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

Location:			Date:	
City		State		
Agency:				
Contact:				
Address: Street / PO Box		""""City	State / 72:a	
Street / PO Box		City	State / Zip	
Phone:		Fax:		
Email:		Website:		
What semesters is your agency available	e to accept interr	18?		
Fall (August – December)	Spring (J	anuary – April)	Summer (May – August)	
Normal work hours (Please indicate any	v evening or wee	kend time comm	itments):	
Is office space available to interns?	Yes	No		
is office space available to interns:	103	110	Comments	
Is a computer available to interns?	Yes	No		
			Comments	
Does your agency offer paid or non-paid	d internships?	Non-paid	Paid (amount):	
List other benefits your agency offers in	nterns (i.e. housin	ng, health insurar	nce, travel reimbursement, etc.)	

List required purchases for interning with your agency (i.e. parking pass, uniform, etc.)

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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:				