

## UTHealth Trainee Plan

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**For Pre-Baccalaureate/Professional Trainee:** \_\_\_\_\_

Name

**Training Plan:**

*Include activities and training outcomes that are appropriate to the Trainee's level of education.*

I certify the following:

1. This training is similar to training which would be given in an educational environment;
2. This training experience is for the benefit of the trainee;
3. The trainee does not displace regular employees, but trains under close supervision of existing staff;
4. UTHealth derives no immediate advantage from the activities of the trainee; and on occasion its operations may actually be impeded;
5. The trainee is not entitled to a job at the conclusion of the training; and
6. UTHealth and the trainee understand that the trainee is not entitled to wages for the time spent in the training.

\_\_\_\_\_  
Faculty Sponsor

\_\_\_\_\_  
Date