

All MSH US-based internships

- Only accept interns that are:
 - o current students of all levels (bachelor's, master's, and doctorate),
 - o receiving credit from their institution (e.g. course credit, practicum credit, etc.),
 - o willing to sign MSH's Student Internship Terms and Conditions and Release of Liability below,
 - o and able to support themselves financially throughout the internship (all MSH internships are unpaid).
- MSH internships, except for internships in MSH's Pharmaceuticals and Health Technologies Group (PHT), are posted on the [MSH Careers website](#).

PHT Internship Program overview

- Abides by all the MSH and local HR policies as described above.
- PHT interns are typically MPH or PharmD candidates, though other degree types are welcome to apply.
- PHT interns must have an interest in access to medicines and medicines management. Students with more general global health interests are encouraged to apply for other MSH internship opportunities on the [MSH Careers website](#).
- All PHT internships are located in our Washington, DC-area office in Arlington, Virginia. There are no exceptions to this requirement.
- PHT intern projects are customized to meet both the needs of the project/center and to fully engage the student. Project assignments vary widely and encompass all areas of global pharmaceutical management, and generally involve a literature review and/or data analysis. Some recent projects include:
 - o Comparative mapping of essential medicines for chronic non-communicable diseases
 - o Literature search of approaches and pharmacovigilance of mass drug administration programs for neglected tropical diseases and seasonal malaria chemoprevention
 - o Identification of supply chain management-related indicators across all SIAPS intermediate results
- PHT interns are encouraged to take advantage of all that MSH and the DC-area have to offer. Meetings with MSH experts with other specialties (for example, malaria, maternal health, supply chain, etc.) are encouraged, as well as visits at other public health institutions in the DC area (time and resources permitting).
- All PHT interns are required to present their findings in a brown bag presentation to MSH staff.
- Students interested in a PHT internship can reach out to Kiley Workman at kworkman@msh.org.



Student Internship Terms and Conditions and Release of Liability

I, _____, am a student at (School name) and am Pursuing a XXXXXXXX degree. I agree to intern at Management Sciences for Health, Inc. "MSH" from _____ to _____.

1. I will intern under the observation of a mentor and/or supervisor. I understand that the internship is for my educational benefit and that I am not entitled to wages or other benefits of employment for the time spent during my internship and that I will not be considered an employee of MSH for any purpose and hereby waive any right to pay or benefits made available to MSH employees. I also understand that I am not entitled to employment with MSH at the completion of my internship.

2. During my internship, I agree to abide by all policies, procedures, directives and other rules which apply and/or pertain to my work environment, conditions and practices including but not limited to MSH's Safety Rules, Equal Employment Opportunity, Anti-Harassment Policy and Workplace Violence Policy, and all related policies. By my signature below, I certify that I have received and read all of the foregoing policies. I further acknowledge and agree that if I come into possession of information or documentation that is of a confidential and/or proprietary nature (including, but not limited to, trade secrets, patents, patent applications, copyrights, know-how, processes, ideas, inventions, formulas, computer programs, software, databases, technical drawings, designs, algorithms, technology, circuits, layouts, interfaces, materials, schematics, names and expertise of employees and consultants, any other technical, business, financial, customer and product development plans, supplier information, forecasts, strategies and other confidential information) ("Confidential Information") that I will not disclose such Confidential Information to any person or entity during or following the completion of my internship.

3. In consideration of the opportunity to participate in this internship program with MSH, I release and forever discharge and hold harmless MSH from any and all liability, claims, and demands of whatever kind or nature which arise or may hereafter arise from my internship. I understand that this Release discharges MSH from any liability or claim that I may have against it with respect to any bodily injury, personal injury, illness, death, property loss or property damage that may result from my internship.

4. I understand and acknowledge that potential risks to my health and personal property may be associated with the internship and I voluntarily assume those risks. I release and forever discharge MSH from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service I receive in connection with my internship.



5. I have consulted with my health care provider regarding my pre-existing health conditions (such as insect, food or medication allergies) and will provide myself with any appropriate medication to treat these health problems. I hereby release and forever discharge MSH from any claim whatsoever arising from any complication or exacerbation of any such health condition.

6. I grant MSH permission to reproduce my name, likeness, identity, voice, image, and oral or recorded statement in any publication or media intended for research, educational, promotional, fundraising or similar purposes without compensation of any kind. I hereby waive and release MSH from any claim or liability relating to any such use.

7. This Release of Liability shall be binding and enforceable against me and my successors, assignees, heirs, guardians and legal representatives. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that this Release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. I agree that, in the event that any clause or provision of this Release shall be held to be invalid, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Signature: _____

Printed Name: _____

Date: _____

Please attach a letter from your school or professor confirming that you will be receiving credits for this internship/co-op. This letter must be on an official letterhead.