



## 2008 SUMMER ENRICHMENT PROGRAM SPONSORSHIP/PRECEPTOR COMMITMENT FORM

I will participate in the 2008 Summer Enrichment Program (SEP): \_\_\_\_ Yes \_\_\_\_ No

### Willing to Accept the Following in Summer 2008:

If you are willing to accept more than one intern, please indicate how many you are willing to place:

\_\_\_\_\_

Yes, I will accept an Undergraduate Intern: \_\_\_\_\_

Yes, I will accept a Graduate Intern: \_\_\_\_\_

If no, please state reason:

\_\_\_\_\_

\_\_\_\_\_

### SPONSOR INFORMATION

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRECEPTOR INFORMATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Description of Internship Student Project (students must be involved in a project)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will interns rotate through various departments?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Please fax no later than March 28, 2008, to:**

Amy J. Kaufman  
Director, Project Development  
Greater New York Hospital Association  
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Thank you for your anticipated support of the Summer Enrichment Program.