

## Intern Training Checklist

### Section 1: Completed During Selection Process:

Intern Name: \_\_\_\_\_

☐ Reviewed/Accepted

☐ Sent for Background Investigation

☐ Conditional Clearance Received

Date of Clearance: \_\_\_\_\_

Start Date Provided to Intern: \_\_\_\_\_

### Section 2: Completed During Internship:

Trainer Name: \_\_\_\_\_ Internship Start Date: \_\_\_\_\_

As an intern for the State of Connecticut DESPP, Division of Scientific Services (DSS) I understand my obligation to follow the laboratory and state ethics guidelines. I understand that not doing so may lead to immediate removal from the laboratory and under some circumstances may lead to legal action.

Intern's Printed Name: \_\_\_\_\_

Intern's Signature: \_\_\_\_\_

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

Topic	Date	Trainee Initials	Trainer Initials
Laboratory Ethics Policy			
State Ethics Policy			
Confidentiality			
Guiding Principles			
Emergency Contact Form Completed			
Laboratory Safety (Building Evacuation, use of PPE – if applicable, General building orientation)			
ID Photo for Intern's Folder			
Intern's Schedule Provided to Intern			
Sign-in for Hours Reviewed			
Forms Received for Manager to Complete			
Brief Written Overview from Intern of Accomplishments			
DSS Internship Completion Certificate Received			

Internship End Date: \_\_\_\_\_