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# SASKATCHEWAN HEALTH AUTHORITY - SASKATOON

## INTERNSHIP FOR NOVICE HEALTH PROFESSIONALS GUIDELINES

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This program offers support to newly graduated health care professionals by providing skill development and professional growth through self-reflection, mentorship, funded internships and learning opportunities.

Saskatchewan Health Authority – Saskatoon will consider each applicant based on organizational needs and available funding.

The following criteria must be met:

- Application is completed in full
- Currently employed by Saskatchewan Health Authority - Saskatoon
- Completed post-secondary education in a related field of study within two years prior to application date
- Position is [hard to recruit](#), requires specialized skills or requires additional support to successfully transition novice employee

### PROGRAM INFORMATION:

- The internship may span 3-8 weeks and cannot include any orientation time that would normally be provided to staff (ie. WOW, tri-site nursing orientation, allotted "buddy shifts", etc.)
- Intern **must** be matched with a mentor
- Both intern (mentee) and peer mentor **must** attend the "Everyone Needs a Mentor" workshop at the onset of the internship
- Internships **must** be worked in a supernumerary role (extra on the unit and working matched with a mentor)
- Documentation must be provided at the end of the internship to verify supernumerary status
- Professional development events will be made available as part of this program
- Funding is available on a one-time basis
- Funding will cover hourly rate for straight time shifts only (no overtime) and be provided as a cost center transfer upon completion of all program requirements

### APPLICATION PROCESS:

- Ensure all fields are complete including learning plan. Incomplete forms will **NOT** be accepted
- Scan and e-mail to: [recruitment@saskatoonhealthregion.ca](mailto:recruitment@saskatoonhealthregion.ca)

### APPROVAL PROCESS:

- Applications will be reviewed upon receipt
- Applicants will receive confirmation of approval by e-mail (manager will be copied)
- Decision will be final on any matter brought forward, not previously considered

**SASKATCHEWAN HEALTH AUTHORITY - SASKATOON  
INTERNSHIP PROGRAM APPLICATION**

**APPLICANT INFORMATION**

Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
(if applicable)

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_

Post-Secondary Program and Institution: \_\_\_\_\_

Date of Program Completion: \_\_\_\_\_

*Declaration: I certify that all of the information I have provided in this application is complete and true in every respect.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**MANAGER INFORMATION (to be filled out by manager)**

Facility Name: \_\_\_\_\_ Unit/Department: \_\_\_\_\_

Reason for Internship:  Hard to Recruit  Specialized Skills Required  Additional Support Needed

Internship Start Date \_\_\_\_\_ Length Requested: \_\_\_\_\_  
(3-8 weeks)

Employee Affiliation:  SEIU  SUN  HSAS

Employee Hourly Rate: \$ \_\_\_\_\_

*Declaration: I certify that all of the information I have provided in this application is complete and true in every respect.*

Manager: \_\_\_\_\_ Manager's Phone: \_\_\_\_\_

Signature of Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Cost Centre to be Reimbursed: \_\_\_\_\_

**TO BE COMPLETED BY HUMAN RESOURCES - RECRUITMENT**

Approved  Not Approved

Date:

Specialist Name:

Specialist Signature: