

## Section A

## PUBLIC HEALTH INTERNSHIP CHECKLIST

This checklist is provided to help you through the planning and completion phases of the internship. Please make sure you **have discussed your internship experience with your advisor or internship coordinator**.

### **BEFORE YOU BEGIN THE INTERNSHIP**

- Decide on the type of internship experience desired. (For example: health and wellness, community health, non-profit organization, health information technology, etc.)
- Select a site for the internship.
- Call/contact the internship site as early as possible to determine availability of internships and to schedule an appointment for an interview, if required.
- **Register for PH 488 and select the correct section.** (Please discuss the credit number and section number with your advisor or internship coordinator prior to registration).
- Read and fully understand the Internship Policies and Procedures (See. B).
- On the Internship Agreement Form (See C), obtain the necessary signatures, your own, the on-site supervisor plus the UE internship coordinator).
- Return Internship Agreement Form to your UE internship coordinator.
- Supply the internship site with any needed material required by the site (health records, applications, record such as an immunization record).
- Have you ever been convicted of a felony?       Yes       No

### **DURING YOUR INTERNSHIP**

- Keep a daily log of your activities. (Be sure you have discussed this with you advisor or internship coordinator)
- Make sure you provide the on-site supervisor with the **MID-TERM Internship Evaluation Form** (Section D). Return this form to the UE internship coordinator.
- Make sure you provide the on-site supervisor with the **FINAL Internship Evaluation Form** (Section E). Return this form to the UE internship coordinator.

### **UPON COMPLETION OF YOUR INTERNSHIP**

- Turn in your daily log
- Turn in your written summary of the internship experience along with a reflection of your experience. Each a minimum two pages.
- Discuss the internship with your advisor (You may be asked to provide a presentation of your internship experience to a group).
- **Sign and return the checklist upon completion of internship.**

Signature – UE Student Intern \_\_\_\_\_

## Section B

### PUBLIC HEALTH INTERNSHIP POLICIES AND PROCEDURES

#### I Introduction

Students with a major in Public Health are required to complete 3-6 credit hours of PH 488 internship credit. Individual internships may be completed in a variety of areas which might include health and wellness, community health clinics, hospitals, health department, non-profit organizations, etc.

#### II Departmental Policies and Procedures

Internships are academic experiences designed to provide the students with practical exposure in a field or fields related to their academic majors. Interns may work in a variety of settings and are supervised by external on-site personnel and a UE faculty coordinator. Each internship experience carries academic credit dependent upon the number of hours on site.

##### A. Policies

1. **PH 488 is open to Public Health majors.**
2. A student must be classified as a (preferably) *junior or senior* in order to register for and participate in an approved internship experience. Sophomores may enroll in an internship experience with consent of the academic advisor.
3. All interns who are Public Health majors must be CPR certified to perform an internship.
4. All students registered for an internship will receive a letter grade for their performance based on the evaluation of the on-site supervisor in conjunction with the UE faculty coordinator.
5. **All students registering for an internship must first complete the PH 488 Internship Agreement form (see Sec. C). The agreement form must be fully completed prior to the start of the internship.**

##### B. Registration Policies:

1. One credit hour will equal the successful completion of 45 on-site work hours (i.e., 3 academic credit hours will equal 135 on site hours).
2. All internships *must* be completed in the same semester in which the student registers for PH 488.
3. Prior to the semester in which the internship will be experienced, the student must meet with her/his faculty advisor to discuss appropriate internship possibilities.
4. **It is the responsibility of the student to select and arrange the internship experience.**
5. The students must complete the Internship Agreement form (Section C) prior to the start of the internship experience. It is the responsibility of the student to return the forms upon completion of the internship.

### **C. Professional Conduct:**

1. Students are representing the University of Evansville, the School of Health Sciences and the Public Health Program. As such, students are expected to present themselves in a *professional* manner during the internship experience.
2. Students will observe all policies and procedures of the on-site internship provider.
3. The student, UE faculty coordinator or on-site supervisor may request removal of the student from the internship experience.

### **D. Assignment Responsibilities:**

1. It will be the responsibility of the student to arrange regularly scheduled consultations (either in person, phone or email) with their UE faculty coordinator during the course of the internship.
2. Students are responsible for transportation to and from the internship site.
3. Students are expected to keep a written evaluation of their experiences. This will include the date, day, time on-site plus the total number of hours for that session. For example: March 3, 8:00-11:00 a.m. (3 hrs). They shall also provide for each experience a summary of responsibilities/duties.
4. A summary of the student's internship, along with the daily log will be turned in at the end of the semester to the UE faculty coordinator. The summary should include a self reflection component as well as a review of the internship experience.
5. Should any problems or difficulties occur during the course of the internship the student should consult the UE faculty coordinator concerning a proper course of action.

### **E. Grading/Evaluation**

1. The immediate on-site supervisor for the student's internship will be responsible for evaluating the performance of the student relating to her/his internship responsibilities. The on-site supervisor will base performance on student attitude- application to task(s), initiative, dependability, maturity and poise, judgment and overall performance (section D).
2. In addition to the grade recommendation made by the on-site supervisor, the UE faculty coordinator will objectively evaluate the student's written daily log and summary of internship experience. An oral presentation of the student's internship experiences to the EXSS faculty and interested EXSS students may also be required (Please check with your UE internship advisor).

