

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.)

Please note: All interns are required to purchase professional liability coverage for \$1,000,000.

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.

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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: _____