

HCM 490: Independent Study in Healthcare Management

Policy and Procedure:

The pedagogical intent of the HCM 490: Independent Study is to provide an applied learning experience for students in rare cases in which a student has a compelling case for not completing the internship.

1. HCM 490 allows for alternate applied learning experience that is equivalent in length to the program's internship requirement (a minimum of 120 hours).
2. HCM 490 is reserved for rare cases in which a student has a compelling case for not completing the internship (e.g., extenuating circumstances, significant prior professional experience in the field of health administration, inability to convert interviews to internship offers, etc.).
3. The alternate applied learning experience is faculty-supervised and can take place in any field across health and social services.
4. HCM 490 is not offered on a regular basis but may be arranged if students have a compelling case for not completing the internship, on a one-to-one basis.
5. In addition to program director permission, the student must obtain an agreement of a healthcare management faculty to supervise HCM 490 experience.
6. To be considered for HCM 490, the student must demonstrate one of the following:
 - 1) Evidence of extenuating circumstance
 - 2) Evidence of significant prior professional experience (5+ years) in the field of healthcare management administration combined with a nontraditional student status.
 - 3) Evidence of good faith effort to secure an internship. Evidence of good faith effort includes the record of at least 4 interviews with healthcare organizations.

Directions:

1. Obtain permission of the healthcare management program director to be enrolled in HCM 490
2. Obtain a verbal agreement from the healthcare management faculty to supervise your project
3. Complete the HCM 490: Independent Study Agreement Form (Page 2 of this document)
4. Obtain all required signatures
5. Return the form to the healthcare management program director.
6. Keep a copy of the agreement for yourself.
7. The HCM program director will work with the classification officer to register you for the course.

HCM 490: Independent Study Agreement Form

Name _____ University ID _____ Net ID _____

Address _____ Phone Number _____

Project Faculty Advisor _____ Project Title _____

Course Number _____ Number of Credits _____ Date of Completion _____

Please prepare a short statement of two to three paragraphs stating the nature of this project and how you intend to complete the work.

Student Signature _____

Date _____

Project Faculty Advisor Signature _____

Date _____

Program Director Signature _____

Date _____