

**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.): \_\_\_\_\_

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18. Required skills or previous experience needed: \_\_\_\_\_

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

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20. Other important information about internship: \_\_\_\_\_

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**Please return to:**

~~Melissa M. Howard, PhD, MPH, CHES~~  
~~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

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