



Directions: The signed Internship Proposal Form, Internship Site Profile, Internship Proposal Work Plan, and Preceptor CV/Resume should be sent all together to the APE Coordinator.

Please allow for plenty of time (we recommend at least two weeks) to obtain signatures from all parties before the due date. Ensure all holds are lifted from your ONE.UF account before submitting. Incomplete applications will not be accepted. If you have questions or concerns, contact the MPH APE Coordinator.

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 Credits: _____ Semester(s)/Year Desired: _____

Final Work Products Due Date: Last Day of Classes

My internship will be done remotely YES NO

Will you be directly working with patients? 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: _____

Questions to ask your preceptor:

Does this site require a formal contract (ex., general affiliation agreement)? YES NO

Will you be working on projects that have or will require an IRB? YES NO

Does the internship require proof of COVID-19 vaccination? 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

Organization/Agency Name: _____

Preceptor's Name, Credentials and Position Title:

Address: _____
Street Suite/Room # City State Zip

Phone#: _____ Fax#: _____

Email: _____

Please ONLY complete the statement below only 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

Directions:

Students, please complete the sections of the work plan in detail. This document is meant to serve as an informative proposal for the APE Coordinator and Faculty Advisor to gain more insight on your intended internship experience. You are expected to complete this form individually; input from your internship Preceptor will be necessary.

INTERNSHIP WORK PLAN

1. Internship Organization/Agency

Directions: Outline the purpose, mission, or goals of the internship site and the population(s) they serve, especially the site's public health programs or projects.

NOTE: University-affiliated internship sites must be primarily focused on community engagement (CEPH, 2016). If you are completing your internship in a university-affiliated setting (ex., a lab), please explain how you will be engaging with the community during your internship.

2. Competencies

Directions: Identify at least five specific MPH foundational and/or concentration-specific competencies you will strengthen during your internship. Please include both the number and the competency alongside it.

Example:

F22: Apply systems thinking tools to a public health issue

Epi3: Evaluate the multifactorial etiology and pathophysiology of chronic diseases

3. Student's Goals and Objectives

Directions: Outline at least three specific and measurable personal and/or professional goals you have for this internship. How will these goals help you strengthen the competencies you outlined in question 2?

4. Significance

Directions: Describe why your internship is significant to public health and how it will aid you in developing your skills as a public health professional. Consider your transition to practice following your graduation from the MPH program.

5. Tasks, Responsibilities, Projects

Directions: Please describe the potential tasks, projects, responsibilities, and assignments that you have discussed with your Preceptor that you will engage in to complete your required internship hours.

6. Potential Portfolio Work Products

Directions: Which of the tasks, responsibilities, and projects listed in question 5 could become or be presented as portfolio work products? A bulleted list is sufficient.

7. Timeline

Directions: Include a draft of a timeline that outlines the projects, activities, and tasks you could be/will be completing during your internship. The timeline could be weekly or biweekly depending on your internship. If a particular assignment or activity will be ongoing, please indicate. Be as specific as possible and consider the development of your work products in the timeline.



