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

Location:		Date:			
City		State			
Agency:					
Contact:					
Address: Street / PO Box		""City	Succ. / 72		
Street / PO Box		City	State / Zip		
Phone:		Fax:			
Email:		Website:			
What semesters is your agency available	e to accept intern	s?			
Fall (August – December)	ecember) Spring (Jan		Summer (May – August)		
Normal work hours (Please indicate any	v evening or week	kend time comm	itments):		
Is office space available to interns?	Yes	No			
is office space available to mems:	105	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	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:				

## EXHIBIT A

## REQUIREMENTS FOR STUDENTS AND/OR FACULTY PARTICIPATING IN CLINICAL EXPERIENCE AT SHANDS

Students and faculty with on-site supervision responsibilities must provide proof that they meet the following requirements when they come to Shands to begin their clinical experience:

- 1. General Health Screening and/or physical examination.
- 2. Proof of two MMR vaccines, administered 4 weeks apart, OR Laboratory (serological) proof of immunity to measles and rubella.

Documentation of immunity to Chickenpox (varicella) by one of the following:

- Documentation of two varicella vaccinations, administered 8 weeks apart, OR
- Laboratory (serological) proof of immunity, OR
- Documentation of a history of varicella disease or herpes zoster ("shingles") by a licensed healthcare provider.
- 3. Tuberculosis screening: Documentation of a negative tuberculin skin test (PPD) or negative TB-IGRA blood test within 12 months of start of clinical rotation. If history of previous testing was positive, there must be documentation of 1) a chest x-ray showing no active tuberculosis disease and 2) completion of preventive therapy or treatment for active tuberculosis disease.
- 4. Hepatitis B vaccine:
  - Documentation of completion of hepatitis B vaccine series.
  - Documentation of Hepatitis B surface antibody scrology (optional, but recommended).
  - Declination of Hepatitis B vaccination completed.
- 5. Tetanus / Diphtheria / Pertussis: Documentation of one dose of tetanus/diphtheria/pertussis (Tdap) vaccination.
- 6. Vaccination with the current season's quadrivalent formulation of the flu vaccine.
- 7. Completed training course on HIV and AIDS, as required by State Law.
- 8. CPR certified.
- 9. Evidence of health insurance. (May be waived for students demonstrating hardship).
- 10. Completed Shands' HIPAA training and orientation.
- 11. Criminal background check.