

**University of Medicine and Dentistry of New Jersey**  
**INTERN STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_ understand and agree with the following conditions concerning my internship at UMDNJ.

It is understood that Interns are not covered by the New Jersey Workers Compensation Act .

It is understood that if I am injured while interning on UMDNJ premises, the University will provide, at the time of injury, reasonable emergency medical treatment for that injury without charge, regardless of apparent fault; and it is also understood that the provision of emergency medical service does not constitute an admission of liability on the part of UMDNJ.

Intern Signature: \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_ Signature: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns, please contact the Senior Human Resources Generalist assigned to your school or unit.

For the Stratford/Camden campuses, please call 856-566-6159.