

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.

Provide a comprehensive list of health education internship duties, which will be assigned to your HEB senior intern. Please indicate with NCHEC Responsibility/Responsibilities align with each duty.

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:

Approval of Department Internship Coordinator: _____
Date

Contract on File: _____