



# APK INTERN DISCIPLINARY ACTION FORM

Name of Intern: \_\_\_\_\_ Date of report: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Site: \_\_\_\_\_

Date(s) of Incident \_\_\_\_\_ Type of Incident:  Professionalism  Other

DESCRIPTION: (Give facts, dates and/or specific instances surrounding incident)

TYPE OF ACTION: (Dismissals require APK Undergraduate Internship Committee (UIC) consultation prior to action)

APK Undergraduate Internship Committee Review:

Yes  No [if yes, notification date: \_\_\_\_\_]

Please check all that apply and provide explanation or clarification as necessary

Verbal Counseling

Written Warning

Corrective Action Plan

Next Action Step If Problem Continues:

Site Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

*Please submit any additional, relevant information with this form and send it via email to*

*[blaincharrison@ufl.edu](mailto:blaincharrison@ufl.edu)*