

## HCM 4900: Independent Study in Healthcare Management

### Policy and Procedure:

The pedagogical intent of the HCM 4900: 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 4900 allows for alternate applied learning experience that is equivalent in length to the program's internship requirement (a minimum of 120 hours).
2. HCM 4900 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 4900 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 4900 experience.
6. To be considered for HCM 4900, 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 4900
2. Obtain a verbal agreement from the healthcare management faculty to supervise your project
3. Complete the HCM 4900: 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 4900: 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 \_\_\_\_\_