**HCMG 4970 Internship in Health Care Management Non-Conflict Form**

If you are completing your internship at your workplace, your internship responsibilities **cannot overlap** with your work responsibilities. Your work supervisor cannot be your internship supervisor/preceptor. Please document below your current work duties/responsibilities and your internship duties/responsibilities. Have both your work supervisor & your internship supervisor/preceptor sign and date this form.

|  |  |
| --- | --- |
| **Current Work Responsibilities/Duties** | **Internship Responsibilities/Duties** |
|  |  |

Work Supervisor Signature Date

Internship Supervisor/Preceptor Signature Date

Note: if you complete your internship at your place of employment without documenting that your work and internship responsibilities are separate, you may be charged with **Falsification & Fabrication:** ***No student will provide unauthorized or false information, citation or documentation in any academic exercise.***