## 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	ble to accept inte	erns?	
Fall (August – December)	Spring (Ja	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	terns (i.e. housin	g, health insura	nce, 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.)
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.
" 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: