



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.*

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

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:**                      CONTRACT ON FILE: \_\_\_\_\_

Approval of Intern Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Expiration Date: \_\_\_\_\_