

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: Holly T. Moses 06/03/2021
Date

Contract on File: _____