UF | Master *of* Public Health
COLLEGE *of* PUBLIC HEALTH AND HEALTH PROFESSIONS

Internship Proposal Packet
PHC6941: The Applied Practice Experience

Student Information	
Name	
UFID	
Concentration	
Faculty Advisor Name	
Faculty Advisor Email	
Mailing Address *(During internship)*	
Permanent Address	
Semester Desired	
# Of 6941 Course Credits *1 credit = 50 internship hours*	

Agency Information	
Name	
Address	
Does this site require a formal contract? *(ex., general affiliation agreement)*	

Internship Logistics	
On-site/Remote/Hybrid?	
Will you be working directly with patients?	
Does the internship require proof of COVID-19 vaccination?	

Interning at Current Place of Employment		
My internship will be completed at my place of current employment	☐ YES	☐ NO

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

I, _____, will be conducting my internship at my place of
Student Name

employment. I understand that my direct supervisor, _____,
Direct Supervisor Name

cannot serve as my internship preceptor. During the internship, the duties and responsibilities of my internship are different from my current duties and responsibilities at work. I understand that hours related to current work responsibilities cannot be counted towards internship hours and vice versa.

_____

Student Name **Date**

_____

Direct Supervisor Name **Date**

Preceptor Information	
Name	
Credentials	
# Years of Public Health Experience	
Current Position	
Email	
Phone Number	

Internship Work Plan

Directions: This document is meant to serve as an informative proposal for the APE Coordinator to gain more insight on your intended internship experience. You are expected to complete this form individually with input from your internship preceptor.

1. Internship Organization/Agency

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

***NOTE:** University-affiliated internship sites must be primarily focused on community engagement (CEPH, 2021). 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.

****IF YOU ARE INTERNING AT YOUR PLACE OF EMPLOYMENT:** Please describe your current work duties and how your internship duties will be different.

2. Public Health Competencies

Directions: Identify at least 5 specific foundational and/or concentration specific competencies that you will strengthen during your internship. Please include both the number and 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 3 specific and measurable personal and/or professional goals that you have for this internship experience. How will these goals help you strengthen the competencies that 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: It is an MPH program requirement that students complete a minimum of 2 portfolio products when they are enrolled in PHC6941. 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.

Example:

- An instruction manual for COVID-19 contact tracing investigations
- A social media campaign for the agency's website

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. Please consider the development of your work products in the timeline.

Signatures

Directions: By signing below, the participating parties indicate that they have read and approved the student's internship proposal packet.

***NOTE:** Please **DO NOT** send forms to the UF APE Coordinator until the student and preceptor have signed the document.

Do not forget to include a copy of the preceptor's resume or CV to your submission.

_____

Student Signature Date

_____

Internship Preceptor Signature Date

_____

APE Coordinator Signature Date