Prospective Internship Site Profile Department of Health Education & Behavior

| Location: | Date: | | |
|--|---------------------|------------------|----------------------------------|
| City | | State | |
| Agency: | | | |
| Contact: | | | |
| Address:Street / PO Box | | | |
| Street / PO Box | | """City | State / Zip |
| Phone: | | Email: | |
| Website: | | | |
| Which semester(s) is your agency availa | able to accept inte | erns? | |
| Fall (August – December) Spring (Jan | | nuary – April) | Summer (May – August) |
| Typical intern working hours (Please al | so indicate any ev | vening or weeke | end 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 in | aterns (i.e. housin | g, health insura | nce, travel reimbursement, etc.) |
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'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. | | | | |
|--|--|--|--|--|
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| 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. | | | | |
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| 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. | | | | |
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| 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: | | | | |