



INSTITUTE FOR DIVERSITY
in Health Management
An affiliate of the American Hospital Association



NATIONAL FORUM *for*
LATINO HEALTHCARE
EXECUTIVES



2010 SUMMER ENRICHMENT PROGRAM SPONSORSHIP/PRECEPTOR COMMITMENT FORM

I will participate in the 2010 Summer Enrichment Program (SEP): Yes No

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 for not participating in SEP:

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 24, 2010, to:

Amy J. Kaufman
Director, Project Development
Greater New York Hospital Association
555 West 57th Street, 15th Floor
New York, NY 10019
Phone: (212) 259-0730
Fax: (212) 489-1409
E-mail: kaufman@gnvha.org

Thank you for your anticipated support of the Summer Enrichment Program.