Prospective Internship Site Profile

Department of Health Education & Behavior

Location:		State	Date:
Agency:			
Contact:			
Address:Street / PO Box			State / Zip
Phone:			
Email:		Website:	
What semesters is your agency available	e to accept interns	s?	
Fall (August – December)	Spring (Ja	nuary – April)	Summer (May – August)
Normal work hours (Please indicate any	vevening or week	end time comm	itments):
Is office space available to interns?	Yes	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. housing	g, health insurar	nce, travel reimbursement, etc.)

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.
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.
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: