



School of Allied Health and Life Sciences
Master of Public Health

INTERNSHIP APPROVAL FORM

This form is to be completed by the student, faculty advisor and the internship preceptor and submitted to the MPH Program Director, Dr. George Stewart, Building 58, 11000 University Parkway, Pensacola, FL 32514 or sent via fax to (850) 474-2749 before any internship activities begin.

STUDENT NAME	UWF ID #	STUDENT EMAIL
SEMESTER/YEAR OF INTERNSHIP	APPROX. WORK HRS/ WEEK	SEMESTER HRS

Approximate work hours/week refers to the hours devoted to the internship project. Students accepted into the program before Fall 2008 must satisfy the 6.0 semester hours of internship course credit with 160 total work hours over the semester(s) of enrollment in the Public Health Internship course (PHC 6946). Beginning in Fall 2008 students will be required to complete this requirement with 180 total work hours.

INTERNSHIP PRECEPTOR

Preceptor must already be approved by the MPH Program Director and Internship Coordination Committee before this form is submitted. Please submit [Preceptor Approval Form](#) first.

NAME: _____

CONTACT INFORMATION: PHONE: _____ EXT: _____

EMAIL: _____

AGENCY NAME: _____

ADDRESS: _____

SITE OF INTERNSHIP: _____

DATES OF INTERNSHIP: _____

PREPARATION FOR INTERNSHIP

Students are expected to be academically prepared for the internship with the following completed core courses:

Course Name	Semester/Year Completed
MPH core:	
STA 5176 Biostatistics	
PHC 6000 Epidemiology for Public Health Professionals	
HSA 5115 Health Care Policy and Administration	
PHC 5410 Social and Behavioral Sciences in Public Health	
PHC 6018 Survey of Environmental Problems	
<input type="checkbox"/> PHC 6196 Computer Applications in Public Health or	-----
<input type="checkbox"/> PHC 6015 Epidemiological Study Design and Statistical Methods	

INTERNSHIP PROJECT DESCRIPTION (Attach extra sheets as needed)

Describe the goals of the internship in terms of skills, knowledge and experience to be acquired. MPH students must also describe the competencies to be attained during this placement. See the **Table of Competencies for MPH Internships** for competency descriptions needed to complete this section. Each internship experience should reinforce the core competency areas of the MPH program: biostatistics, environmental health, epidemiology, health care policy and administration, and social and behavioral sciences in public health, in addition to cross-cutting competencies in communication and informatics, diversity and culture, leadership, professionalism, program planning, systems thinking, and public health biology. Tailor the competencies to the specific tasks to be undertaken in the internship. Attach extra sheets as needed.

Describe the specific activities of the internship/field placement which will lead to the accomplishment of the goals stated above. Attach extra sheets as needed.

Describe the resources (e.g. space, supplies, equipment, access to confidential information, transportation, etc.) needed for the internship placement and the source of these resources.

INTERNSHIP TIMELINE

A proposed schedule for the internship/field placement must be submitted to Dr. George Stewart approximately one month after the field placement begins and well before the 60 hour and 90 hour reviews. The student must keep documentation of hours worked and activities for each week using the [Monthly Internship Review Form](#). The log will help the student in putting together the culminating experience final report and assist in planning the development of the oral defense of the internship experience.

INSTITUTIONAL REVIEW BOARD APPROVALS

Is UWF IRB approval required?

Yes No Unknown

Is IRB approval required from the host internship site? (e.g., FDOH, hospital, etc.)?

Yes No Unknown

ADDITIONAL REQUIRED DOCUMENTATION

Is a signed copy of the School of Allied Health and Life Sciences MPH [Honor Code Form](#) attached? (This form is required prior to the initiation of the internship.)

Yes No

Is a **Certificate of Completion** of the National Institutes of Health "Protecting Human Research Participants" course attached? (This certificate is required prior to the initiation of the internship.)

Yes No

Student Signature:

STUDENT DATE

Approval Signatures:

Approved Denied

PRECEPTOR DATE

Approved Denied

MPH FACULTY ADVISOR DATE

Approved Denied

MPH INTERNSHIP COORDINATOR DATE

Approved Denied

MPH DIRECTOR DATE