Prospective Internship Site Profile Department of Health Education & Behavior

Location:		Date:			
Location:City		State			
Agency:					
Contact:					
Address: Street / PO Box		City		State / Zip	
Street / PO Box		City		State / ZIp	
Phone:		Fax:			
Email:		Website:			
What semesters is your agency available	e to accept intern	s?			
Fall (August – December)	Spring (Ja	anuary – April)		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			
			Comments		
Is a computer available to interns?	Yes	No	Comments		
Does your agency offer paid or non-paid	d internships?	Non-paid		id (amount):	
List other benefits your agency offers in	terns (i.e. housin	g, health insurar	nce, travel re	imbursement, 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?				No
FOR OFFICE USE ONLY:	CONTRACT ON FILE:			
Approval of Intern Coordinator:		Date:		
Approval Expiration Date:				