Arkansas Department of Veterans Affairs
Internship Policy/Procedures

The Arkansas Department of Veterans Affairs, or ADVA, is a state agency created in 1923 by the Arkansas General Assembly to connect Veterans and their dependents to state and federal services. Today, we serve our fellow Arkansas Veterans by operating two state Veteran cemeteries, by operating two state Veteran nursing homes, and through the administration of the Veteran Service Officer network.

We are ADVA, ADVAcates for Arkansas’ Veterans!

Vision:

Recognizing the value of Veterans to Arkansas, the Arkansas Department of Veterans Affairs (ADVA) will be the state’s leading advocate and resource responsive to the changing needs of Veterans and their families in attaining the highest quality of life.

Mission:

The Arkansas Department of Veterans Affairs (ADVA) serves Arkansas Veterans, and their eligible dependents, through advocacy and education to access state and federal benefits, high-quality long-term nursing care and burial honors.

Values:

- **High-Quality Service:** Provide outstanding service to those who served us.
- **Accountability:** Unquestionable integrity in all we do.
- **Compassion:** Consistently demonstrate care and empathetic concern for Veterans and one another
- **Communication:** Provide accurate and timely “two-way” communication with our employees, customers, the public and key stakeholders; while fostering a culture of cooperation and collaboration with counties, other agencies, Veteran service organizations and businesses to connect Veterans to resources and promote the value of Veterans to Arkansas.

The Arkansas Department of Veterans Affairs (ADVA) provides services in three Divisions: Veterans Nursing Homes, Veterans State Cemeteries and Veterans Service
Officers. In addition, Fiscal, Human Resource and Procurement Departments. Each of these Divisions and Departments may benefit from acquiring an Intern be it student or post academic professionals.

Purpose
ADVA may periodically employ post academic professionals who are participating in an accredited career program or academic student interns for specific periods as relevant to their major or career path. The purpose of this policy is to outline responsibilities and to ensure such academic and post academic professionals have productive outcomes.

Policy
ADVA will be the Host Agent and assign a Preceptor to an individual who is from an accredited educational program or is a post academic level professional requiring a specific internship related to relevant career path. All internships must be reviewed by the Divisional Assistant Director of interest, Human Resource department and approved by the Agency Director. Only the Agency Director or Designee may sign an internship with an accredited educational institution or business or organization.

Procedures

A. Authorization. Cemetery Managers, State Veterans Home Administrators, Deputy Veteran Service Officer, Procurement Officer, HR Manager and Chief Financial Officer who plan to add interns for specific assignments must complete a Request for Intern Form (see appendix Form Z). The following must be included on the request form: a) hours of work, b) duration of the expected work, and c) proposed rate of pay for the academic intern or post academic professional intern. Request for these positions will be routed to human resources (HR) for review. HR will review to ensure all required documentation is accurate and completed. HR will route request form to the Divisional Assistant Director or highest level within a department that does not have a Divisional Assistant Director. Assistant Director will review and approve, deny or request additional information. Divisional Assistant Director or highest level within a Department will route to Agency Director for final approval.

B. Intern selection process. Candidates will submit a completed application (see appendix Form Y) and provide all necessary documentation. Candidates for internship programs will be selected on the basis of academic standing, field of study, expressed interest and experience. The number of applicants and the types of internships requested will also impact the number of internships offered during any particular term. Prospective interns may be requested to participate in an interview with the Preceptor.

C. Orientation. An intern will be provided with an abbreviated orientation program that will highlight key aspects of the position. The intern will be engaged in as well as all Agency policies with which he or she will be expected to conform during the specific term of employment. This orientation will exclude any discussion of programs and policies, including many of the benefits plans, which do not apply to specific-term employees.
D. **Duration schedule notification.** Academic internships will be schedule with the higher education institutions semester schedules. Post academic professional internships will be schedule as follow: 1) as specified by certification and/or licensure program involved; 2) Availability and need of Division and/or Department and/or Agency.

E. **Department orientation.** Each new intern will be provided with an in-depth review of department functions and activities and the interaction of these activities with the work the intern will be performing. The department review will be conducted by the Preceptor during the first week of employment.

F. **Progress report.** Due to the short-term assignment of interns, and in accordance with school/university reporting requirements for interns, the Preceptor will be responsible for providing a narrative report of the Intern’s assignments and progress at the close of each month the student is engaged. A copy of the monthly Progress Report (See appendix Form X) will be forwarded to the Divisional Assistant Director.

G. **Final report and out-processing.** In the week in which an Intern’s assignment comes to a close, the Preceptor will provide a Final Progress Report (See appendix Form W) in addition to any report required by the educational institution the academic or certification/license program post academic professional attends and will advise the HR department to schedule an out-processing interview to be conducted on the day preceding the Intern’s last day of work.

H. **Right to cease as Host.** In the incident that the Host agency (ADVA) does not believe that the intern is upholding stated agreement or misrepresenting Agency; Agency retains the right to immediately notify higher educational institute or business or organization that internship with specific intern is immediately ceased.

By:

Nathaniel (Nate) Todd  
Director
# Request for Intern

Complete request form in its entirety and submit to Human Resource for review.

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**Division or Department**

<table>
<thead>
<tr>
<th>Type of Intern</th>
<th>Academic ____</th>
<th>Post Academic Professional ____</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(Required for degree)</td>
<td>(Required for certification or license)</td>
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<table>
<thead>
<tr>
<th>Length of Internship</th>
<th>Month ____</th>
<th>2 months______</th>
<th>3 months______</th>
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<tbody>
<tr>
<td>Other________________</td>
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**Name of Higher Educational Institution**

**Name of program or organization**

**Number of hours per week required by Intern**

**Name of Preceptor**

**Job responsibilities of Preceptor**

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**Commitment of Preceptor to include, time available, work space, IT equipment, training, tools, and other specifics as related.**

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**Benefit to Division or Department and Agency**

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**Intern required start date** ________________  **Intern completion date** ________________

**Preceptor signature**

**HR signature**

**AD or department signature**

**ADVA Agency Director signature**

*Appendix Form Z*
ADVA Internship Application

By completing this application in its entirety you are quickening the selection process as an incomplete application will be returned. If you have any questions, please do not hesitate to contact the Agency Assistant Director or Agency Department Manager of which is relevant to your field of interest.

Full Name: ___________________________ Date: ___________________________

Your internship is related to: (check one)

Academic _________ Certification __________ License ________________

Name of higher education institution: ____________________________________________

Name of organization or program: ________________________________________________

If internship is related to degree please specify: ______________________________________

If internship is related to a certification or license please specify: ______________________

Number of hours required for internship: ____________________________________________

Professor’s name and contact information: _________________________________________

______________________________________________________________________________

Program or Organization name and contact information: ________________________________

______________________________________________________________________________

Internship duration:

Week(s) ______________  Month(s) ____________  Year(s) _____________

Please, write a brief statement describing why you are selecting the Arkansas Department of Veterans Affairs to host you during your internship.

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Print Name ___________________________ Signature/Date ____________________________

Appendix Form Y
ADVA
Internship Monthly Report

Preceptor Name ___________________________ Date of Report ___________________________

Intern’s Name ___________________________ Academic/Program/Organization ___________________________

Assignment project ____________________________________________

Attendance ____________________________________________

Provide a progress description to include, yet not limited to: (Attitude, listening, organization, observation skills, time management, creativity, etc….)

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At this point, share what benefits the Intern has received from this internship? How has ADVA benefitted? Please, list two each.

Intern ____________________________________________

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ADVA ____________________________________________

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Preceptor Signature/Date
Appendix Form X
Preceptor Name

Date of Report

Intern’s Name

Academic/Program/Organization

Assignment project

Attendance

Project completed on time. ✔️ Correctly ✔️ Intern satisfied ✔️

How did Intern benefit (new skills, improved understanding, enhanced knowledge etc…)

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How did ADVA benefit (specific project useable, necessary, result productivity, etc…)

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Appendix Form W
Would you state having an Intern enhanced your abilities, time and overall work performance? Explain
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Would you consider hiring this Intern? ______ Yes ______ No Explain your response
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