University of Florida Master of Public Health Program

## Online Internship and Special Project Proposal

Directions: Please complete the ENTIRE application form before submitting. <u>Incomplete or handwritten applications will be automatically returned to the student unless prior arrangements have been made.</u>

STUDENT INFORMATION				
Name:				
Concentration:				
UFID:				
Mailing Address during Internship:				
Street Apt. # City State Zip				
Phone # Email				
Permanent Address				
INTERNSHIP INFORMATION				
Course: PHC 6946 Course Credits:				
Semester/Year Desired: Final Report Due Date: Public Health D	<u>ay</u>			
Project Title:				
My internship is located in a rural area  YES	NO			
My internship impacts rural populations(s)  YES				
Do you have reliable transportation?				
Do you have any disabilities that might hinder your performance during your project?YES	NO			
If yes, please explain				
Does this site require a formal contract to be signed prior to beginning internship? YES	NO			
Are you required to have insurance as result of participation in this project?	NO			

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 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:

YES

Is any other approval necessary?

If yes, please explain:			Obtained?	YES	NO
Internship at Current Pla	ce of Employme	ent			
I understand that		(student name) will be conducting an internship in the			
	Department of	or Program) at		(Organ	nization Name)
while maintaining employment in the			(Department or Program).		
During the course of the int current duties and responsil hours; neither can internshi	p hours count as	lated to current resp	onsibilities cann		
<b>Employer Signature and</b>	Date				
SIGNATURES					
By signing below, the parti Internship/Special Project v		•	e read and appro	oved the stud	lent's
Student Signature and Date	,	Agency Precept	or Signature and	l Date	
Faculty Advisor Signature	and Date	UF Internship C	oordinator Signa	uture and Dat	te