Prospective Internship Site Profile Department of Health Education & Behavior

Location:	G(Date:	
City		State		
Agency:				
Contact:				
Address:				
Street / PO Box		'"""City	State / Zip	
Phone:		Fax:		
Email:		Website:		
What semesters is your agency available	to accept intern	s?		
Fall (August – December)	Spring (Ja	nuary – April)	Summer (May – August)	
	V	N		
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 insurai	nce, 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.
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: