

Prospective Internship Site Profile
Department of Health Education & Behavior

Location: Ocala FL Date: 10/13/2020
City State

Agency: Absolute Health Internal Medicine and Peds

Contact: Mike Stepen

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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):

m-f 8am-5pm, weekends commitments include health fairs and events when applicable

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): \$50 weekly

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

Paid amount is for weekly travel expenses

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

Professional work attire, lab coat

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

First aid/CPR

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.

Immunization record and additional application before interview

Provide a comprehensive list of health education internship duties, which will be assigned to your HEB senior intern. Please indicate with NCHEC Responsibility/Responsibilities align with each duty.

Research and access information and data as needed

Setup, coordinate, implement and evaluate lectures/health fairs

Educate and serve as Health Educator in office

Assess, plan, promote, implement and evaluate events for the community and office staff

Train staff/patients on new programs and research

List any important information about your agency.

Internship granted upon interview

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: _____
Date

Contract on File: _____