## Prospective Internship Site Profile Department of Health Education & Behavior

| Location:  |                    |                  | Date:          |                       |
|--|--------------------|------------------|----------------|-----------------------|
| City   |                    | State            |                |                       |
| Agency:  |                    |                  |                |                       |
| Contact:   |                    |                  |                |                       |
| Address:Street / PO Box                              |                    |                  |                |                       |
| Street / PO Box                                      |                    | """"City         |                | State / Zip           |
| Phone:   |                    | Fax:             |                |                       |
| Email:   |                    | Website:         |                |                       |
| What semesters is your agency available              | e to accept intern | s?               |                |                       |
| Fall (August – December) Spring (Ja                  |                    | nuary – April)   |                | Summer (May – August) |
| Is office anges available to internal                | Yes                | No               |                |                       |
| Is office space available to interns?                | 168                | NO               | Comments       |                       |
| Is a computer available to interns?                  | Yes                | No               |                |                       |
|  |                    |                  | Comments       |                       |
| Does your agency offer paid or non-paid internships? |                    | Non-paid         | Paid (amount): |                       |
| List other benefits your agency offers in            | terns (i.e. housin | g, health insura | nce, travel re | imbursement, etc.)    |
|  |                    |                  |                |                       |
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List required purchases for interning with your agency (i.e. parking pass, uniform, etc.)

| List the required skills or previous experience necessary for interning with your agency.  |
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| Special Requirements (i.e. special application, proof of health insurance, immunization, etc.)  Please note: All interns are required to purchase professional liability coverage for \$1,000,000. |
| List a description of duties your agency expects to be fulfilled by interns. Please include additional literature if   |
| desired.   |
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| List any important information about your agency.  |
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| Would you like to be added to the Department's list of approved sites for future interns? Yes No   |
| FOR OFFICE USE ONLY: CONTRACT ON FILE: 1/13/2021   |
| Approval of Intern Coordinator: Holly T. Woses Date: 1/13/2021   |
| Approval Expiration Date:  |