

## CLINICAL ENGINEERING PROGRAM INTERNSHIP PROPOSAL FORM

164 College Street, Rosebrough Building, Room 407 Toronto Ontario M5S 3G9  
Email: clinicaleng.ibbme@utoronto.ca Fax: 416-978-4317

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### INTERNSHIP SUPERVISOR INFORMATION

First Name Last Name Current Position

Organization and Department

Mailing Address City Province Postal Code

Work Phone Fax Email

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### INTERNSHIP PERIOD PREFERRED

\_\_\_\_\_ (Full-time)  \_\_\_\_\_ (Part-time)

We will provide internship opportunities for MHSc students on an on-going basis

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### INTERNSHIP INFORMATION

**The stipend to the student(s) will be:**

per hour

per month

per term

Other \_\_\_\_\_

**The internship(s) will be:**

Highly practical

Research/practical mix

Research-based

A potential thesis project

**Number of internships we can offer:**

1

2

3

more than 3

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### INTERNSHIP FOCUS

Equipment planning

Technical evaluation and assessment

Pre-purchase consultation

Incoming inspection

Equipment repair

Performance assurance and preventive maintenance

- |  |   |
|--|---|
| <input type="checkbox"/> Equipment modification  | <input type="checkbox"/> Equipment upgrading  |
| <input type="checkbox"/> Custom design and fabrication   | <input type="checkbox"/> Broad-based medical device technology consultation             |
| <input type="checkbox"/> Incident investigation  | <input type="checkbox"/> Hazard and recall notice distribution, tracking, and follow-up |
| <input type="checkbox"/> Human factors engineering   | <input type="checkbox"/> Information technology   |
| <input type="checkbox"/> Database development  | <input type="checkbox"/> Policy development   |
| <input type="checkbox"/> Specialized medical equipment support for lasers, ethylene oxide sterilizers, flexible video endoscopes, and surgical instruments | <input type="checkbox"/> Other (please specify): _____<br>_____<br>_____                |

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**LEARNING OBJECTIVES:** Please list the primary learning objectives of this internship :

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Date

Approved by

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Clinical Engineering Program Coordinator

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**Please return completed proposal to:**

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*We are grateful for your support of the Clinical Engineering Program at U of T*