## Prospective Internship Site Profile Department of Health Education & Behavior

Location:		Date:			
City		State			
Agency:					
Contact:					
Address: Street / PO Box					
Street / PO Box		'''''City		State / Zip	
Phone:		Email:			
Website:					
Which semester(s) is your agency availa	able to accept inte	erns?			
Fall (August – December)	Spring (Ja	Spring (January – April)		Summer (May – August)	
Typical intern working hours (Please al	so indicate any e	vening or weeke	nd time com	mitments):	
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	Pai	d (amount):	
List other benefits your agency offers in	nterns (i.e. housin	g, health insura	nce, travel rei	mbursement, etc.)	

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

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.

Would you like to be added to the Department's list of approved sites for future interns? Yes No

## FOR OFFICE USE ONLY:

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Approval of Department Internship Coordinator: \_\_\_\_\_