



# Rural South Public Health Training Center Internship Evaluation Form

## Applicant Information:

Name:

Address:

City:  State:  Zip

Phone:  E-mail:

University Currently Attended:

### Public Health Discipline/ Program Area of Trainee: (Please select one)

- Biostatistics  Epidemiology  Health services administration  Public Health Practice  Health Education
- Environmental health  Global/international health  Maternal and child health  Nutrition
- Biomedical and laboratory sciences  General Public Health Studies  Other (Please specify)

Faculty Advisor

Name of Agency: (At which you will be completing your internship)

- Clinical Setting of Agency:  Federally Qualified Health Centers (FQHC)  Health Profession Shortage Area Dental (HPSA)
- Medically Underserved Community (MUC)  Rural Setting
- Nurse Manage Health Clinincs

Hours Completed: (Required)

### Competencies offered in setting:

Choose from the following skills:

Analytical/assessment; Policy development program planning; Communication; Cultural competency; Community dimensions of practice; Public health science; financial planning and management; Leadership and systems thinking

Primary Training Competency: (Required)

Secondary Training Competency: (if applicable)

Other Training Competency: (if applicable)

### Vulnerable Populations Served: (Select all that apply)

- Children  Older adults  Adolescents  Homeless individuals  Victims of abuse/trauma  College students
- Ind. w/ menatl health/substance abuse disorders  Ind. w/ HIV/AIDS  Disabled  Recently unemployed
- Chronically ill  Returning war veterans  Current National Guard/Reserve military

Indicate if learning outcomes pertained to interprofessional/interdisciplinary teamwork:  Yes  No

## Demographic Information

**Gender:**  Male  Female      **Age:**  Under 20  20-29  30-39  40-49  50-59  60-69  70+

**Ethnicity:**  Hispanic/Latino  Non Hispanic/Latino

**Race:**  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  
 White  Unknown  More than one race

**Would you say you are from a disadvantaged or medically underserved background?**  Yes  No

**Which of the following best describes the community you are from?**  Rural  Urban  Frontier  Suburban

**Upon graduation do you intend to work in a primary care setting?**  Yes  No

**Upon graduation do you intend to work in a Medically Underserved Community?**  Yes  No

**Upon graduation do you intend to work in a rural setting?**  Yes  No

**Educational Level:** (Select the degree you will receive upon graduation)

MPH  MSPH  MS  DrPH  PhD  ScD  Other (Please specify)

**Based on learning experience, how would you rate this internship overall?**

Excellent  Good  Average  Below Average  Poor

Additional Comments

**Please provide a response to the following questions:**

**1. What did you learn through this internship that you particularly value?**

**2. What suggestions do you have for improving the RSPHTC internship program?**

**Please return completed form to:**

Diamond Collier

Rural South Public Health Training Center

University of Florida College of Public Health and Health Professions

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Or Email: d.collier@phhp.ufl.edu