certify that I have carefully read and understand this Privacy Statement and the Privacy Policies and Procedures and agree to abide by their provisions. All of my questions, if any, about these documents have been answered and copies have been made available to me. I agree to abide by all of the requirements and provisions set forth in this Statement and the Privacy Policies and Procedures.

Student Member

Date

NVCI Personnel

Date