

Prospective Internship Site Profile
Department of Health Education & Behavior

Location: Alachua Florida Date: 09/25/2015
City State

Agency: Suwannee River Area Health Education Center (AHEC)

Contact: Sarah Catalanotto, MPH, CTTS, Executive Director

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What semesters is your agency available to accept interns?

Fall (August – December) Spring (January – April) Summer (May – August)

Normal work hours (Please indicate any evening or weekend time commitments):

Business Hours 8:30-5:00pm, there are a few evening and weekend hours depending on health fairs, classes, etc. Schedules are flexible around classes and other work commitments.

Is office space available to interns? Yes No Shared office space with staff Comments

Is a computer available to interns? Yes No Sometimes requires laptop off-site 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.)

• *We provide travel reimbursement for travel to attend classes and/or health fairs.*

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

• *None*

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

- *Computer experience with PowerPoint and excel.*

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.

- *None*

List a description of duties your agency expects to be fulfilled by interns. Please include additional literature if desired.

- *Attending health fairs and community events*
- *Preparing and shadowing tobacco cessation classes in the community*
- *Assisting staff with phone calls with tobacco cessation clients and class logistics*
- *Creating presentations on variety of topics*
- *Assisting staff with special projects such as worksite wellness, oral health education, and health insurance navigators*

List any important information about your agency.

- *Tobacco free environment.*

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: _____