

University of Florida
Master of Public Health Program

Online Internship and Special Project Proposal

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

STUDENT INFORMATION

Name: _____ UFID: _____

Mailing Address:

Street _____ Apt. # _____ City _____ State _____ Zip _____

Phone # () _____ Email _____

INTERNSHIP INFORMATION

PHC 6946 = 5 credits- Outline which semester(s) you will be conducting your internship and how many credits per each semester:

Semester/Year: _____ Credits: _____

Semester/Year _____ Credits: _____

Final Report Due Date: last semester of internship, see date on course site

Project Title: _____

My internship is located in a rural area YES NO

My internship impacts rural populations(s) YES NO

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? YES NO

If YES, please CIRCLE all that apply:

Personal Accident Insurance Personal Liability Insurance Health Insurance

Other: _____

PRECEPTOR/AGENCY INFORMATION

Please provide us with a copy of your Preceptor's CV or resume as an attachment.

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 workplan that includes the items below. The workplan 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

Will you be collecting data from human subjects? YES NO

Is IRB approval necessary? YES NO Obtained? YES NO

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 (If applicable)

I understand that _____ (student name) will be conducting an internship in the _____ (Department or Program) at the _____ (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

Preceptor Signature and Date

Faculty Advisor Signature and Date

UF Internship Coordinator Signature and Date