WKU Health Care Administration

Bachelor Science in Healthcare Administration (BS in HCA)

Introduction

The Bachelor of Science in Healthcare Administration (BS in HCA) Internship is a required component of the program designed to provide students with practical experience in healthcare management and operations. The internship bridges academic knowledge with real-world applications and prepares students for professional roles by providing exposure to healthcare systems, leadership, and administrative practice.

Purpose & Objectives

The purpose of the BS in HCA internship is to provide an opportunity for students to:

- Apply academic theory to practice in healthcare administration.
- Acquire and demonstrate core competencies required of healthcare managers.
- Understand interrelationships across departments, organizational structures, and external environments.
- Gain exposure to consumer and client populations, and organizational operations.
- Assess community, regulatory, and accreditation factors that affect healthcare organizations.
- Evaluate personal qualifications and commitment to the healthcare management profession.

Competencies

Competencies developed during the internship to align with AUPHA domains and the ACHE Healthcare Executive Competency Assessment Tool. These include:

- Leadership and Professionalism
- Communication and Relationship Management
- Healthcare Systems and Environment Knowledge
- Financial and Resource Management
- Human Resources and Organizational Behavior
- Strategic Planning and Marketing
- Quality and Performance Improvement

Field Internship Sites & Procedures

Students are responsible for identifying and securing their internship site, with guidance from the program coordinator and faculty advisors. Approved sites may include hospitals, long-term care facilities, rehabilitation centers, managed care organizations, insurance companies, consulting firms, government agencies, non-profits, and other healthcare-related organizations.

An affiliation agreement between WKU and the site must be in place prior to starting the internship. All required forms must be completed and submitted to the program office before enrollment in HCA 449.

Appendix A: HCA Internship Approval by Program

The Preceptor

Each student will be assigned a preceptor at their internship site. Preceptors should hold at least a bachelor's degree in healthcare administration or a related field and have appropriate experience in leadership or management. Preceptors guide student learning, assign projects, monitor progress, and complete final evaluations.

Internship Details

Each BS in HCA student must complete a minimum of 250 clock hours of internship in an approved healthcare organization or related setting. Students pursuing the Long-Term Care Administration (LTCA) Certificate and NAB-accredited pathway must complete 1,000 hours, including at least 501 hours in a skilled nursing facility.

Eligibility: Students must have completed all 100, 200, and 300-level HCA courses, and at least 75% of 400-level courses, unless otherwise approved by their advisor and/or Program Coordinator. Internship eligibility must be confirmed at least one semester prior to placement.

The following timeline is suggested to help ensure internship is secured in a timely manner:

Fall Internship	
Attend Internship Orientation	During Spring before internship year
Discuss Internship with Advisor	During Spring advising before internship year
Secure Internship by	June 15th
Submit Affiliation Application form to Instructor by	June 30th
Start Internship by	By first day of the Fall semester
Complete Internship by	December 1st
Spring Internship	
Attend Internship Orientation	During Fall of internship year
Discuss Internship with Advisor	During Fall advising of internship year
Secure Internship by	November 15th
Submit Affiliation Application form to Instructor by	November 30th
Start Internship by	By first day of the Spring semester
Complete Internship by	April 30th
Summer Internship	
Attend Internship Orientation	During Fall of internship year
Discuss Internship with Advisor	During Fall advising of internship year
Secure Internship by	March 15th
Submit Affiliation Application form to Instructor by	March 31st
Start Internship by	By first day of the summer semester
Complete Internship by	July 31st

Appendix A: HCA Internship Approval by Program

Internship Rotations & Exposure

Students are expected to conduct themselves with professionalism, adhere to organizational policies, and contribute to host organizations in meaningful ways. Interns represent both the HCA program and Western Kentucky University.

Students should be exposed to a range of administrative and operational areas. Suggested rotations include:

- Executive Leadership (Strategic Planning, Governance)
- Human Resources (Recruitment, Training, Performance Management)
- Finance and Revenue Cycle (Budgeting, Billing, Denials Management)
- Compliance and Legal (Credentialing, Regulatory Standards)
- Nursing Services
- Information Technology (Medical Records, Cybersecurity)
- Materials Management (Purchasing, Inventory, Supply Chain)
- Patient Advocacy and Case Management
- Operations (Facilities, Security, Environmental Services, Dietary)
- Quality and Safety (Infection Control, Patient Safety)

Course Work

Students must complete and submit the following on Blackboard during the internship:

- Timesheets and Reflection Papers
- Internship Project
- Student Evaluation of Internship Site & Preceptor

Course instructor will contact respective preceptors at the end of each semester to collect Evaluation of Intern.

