



### **Internship Requirements**

MUPT ensures the following requirements are in place for all students participating in an internship experience.

- ✓ **Proof of Medical Insurance Coverage:** i.e. copy of insurance card, letter from provider, etc.
- ✓ **MMR:** Requires documented proof by a health care provider of two vaccinations or titer
- ✓ **TB Test:** completed within one year of internship end date, or as required by clinical facility if different
- ✓ **CPR** (infant, child, 1 and 2 person adult, AED): effective throughout internship
- ✓ **OSHA Training** (yearly): completed at Marquette University
- ✓ **Hepatitis B:** 3 vaccinations or a signed waiver
- ✓ **Background Information Disclosure Form:** State of WI
- ✓ **Criminal Background Check:** Completed for all states in which student has lived or worked since they were 18, including WI and the WI Caregiver Background Check.
- ✓ **Yearly flu vaccination:** The regular seasonal intramuscular flu shot or intranasal vaccination is adequate for most facilities.

When students have fulfilled all MUPT requirements listed above, they are provided with a letter to give to their internship site stating these requirements have been met and proof is on file in the MUPT department. A sample of that letter is included within this section of the handbook.

**MUPT does not send copies** of the requirements to your individual clinical sites. **NOTE: This includes copies of the Background Information Disclosure Forms and the Criminal Background Check results.** If your facility requires copies, it is the student's responsibility to send copies to you.

In addition, the students are instructed to maintain their own portfolio of this information and bring it with them to each internship.

### **Additional facility requirements**

We realize that facilities may have clinical requirements beyond those of Marquette University. Students are instructed to check the most recent CSIF's contained in our files as well as to inquire within their introductory letters about any additional requirements your facility may have. Students are then required to document these additional requirements, complete them, and provide proof of their completion to MUPT department prior to receiving their internship requirements letter.

### **Certificate of Insurance**

In lieu of certificate of insurances, our risk management department has constructed pdf document outlining the various risk finance methods contained in its program, including self-insurance. A link to this file is included in our clinical education web page. Please contact Laurie or Danille with any questions.

*SAMPLE LETTER OF CLINICAL REQUIREMENTS MET*

## MEMO

**DATE:**

**TO:** CENTER COORDINATOR FOR CLINICAL EDUCATION

**FROM:** DANILLE PARKER, PT, MPT, DPT, GCS, CEEAA, DCE  
LAURIE B. KONTNEY, PT, MS, DPT, CEEAA, DCE

**RE:** INTERNSHIP CONTRACTUAL REQUIREMENTS

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This memo is to verify that **(Student's Name)** has successfully met all of the internship contractual requirements:

- Current medical insurance
- OSHA certification
- CPR certification
- MMR vaccinations
- TB test within past 1 year
- Hepatitis B (vaccinations or waiver)
- Background Information Disclosure Forms
- Criminal Background Checks
- Yearly Flu Vaccination
- as well as any additional requirements your facility may have (i.e. physical, proof of chicken pox titer, 2-step TB test).

If you have any question or comments, please feel free to give either one of us a call at (414) 288-7161. Thank you for your participation.