

# Prospective Internship Site Profile

## Department of Health Education & Behavior

Location: \_\_\_\_\_ Date: \_\_\_\_\_  
City State

Agency: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / PO Box City State / Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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):

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.)

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

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

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.*

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.

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: \_\_\_\_\_  
Date

Contract on File: \_\_\_\_\_