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

Location:	Dawson		<b>G</b> A	Date: 6/30/15
	City	-	State	
Agency:	Terrell County Ho	ealth Dept.		
Contact: _	Charlotte Law			
Address:	969 Forrester Dr.	, <i>SE</i>	Dawson	GA/39842
	Street / PO Box		City	State / Zip
Phone: 2	229-995-2188		Fax: 229-	995-2074
Email:	Charlotte.Law@dph.	ga.gov	Website:	
What sem	esters is your agency available	le to accept inter	ns?	
✓ Fall (	(August – December)	Spring (.	January – April)	✓ Summer (May – August)
Normal w	ork hours (Please indicate an <i>m M-F</i>	y evening or we	ekend time comm	itments):
Is office s	pace available to interns?	✓ Yes	☐ No	Comments
_		<b>-</b>		Comments
Is a comp	uter available to interns?	✓ Yes	□ No	Comments
Does your	r agency offer paid or non-pa	id internships?	✓ Non-paid	Paid (amount):
List other None	benefits your agency offers i	nterns (i.e. hous	ing, health insurar	ce, travel reimbursement, etc.)
List requi	red purchases for interning w	vith your agency	(i.e. parking pass,	uniform, etc.)

None

List the required skills or previous experience necessary for interning with your agency.
Excellent communication skills
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.
Immunization Record TB skin test
List a description of duties your agency expects to be fulfilled by interns. Please include additional literature if desired.
- Community Outreach for various health education programs - Patient intake
- Health promotion classes/education sessions - Work with Family Connection
List any important information about your agency.
Public Health agency that wishes to extend our resources into the local community.
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: