

If YES, please check all that apply:

Personal Accident Insurance Personal Liability Insurance Health Insurance
Other:

PRECEPTOR/AGENCY INFORMATION

Please include a copy of the preceptor's resume or CV

Organization/Agency Name:

Preceptor's Name, Credentials and Position Title:

Address:
Street Suite/Room # City State Zip

Phone #: Fax #:

Email:

INTERNSHIP WORKPLAN

Attach a detailed work plan that includes the items below. The work plan must specify at least one special project and provide sufficient information to determine whether the project can be completed in the time allotted to this internship.

- *Internship Organization/Agency* — the purpose, mission or goals of the organization and the population(s) they serve, especially the organization's public health programs or projects.
- *Student's Goals and Objectives* — include learning objectives for all projects and activities you will be working on during your internship/practicum. Identify the objectives for your special project clearly
- *Competencies*- identify the specific MPH and concentration-specific competencies you will strengthen during your internship
- *Significance* — Describe why your internship and special project are significant to public health
- *Methods* — describe the methods (focus groups, analysis of archival data, policy analysis, etc.) you will use to carry out your project(s).
- *Timeline* — include a timeline for completion of each project or activity, with particular attention to your special project. If a particular assignment or activity will be ongoing, please indicate. Be as specific as possible.
- *Role of Participating Parties* — describe the roles of your preceptor and teammates (if applicable).

IRB APPROVAL

Have you submitted to IRB? YES NO Have you obtained approval? YES NO

Attach a copy of your approval letter. If not yet obtained, please explain and specify your timeline for acquiring approval:

Is any other approval necessary? YES NO

If yes, please explain:

Obtained? YES NO

Internship at Current Place of Employment

I understand that (student name) will be conducting an internship in the Department or Program) at (Organization Name) while maintaining employment in the (Department or Program).

During the course of the internship, the student will undertake duties and responsibilities that are different from current duties and responsibilities. Hours related to current responsibilities cannot be counted toward internship hours; neither can internship hours count as regular work hours.

Employer Signature and Date

SIGNATURES

By signing below, the participating parties indicate that they have read and approved the student's Internship/Special Project work plan/proposal.

Student Signature and Date

Agency Preceptor Signature and Date

Faculty Advisor Signature and Date

UF Internship Coordinator Signature and Date