Evaluation & Grading

This is a pass/fail class. All reports/assignments/evaluations must be submitted in order to receive the final grade. Due dates may be negotiated with instructor if start and end dates of internship do not coincide with internship course. Internship courses start and end on dates set by the university for the corresponding semester.

Policies & Professional Conduct

Students are expected to adhere to the highest standards of ethics and professional conduct. Policies include:

- Compliance with organizational rules and confidentiality policies
- Observance of ethical standards and HIPAA requirements
- Professional dress and demeanor
- Punctuality and attendance at all scheduled hours
- Completion of tasks as assigned by the preceptor

Appendix A: HCA Internship Approval by Program

Student Name: _____

Student ID#: _____

HCA Primary Advisor Name: _____

Seeking NAB Accreditation? ☐YES ☐NO

Internship interests (location/organizations/facility types):

_____

Term/Year internship will be completed: _____

Does student have any special challenges or needs with internship completion? Examples of items to discuss may include but are not limited to needing part-time hours, extension, GPA considerations, NAB accreditation standards, geographical restrictions, financial aid limits on semester registering, etc.

_____

_____

By signing below, the student states he/she has reviewed internship guidelines. The student also acknowledges that it is his/her responsibility to first secure an internship location, second obtain proper approvals on the site affiliation form, and last request registration to the appropriate internship course as is required for his/her degree.

Student Signature: _____ Date: _____

By signing below, the Program Coordinator acknowledges that he/she authorizes the student to seek internship placement. The signature does not signify that the internship site affiliation form has been fully approved as is required before the student can be placed in the internship course.

HCA Program Representative: _____ Date: _____

Appendix B: Application for Internship Site Affiliation

Student Name:_____ Student ID#: _____

Agency/Organization/Facility Name:_____

Street Address: _____

City: _____ State: _____ Zip: _____

President/CEO of Agency/or Signature Party: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ e-mail: _____

Type of Organization:

☐ Hospital - number of beds: _____
☐ Nursing Home - number of beds: _____
☐ Home Health Agency - visits per year: _____
☐ Ambulatory Care Center - visits per year: _____
☐ Professional Group Practice - number of providers: _____
☐ Insurance Company
☐ Health Related Product Sales
☐ Community Agency
☐ Government Office
☐ Other - Specify: _____

Type of licensure held: _____

Type of Accreditations: _____

Preceptor name: _____

Preceptor title: _____

Preceptor department: _____

Phone: _____ Fax: _____ E-mail:_____

Signature of person completing this form or if completed by student, name of agency contact person providing information:

Signature: _____Title: _____ Date: _____

Print Name: _____ Phone: _____

Appendix C: HCA 449 Healthcare Administration Internship – Responsibilities

I, _____, have read all the documentation concerning the Healthcare Administration Internship including the internship guide, sample rotation plan, and sample weekly report.

I understand that I must submit

1. The basic information quiz
2. The site affiliation application form
3. The project initiation form
4. The project completion form
5. Reflections on the work completed, and observations made during the internship
6. The internship project paper (approximately 7-10 pages)
7. The timesheet approved and signed by preceptor to show completion of 250 hours
8. The student's evaluation of the program

I understand that I received a complete and detailed briefing on the requirements of the internship.

I understand that if I cannot submit the majority of materials by the last week of the semester, it is highly likely that I will not graduate at the end of the internship semester and the internship period will carry over to the next semester, ultimately delaying my graduation to the end of that next semester. In this case an Incomplete grade will be issued which will appear as an "X" on student's transcript, and this grade will change once all requirements have been submitted. If they are not submitted by the university designated date for Incomplete grades, the grade will automatically switch to an "F".

I have read all the above statements and understand that if I fail to comply with these internship requirements, then graduation will be delayed until the end of the following semester date.

_____ _____

Student Signature Date

_____ _____

Faculty Member Signature Date