

Prospective Internship Site Profile  
Department of Health Education & Behavior

Location: Miami FL Date: July 9, 2015  
City State

Agency: The Alfano Center

Contact: Alliete Alfano

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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):

*Monday- Thursday 9am - 7pm, Friday 9am-7pm, Saturday 9am-2pm*

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.)

*N/A*

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

*N/A*

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

**HIPPA knowledge and compliance**

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.

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

*This internship experience meets most, if not all, of the NCHEC responsibilities primarily through patient history forms, evaluation process, plans of care, patient intake forms, and in-service trainings.*

*Prior to any evaluation being administered, patient information is gathered and a parent questionnaire is delivered. During the evaluation process, we access existing information and qualitative data related to the health of the patient, which gives us the best insight for which evaluation tools to use for a proper and thorough evaluation.*

*Within the evaluation process, the NCHEC responsibilities and competencies within sections I-IV are achieved in various stages. During the initial evaluation and assessment planning process, a decision on which assessment and/or instrument to administer is made, in conjunction with all prior gathered information. During the process of obtaining important health information, patient and/or parent concerns are accepted and acknowledged in order to develop patient-centered goals and objectives for the plan of care. Once an evaluation is completed and all necessary data is collected and analyzed, results are then interpreted and findings are applied to a plan of care.*

*Additionally, the NCHEC responsibilities and competencies within sections VI and VII are also met through the obtainment and dissemination of health information due to the conditions that compromise the abilities of our patients during therapy. In this way, we also provide training to individuals involved in implementation of health education, including feeding goals, allergies, and other oral mechanisms and techniques.*

*In regards to NCHEC responsibilities and competencies within section VI, the Alfano Center requires that interns demonstrate acquired knowledge by hosting an in-service. In-services usually outline the assessment/evaluation process, interpreting information obtained during evaluation, applying findings, all while being cognizant of health information that may include precautions or contraindications during therapy.*

*In regards to NCHEC responsibilities and competencies within section VII, intern responsibilities also include varying advocacy needs for patients and promoting health education. Examples at the local level include participating as a volunteer, such as at the Autism Walk. At the national level, writing letters and/or contacting influential individuals in an attempt to achieve change of laws or regulations.*

List any important information about your agency.

**We are a medical practice and HIPPA laws must be enforced.**

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: 7-15-15

Approval Expiration Date: 7-17