



List the required skills or previous experience necessary for interning with your agency.

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.

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: \_\_\_\_\_

Approval of Intern Coordinator: \_\_\_\_\_                      Date: \_\_\_\_\_

Approval Expiration Date: \_\_\_\_\_