



HPN-SIP 2021: Hawaii Pacific Neuroscience Summer Internship

The Summer Research Program at Hawaii Pacific Neuroscience provides students the opportunity to spend 8 weeks working side-by-side with leading neuroscientists and researchers in Hawaii in groundbreaking studies in Alzheimer's disease, Epilepsy, Parkinson's disease, Multiple Sclerosis and other neurodegenerative diseases.

This internship will be from June 16th, 2021 – August 21st, 2021. Students must be enrolled in an accredited college or university as undergraduate, graduate, or professional status. A small cohort of individuals in their senior year at an approved High School will be considered under "exceptional circumstances".

This internship is time-intensive with mandatory lectures built into the program. Please reference the "Calendar of Events" on page 3 for more information. Do not apply for HPN-SIP if you are unable to make these mandatory events. The calendar does not include your time in the clinic and your time with your research group.

All prospective students must submit their application via email no later than **30 APR 2021 and will be notified by 21 MAY 2021. There is a nonrefundable application fee of \$25. Please pay on the website and email your completed application packet to:** Catherine Mitchell at cmitchell@hawaiiineuroscience.com

- 1) Application (found on page 2)
- 2) Curriculum Vitae
- 3) Cover Letter
 - a. No more than 2 pages
 - b. Must address the following questions:
 - i. Why do you want to participate in this specific program?
 - ii. How do your skills and experiences make you the perfect match for the program?
 - iii. What are your realistic expectations for this program?
 - iv. What are your long-term educational goals?
 - v. How is your summer schedule planned to accommodate this internship?
- 4) GCP and HIPAA certificates
 - a. GCP & HIPAA links for students (FREE)
 - i. CITI GCP
<https://about.citiprogram.org/en/homepage/>
Must specify your university for free access. Ex) University of Hawaii, you only need to complete **GCP ICH**.
 - ii. HIPAA
<https://info.proservice.com/hipaa-compliance-on-demand>
You will be asked to provide your full name, email address, and company. Please put "Hawaii Pacific Neuroscience" for the company. Please take the "**HIPAA Compliance Online Exam**" after reviewing the webinar (link found in the Summary section).
 - iii. NIDA GCP (This website is an alternative to CITI)
<https://gcp.nidatraining.org/>
- 5) (OPTIONAL) Team Leader Consideration
 - a. Those interested in serving as a team leader must provide an additional cover letter
 - b. Must address the following questions:
 - i. Why do you want to be a team leader?
 - ii. What leadership qualities can you offer the program?
 - c. Prospective team leaders will be required to conduct a formal phone interview
- 6) "Exceptional Student Consideration"
 - a. All incoming high school seniors must complete an additional cover letter
 - b. Must address the following questions:
 - i. What makes you stand out as an "Exceptional Student" in the professional world of medicine?
 - c. Must submit a personal video addressing the following questions:
 - i. What are you looking forward to in this internship?
 - ii. What do you like to do for fun?

Applicants will be notified of their selection via email no later than **21 MAY 2021**.

HAWAII PACIFIC NEUROSCIENCE, LLC

Summer Internship Program (HPN-SIP) 2021 Application



APPLICANT INFORMATION			
Last Name	First	M.I.	DOB
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available		Date Back to School	
List any date conflicts from 06/16/21 – 08/21/21			
Have you ever interned for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Do you have transportation? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Graduate			
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

EMERGENCY CONTACT	
Name	
Phone Number	
Relation	

DISCLAIMER Do you foresee anything that would prevent you from attending all mandatory internship events? Or anything we need to be aware of? YES <input type="checkbox"/> NO <input type="checkbox"/>
Explain:
I certify that my answers are true and complete to the best of my knowledge. If this application leads to internship, I understand that false or misleading information in my application or interview may result in my release.
Signature _____ Date _____

AUGUST 2021

NOTES

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4 Lecture	5 OH	6	7
8	9	10	11 Lecture	12 OH	13 Final Reflection, Poster, & Abstract Due	14
15	16	17	18	19	20	21 Final Symposium
22	23	24	25	26	27	28
29	30	31				