## **F. Health Requirements**

Many facilities require some specific health information to insure safety of both clients/patients and students. The student should check with the internship facility to determine what, if any, health information they require. The student should be prepared to supply the following (health) information.

1. Proof of immunization for: german measles (rubella), measles (rubeola), mumps, chicken pox (varicella) and poliomyelitis.
2. Provide proof of a negative TB skin test or chest X-ray.
3. Demonstrate immunization against Hepatitis B.
4. Demonstrate proof of Cardiopulmonary Resuscitation (CPR).
5. Background check.

Section C

**PUBLIC HEALTH INTERNSHIP AGREEMENT**  
**School of Health Sciences**

Name \_\_\_\_\_  
Major \_\_\_\_\_  
Semester of internship \_\_\_\_\_

This is to certify that \_\_\_\_\_, will be completing course requirements for  
**PH 488 - Internship** -- for \_\_\_\_\_ semester credit hours x 45 = \_\_\_\_\_ on site hours.

Student's Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
\_\_\_\_\_

Internship Provider: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On Site Internship Supervisor: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_

UE Internship Advisor: \_\_\_\_\_  
Phone: \_\_\_\_\_

Expected Internship Experiences: \_\_\_\_\_  
These experiences will be \_\_\_\_\_  
Graded on Final Evaluation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Section D**

**UNIVERSITY OF EVANSVILLE  
MID-TERM INTERNSHP EVALUATION**

Please evaluate the student intern at the Midpoint of her/his internship. Please return the evaluation to the UE internship coordinator via Email, mail or fax. Contact information below.

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_  
UE internship coordinator: \_\_\_\_\_  
Major/Majors: \_\_\_\_\_  
Semester and Year (of internship): \_\_\_\_\_  
Dates: \_\_\_\_\_ to \_\_\_\_\_  
Internship Credit Hours: \_\_\_\_\_

**INTERNSHIP SITE INFORMATION**

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Site Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Instructor:** The on-site supervisor should evaluate the student objectively, comparing him/her with other students of comparable academic level, with other personnel assigned the same or similar positions or with individual standards. Remarks are particularly helpful and appreciated.

Please use the following scale for evaluation:

A = Outstanding      B = Very Good      C = Average      D = Marginal      F = Unsatisfactory

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Return Evaluation to:**

Internship Coordinator  
University of Evansville  
School of Health Sciences  
1800 Lincoln Avenue  
Evansville, IN 47722  
Fax: 812-488-2087      Email: [cs315@evansville.edu](mailto:cs315@evansville.edu)

\_\_\_\_\_  
**Signature      On-Site Supervisor**

**Section E**

**UNIVERSITY OF EVANSVILLE  
FINAL INTERNSHIP EVALUATION**

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_

Major: \_\_\_\_\_

Semester of Internship: \_\_\_\_\_ Year \_\_\_\_\_

Dates of Internship: \_\_\_\_\_ to \_\_\_\_\_

Internship Credit Hours: \_\_\_\_\_

**INTERNSHIP SITE INFORMATION**

Supervisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Site Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Instructor:** The immediate supervisor should evaluate the student objectively, comparing him/her with other students of comparable academic level, with other personnel assigned the same or similar positions or with individual standards. Remarks are particularly helpful and appreciated.

**I. Internship Task** (Please transfer from Internship Agreement, section C)

<b>Task</b>	<b>Grade</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Task-Related Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please evaluate the student for each item below.

Please use the following scale for evaluation:

5 = Excellent    4 = Good            3 = Average    2 = Below Average            1 = Poor            NA = Not Applicable

<b>Item For Evaluation</b>	<b>Rating</b>					
Reliability ( Promptness, punctuality, attendance)	5	4	3	2	1	NA
Appearance (appropriate to setting)	5	4	3	2	1	NA
Evidence of enthusiasm in work	5	4	3	2	1	NA
Ability to learn	5	4	3	2	1	NA
Demonstrates initiative	5	4	3	2	1	NA
Works well under supervision	5	4	3	2	1	NA
Works independently	5	4	3	2	1	NA
Communicates well with other staff and supervisor	5	4	3	2	1	NA
Maturity and Poise	5	4	3	2	1	NA
Response to supervision (Accepts and responds positively to constructive criticism)	5	4	3	2	1	NA
Judgment	5	4	3	2	1	NA
Demonstrates professional attitude	5	4	3	2	1	NA
Ability to problem solve	5	4	3	2	1	NA
Ability to relate and work with clients	5	4	3	2	1	NA
Proficient using tools and/or instruments	5	4	3	2	1	NA
Quality of work	5	4	3	2	1	NA

**Overall Performance**

(Please Circle One)

A	B	C	D	F
Outstanding	Very Good	Average	Marginal	Unsatisfactory

\_\_\_\_\_  
On-Site Supervisor Signature

\_\_\_\_\_  
Date