

**University of West Florida
Health Education Program
Prospective Internship Site Profile**

1. Location: _____ Date Completed: _____
City State

2. Agency: _____

3. Agency mission/purpose: _____

4. Agency website (if applies): _____

5. Contact: _____

6. Address: _____
Street/P.O. Box Suite#

City

State

Zip

7. Phone: (_____) _____-_____ 8. Email Address: _____

9. ___Non-Paid ___Paid (amount) \$_____

10. Other benefits (i.e. housing, health insurance, travel reimbursement, etc.): _____

11. What type of interns does your agency seek? ___Part-time ___Full-time ___Both

12. What semesters is your agency available to accept intern placements?
___Fall (August to December) ___Spring (January to April) ___Summer (May to August)

13. Please indicate the last semester in which a UWF Health Education intern was placed with your organization (if applies): _____

14. Office space available to intern? ___Yes ___No

15. Computer available to intern? ___Yes ___No

16. Normal working hours (please indicate any evening or weekend time commitments): _____

___Very Flexible

___Somewhat Flexible

___Non-Flexible

17. Required purchases (i.e. parking passes, uniform, etc.): _____

18. Required skills or previous experience needed: _____

19. Description of intern duties (please include additional literature if desired): _____

20. Other important information about internship: _____

Please return to:

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~~Assistant Professor, Health Education~~
~~Department of Health, Leisure and Exercise Science~~
~~11000 University Parkway~~
~~Pensacola, FL 32514~~
~~Phone: (850) 473-7110 Fax: (850) 474-2106~~

Department Comments

To be completed by Health Education Internship Coordinator
