

University of Florida
Master of Public Health Program

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: _____

Concentration: _____

Mailing Address during Internship:

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

Phone# _____ Email _____

Permanent Address

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

INTERNSHIP INFORMATION

Course (please check one): _____ PHC 6946 _____ Course Credits: _____

Semester(s)/Year Desired: _____ Final Report Due Date: _____ Last Day of Classes _____

Project Title: _____

My internship is located in a rural area YES NO

My internship will be done remotely YES NO

Will you be directly working with patients? YES NO

My internship impacts rural populations(s) YES NO

Do you have reliable transportation? YES NO

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 starting internship? YES NO

Are you required to have insurance as result of participation in this project? YES NO

If YES, please check all that apply:

Personal Accident Insurance Personal Liability Insurance Health Insurance

Other (Please specify): _____

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:

Site:

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.

Internship:

The work plan must provide sufficient information to determine whether the internship can be completed in the time allotted.

- *Student's Goals and Objectives* — include learning objectives for all projects and activities you will be working on during your internship. Identify the objectives for your internship clearly
- *Competencies*—identify the specific MPH and concentration-specific competencies you will strengthen during your internship (minimum 3 core, minimum 2 concentration).
- *Significance*—describe why your internship is significant to public health
- *Tasks, Responsibilities, Projects* — please describe all the tasks, projects, responsibilities and assignments that you will engage in to complete your required internship hours.
- *Role of Participating Parties*—describe the roles of your preceptor and teammates (if applicable).

Special Project:

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.

- *Student's Goals and Objectives* — include learning objectives for all projects and activities you will be working on for your special project. Outline them clearly.
- *Competencies*- identify the specific MPH and concentration-specific competencies you will strengthen during your special project (minimum 3 core, minimum 2 concentration).
- *Significance* — describe why your special project is 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, if a particular assignment or activity will be ongoing, please indicate. Be as specific as possible (describe monthly at minimum).
- *Role of Participating Parties* — describe the roles of your preceptor and teammates (if applicable).

Please complete the statement below if internship is at current place of employment.

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

Date

