Locations

Students may apply for an internship at any of our more than 50 office locations nationwide. To find out more information about OI, visit us online at: http://oig.hhs.gov/about-oig/about-us/office-of-investigations.asp.

HEADQUARTERS:
Washington, DC

REGIONAL OFFICES LOCATIONS:
Boston, MA          Chicago, IL
New York, NY       Dallas, TX
Philadelphia, PA   Kansas City, MO
Atlanta, GA        Concord, CA
Miami Lakes, FL    Santa Ana, CA

Who We Are

The U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG) consists of six component offices. The Office of Investigations (OI) is responsible for conducting and coordinating investigative activities related to fraud, waste, and abuse in over 300 HHS programs.

OI investigates Medicare and Medicaid fraud; child support enforcement matters; potential illegal activities; and mismanagement by applicants, grantees, contractors, or HHS employees in the performance of their official duties. Investigations often result in criminal, civil, or administrative action.

OI conducts investigations in all 50 States and leverages its resources by actively coordinating with the U.S. Department of Justice and other law enforcement partners.

QIG Core Values

Integrity
Acts with independence and objectivity

Credibility
Builds on a tradition of excellence and accountability

Impact
Yields results that are tangible and relevant

Contact Information


Email: OIInternship@oig.hhs.gov

All materials may be submitted by mail or fax to:
HHS/OIG/OI/HQ
Student Internship Program Coordinator
Rm 5409
330 Independence Ave., SW
Washington, DC 20201

Fax: (202) 401-0502

YOU CAN MAKE A DIFFERENCE

Student Volunteer Internship Program

Where Will I Fit In?

Investigations
Support activities related to current OI investigations, including data gathering activities regarding alleged fraud, waste, or abuse in HHS programs.

Computer Forensics & Technology
Assist in the examination of electronic evidence related to allegations under investigation, as well as developing an understanding for information systems we use.

Mission Support
Develop a background in budget formulation and execution, human resources, administrative support, organizational management, property management, hotline operations and complaint management, policy development, internal evaluation, and inspection and be involved in the coordination of special projects.

Student Volunteer Internship Program

OI continues to recognize that recruiting a diversified workforce enables the effective and efficient execution of its mission.

OI created the Student Volunteer Internship Program (SVIP) to offer students an exciting and rewarding work experience that will equip them with a competitive edge in the criminal justice field.

Reach Your Potential
We are seeking motivated, dedicated, and talented individuals who are interested in making an impact and can help further OI’s mission. Working for OI will assist you in developing the skills necessary to succeed in the criminal justice field.

In order to provide a systematic view of OI, students participating in the SVIP may rotate within the different programmatic areas. Student interns are encouraged to participate in OI training opportunities in support of their professional growth. This program is an unpaid internship opportunity.

Application Process
To apply for the SVIP, you must complete and submit the following documentation to OI Headquarters:

- Cover Letter
- Resume including birth date
- Transcript
- HHS Credit Release
- OI-260, Student Volunteer Internship Agreement

All documents can be found at: http://oig.hhs.gov/faqs/student-diversity-volunteer-internship-program-faq.asp.

Requirements
To be eligible to participate in the SVIP, students must meet all of the following qualifications at the time of application:

- U.S. citizenship
- A student
- At least 18 years of age
- A minimum cumulative GPA of 3.0 on a 4.0 scale
- In good academic standing with their institution
- Agree to a background check
- Available to work at least 10 hours per week with minimum 2 hours per work day
- Able to work at least 8 consecutive weeks
Student Volunteer Service Agreement

Section I  Student Information

1. Student’s Name: ____________________________  2. Major: ____________________________

   Academic Level: Freshman  Sophomore  Junior  Senior  Graduate Student  Other: ______

3. Grade Point Average (GPA): _______(4.0 scale)

4. Educational Institution: ____________________________________________________________

5. Proposed Location (Duty Station): ___________________________________________________

6. Proposed Dates of Service: ____________  Proposed Hours per Week: ____________

Section II  Educational Institution Certification

This section is to be completed by a representative from the educational institution.

I certify that ____________________________ is a full-time/half-time student in good standing.
The student (will) (will not) be given credit (academic or other) for the work assignment.

I understand that the U.S. Department of Health and Human Services (HHS), Office of Inspector General (OIG), Office of Investigations (OI) will provide a record of the student’s attendance and an evaluation of his/her performance to his/her educational institution when the work assignment is completed.

If the student is receiving academic credit, I will notify OI by emailing OI.Internships@oig.hhs.gov when the student is no longer enrolled on at least a part-time basis or when the student no longer satisfies the academic standards of the school.¹

_____________________________     ____________________________
Signature of Certifying Official     Date

_____________________________     ___________________________________________
Title     Educational Institution

_____________________________
Phone Number

¹ A student in good standing is defined, for the purpose of this instruction, as "an individual who continues to be enrolled and maintains an academic record which is satisfactory according to the standards of the educational institution."
Section III  Student Volunteer Agreement
This section is to be completed by the student volunteer.

I understand that:

1. I will receive no pay for the services rendered;

2. I will make all travel and living arrangements necessary prior to beginning the internship. I will be responsible for all personal travel and living expenses;

3. I will maintain regular attendance at OI during the hours arranged for placement. Absences must be reported to my supervisor or program coordinator;

4. I will fulfill in a professional manner all the duties and responsibilities assigned by my supervisor;

5. I will consult with and obtain approval from my supervisor before writing and submitting any documents to my educational institution regarding my internship experience;

6. I am considered to be a Federal employee only for the purposes of: (1) the Federal Tort Claims Act (28 U.S.C §§ 2671-2680), which enables individuals (that are not Federal employees) who are injured by negligent or wrongful acts of Federal employees acting within the scope of their employment to submit claims for compensation for those injuries to the Federal Government; and (2) compensation for injuries to Federal employees sustained during performance of work assignments (5 U.S.C. § 81);

7. I am required to comply with all regulations governing: (1) protection of privacy in personnel records, (2) standards of conduct required by Executive Order 11222, and (3) availability of official information and disclosure. (See 5 C.F.R. pts 297, 735, and 294 respectively); and

8. I will observe all rules of safety in the performance of my duties.

This agreement may be terminated at any time by me, my educational institution, or OI. A record of my attendance will be provided to me and my educational institution when my internship is completed.

__________________________   _________________________
Signature of Student                Date
HHS Credit Release

(Fair Credit Reporting Act of 1970, as amended)

PLEASE TAKE NOTICE THAT ONE OR MORE CONSUMER CREDIT REPORTS MAY BE OBTAINED FOR EMPLOYMENT PURPOSES PURSUANT TO THE FAIR CREDIT REPORTING ACT, AS AMENDED, 15 U.S.C., § 1681, ETSEQ. SHOULD A DECISION TO TAKE ANY ADVERSE ACTION AGAINST YOU BE MADE, BASED EITHER IN WHOLE OR IN PART ON THE CONSUMER CREDIT REPORT, THE CONSUMER REPORTING AGENCY THAT PROVIDED THE REPORT PLAYED NO ROLE IN THE AGENCY'S DECISION TO TAKE SUCH ADVERSE ACTION.

Information provided by you on this form will be furnished to the consumer reporting agency in order to obtain information in connection with an investigation to determine your (1) fitness for Federal employment, (2) clearance to perform contractual service for the Federal Government, and/or (3) security clearance or access. The information obtained may be redisclosed to other Federal agencies for the above purposes and in fulfillment of official responsibilities to the extent that such disclosure is permitted by law.

I hereby authorize the Department of Health and Human Services (HHS) to obtain such report(s) from any consumer/credit reporting agency for employment purposes.

__________________________  ____________________________
(Print Name)  (SSN)

__________________________  ____________________________
(Signature)  (Date)

Your Social Security Number is needed to keep records accurate, because other people may have the same name. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.