

Prospective Internship Site Profile

Department of Health Education & Behavior

Location: _____ Date: _____
City State

Agency: _____

Contact: _____

Address: _____
Street / PO Box City State / Zip

Phone: _____ Email: _____

Website: _____

Which semester(s) is your agency available to accept interns?
 Fall (August – December)
 Spring (January – April)
 Summer (May – August)

Typical intern working hours (Please also indicate any evening or weekend time commitments):

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 internships? Non-paid Paid (amount): _____

List other benefits your agency offers interns (i.e. housing, health insurance, travel reimbursement, etc.)

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

List the required skills or previous experiences necessary for interning with your agency.

Special Requirements (i.e., special application, proof of health insurance, immunization records, 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(ies) that 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: _____