
Form A—SUPERVISORY ACCEPTANCE FORM & CLARIFICATION OF INTERNSHIP CONTRACT

The agency hereby accepts the following student as an intern for the dates noted and under the specifications listed below:

Name of Student		Date	
Agency Name			
Agency Street Address	City	State	Zip Code
E-mail Address	Agency Phone		Other
Days Intern Will Work (e.g., Mon.-Thurs.)		Approximate Hours (e.g., 9:00-4:00)	
Internship Starting Date		Internship Terminating Date	

General Description of Assignment:

General Responsibilities of the Site Supervisor:

- Keep in contact with the WSU faculty advisor. They will be calling or emailing you occasionally to get reports on the internship student. Please voice any questions, comments, and/or concerns you may have about the student's performance.
- Be the student's advisor on the job site. The student should feel comfortable coming to you with their questions and concerns.
- Inform student and faculty advisors about the rules and regulations of the agency. Make sure that students are aware of the safety rules and that they are abiding by them at all times.
- Fill out all necessary paperwork and return to the student. The student will provide you with all necessary paperwork (e.g., internship objectives).
- Inform the student of your agency's indemnification coverage for personal liability and for medical malpractice. If insurance is available to the student, allow them to fill out the necessary paperwork.
- Acquaint student with resources and materials used at the job site and allow the students to make copies for their internship notebook.

I have read and understood the responsibilities that are required of me and of the other persons involved in this internship experience. I will do what is required of me in order for this internship experience to be the most beneficial to all parties involved.

Site Supervisor Signature	Date
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Form B—INTERNSHIP DESCRIPTION & OBJECTIVES

Name of Internship Student

Date

Agency Name

Job Description: Please describe your responsibilities for this agency while participating in your internship. (These responsibilities should be consistent with the Entry-Level Competencies for Health Educators as described by The National Commission for Health Education and can be found at: [http://www.nchec.org/.](http://www.nchec.org/))

Internship Project: During your internship, you will be expected to complete at least one significant project (curriculum guide; teaching presentations; media development; needs assessment; etc.). You are to function as an active participant in a professional role (not observe!). Please describe the “project” that you will complete while participating in your internship.

Internship Objectives: Designate 3-5 objectives specific to your job role (job description) and to the project that you plan to complete. Students should try to write objectives that directly relate to CHES competencies. A well-written objective contains an observable behavior, the conditions under which you expect that behavior to occur, and how you will judge whether you have been successful in meeting the objective. **Attach additional pages if necessary.*

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Student Signature

Date

Site Supervisor Signature

Date

Faculty Advisor (or Internship Coordinator)

Date

Form C – REQUEST FOR INTERNSHIP

Academic term internship is requested: Summer, 20____ Fall, 20____ Spring, 20____

Student Name

Date

E-mail Address

Phone

Student ID (W#)

Agency Name

Agency Street Address

City

State

Zip Code

As a student of Weber State University within the Department of Health Promotion and Human Performance I agree to commit to an internship with the agency listed above. I agree to complete _____ total hours, equivalent to _____ credits, which will be completed in a timely and agreed upon time frame. The internship will begin on (Month/Day/Year) _____ and end (Month/Day/Year) _____. I am contracting to work _____ hours per week and my assignments (e.g., 1st quarter-report, Midway Report) will be submitted in accordance with this schedule. I understand that my failure to complete the said internship will result in an unofficial withdrawal (UW) from Health 4860. It is also understood that a 'T' grade will be given if the internship carries over into the next semester, with the knowledge that the internship should be completed within one year from the time my internship begins. If one year expires without the completion of all the requirements, I understand that I will receive a grade reflecting the work I have completed up to that date. As a representative of WSU and the agency for which I am working, I recognize that I have a responsibility to maintain confidentiality and do the quality of work expected by the supervisor and agency. I recognize that failure to do so can result in termination of my internship experience. The Health Promotion Internship Coordinator will be the first line of contact between WSU and the agency in an attempt to solve any problems that may arise and which may affect the student's ability to finish his/her internship. Realizing of course, that depending on the problem, there may not be anything that can be done to resolve the situation.

My signature below indicates that I meet the above academic criteria and understand the general professional guidelines that accompany enrollment in HLTH 4860 at Weber State University.

Student Signature

Date

Faculty Advisor (or Internship Coordinator)

Date