

READ THIS FIRST: This form is required for ALL students wishing to receive academic credit for an internship through PH 285. Please provide accurate and complete information below to ensure the quickest turnaround for the approval process. **INTERNATIONAL STUDENTS** must submit proof of CPT Workshop Attendance along with this petition; contact ISSP for more information regarding the workshops.

STUDENT INFORMATION

Student Name: _____

Fresno State Email: _____@mail.fresnostate.edu

Semester applying for internship credit: Spring Fall YEAR: _____

COMPANY INFORMATION

Please note the following: The internship must be at least 90 hour per semester over 10-15 weeks and must be supervised by someone who holds a Master's Degree, preferably an MPH and who is in a supervisory position. A student may not complete an internship under the supervision of a parent or other family member. We reserve the right to contact the proposed supervisor to verify information contained on this proposal.

Internship Site Agency/Organization Name: _____


Business Address: _____

Phone Number: _____ Website: _____

Proposed Internship Site Supervisor Name: _____

Title: _____ E-mail: _____

Have you (the student) or are you currently working for this organization? Yes No

If yes, you must find an alternative location as department policy does not allow students to complete their internship at their current places of employment. 

PROPOSED INTERNSHIP POSITION INFORMATION

Type of Organization: For-Profit Non-Profit Government Other

Select One: Unpaid Internship Paid Internship Rate of Pay: _____

Hours per Week: _____ Proposed Start Date: _____ Proposed End Date: _____

PROPOSED INTERNSHIP POSITION INFORMATION (CONTD)

Proposed Internship Job Title: _____

Detailed Proposed Position Description

Role and Responsibilities – A description of the Public Health Core Competencies for Public Health Professionals, responsibilities and activities a candidate to assume in this position.

Qualifications and Education Requirements – A description of the work experience and educational background that a candidate should have when applying for the position.

Preferred Skills – A description of any additional skills or experience that would be considered favorable for a candidate who is applying for this position.

Additional Notes

Goals – Briefly list what you expect to accomplish during your Internship experience. Be specific with regard to particular knowledge and skills you want to gain.

- 1.
- 2.
- 3.
- 4.
- 5.

Special Needs/Interests – Indicate any special needs or interests (educational or personal) which may be relevant to your field training placement

- 1.
- 2.
- 3.

LEARNING OBJECTIVES / ACTIVITIES AND PROJECTS

In addition to the position description provided above, in the matrix below state what you (the student) hope to learn from your internship experience. Also, state what activities or projects you (the student) will be participating in during your internship that will allow you to achieve your learning objectives. The student will work collaboratively with their internship course faculty and the internship site supervisor to develop these objectives and projects.

Core Competencies for Public Health Professionals

http://www.phf.org/resourcestools/Documents/Core_Compencies_for_Public_Health_Professionals_2010_May.pdf

Public Health Core Competencies Incorporated into the Master of Public Health Program

Describes the characteristics of a population-based health problem (i.e., equity, social determinants, environment) (1C2)

Develops plans to implement policies and programs (2B7)

Interprets demographic, statistical, programmatic, and scientific information for use by professional and lay audiences (3C5)

Incorporates strategies for integrating with persons from diverse backgrounds (i.e., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious orientation, mental and physical capabilities) (4B1)

Conducts a comprehensive review of the scientific evidence related to a public health issue, concern, or intervention (6B5)

Incorporates the CORE Public Health Functions and Ten Essential Services of Public Health into the practice of public health sciences (6C3)

Applies the basic public health sciences (including, but not limited to, biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences) to public health policies and programs (6C4)

Prepares proposals for funding from external sources (7B10)

Establishes mentoring, peer advising, coaching or other personal development opportunities for the public health workforce (8B6)

LEARNING OBJECTIVES / ACTIVITIES AND PROJECTS

For this part of your internship experience you must write a set of objectives based on at least three Public Health Core Competencies

1. Write three to five SMART Objectives <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>
2. Describe at least three strategies you plan to use to integrate persons from diverse backgrounds (see competency 4B1).
3. Describe personal development opportunities you plan to gain from this internship (see Competency 8B6).

LEARNING OBJECTIVES	ACTIVITIES/PROJECTS
Objective No. 1	
Objective No. 2	
Objective No. 3	
Objective No. 4	
Objective No. 5	

STUDENT PARTICIPATION AGREEMENT

1. I (the student) will devote _____ hours per week towards completion of the learning objectives listed in my learning plan for a total **90** internship service hours, effective from _____ to completion. I agree to complete any paperwork and orientations required by my professor or site supervisor as part of this learning activity.
2. I understand and acknowledge that there are potential risks associated with this internship, some of which may arise from **(a)** my assigned tasks and responsibilities, **(b)** the location of the learning activity, **(c)** the physical characteristics of the Internship Site, **(d)** the amount and type of criminal activity or hazardous materials at or near the location of the Internship Site, **(e)** any travel associated with the Internship, **(f)** the time of day when I will be present at the Internship Site, **(g)** the criminal, mental and social backgrounds of the individuals I will be working with or serving, and **(h)** the amount of supervision I will receive. I further understand and acknowledge that my safety and well-being are primarily dependent upon my acting responsibly to protect myself from personal injury, bodily injury or property damage. Being aware of the risks inherent in this Internship, I nonetheless voluntarily choose to participate in this Internship. I understand that I may stop participating if I believe the risks become too great.
3. Acknowledging all of the above, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from and during the activity. I understand that I may stop participating at any time if I believe the risks become too great.
4. I understand that until a signed Experiential Learning Agreement is executed with my requested organization, I assume full responsibility and liability while interning at this site, which is detailed in the Release of Liability/Emergency Contact form that must be signed by all student internship participants. Once an Experiential Learning Agreement has been signed and executed, I will be covered by the University's General Liability Insurance program while enrolled in this internship course. If an Experiential Learning Agreement is not fully executed prior to the start of my internship, and I do not agree to fully accept liability, I will contact my faculty member about locating an alternate internship site.
5. While participating in this Internship, the student will not **(a)** report to the Internship Site under the influence of drugs or alcohol; **(b)** give or loan money or other personal belongings to a client; **(c)** make promises to a client the student cannot keep; **(d)** give a client or representative a ride in the student's personal vehicle; **(e)** engage in behavior that might be perceived as harassment of a client or Internship Site representative; **(f)** engage in behavior that might be perceived as discriminating against an individual on the basis of their age, race, gender, sexual orientation, physical and/or developmental or intellectual capacity or ethnicity; **(g)** engage in any type of business with clients during the term of my placement; **(h)** disclose without permission the Internship Site's proprietary information, records or confidential information concerning its clients; or **(i)** enter into personal relationships with a client or Internship Site representative during the term of my placement. The student understands that the Internship Site may dismiss me if I engage in any of these behaviors.
6. Will attend work during scheduled work hours except for cases of illness or legitimate emergency: **(a)** Student will seek approval by the assigned Preceptor (Internship Site Supervisor) for any other absences; **(b)** Understand that tardiness is unacceptable and that you must arrive each day at the time specified by your assigned Preceptor (Internship Site Supervisor); **(c)** Understand that it is the student's responsibility to communicate any exceptions of this policy to the assigned Preceptor as soon as possible.
7. Show the ability to accept suggestions and/or criticisms expressed by the assigned Preceptor and Internship Coordinator, and subsequently make an effort to overcome the identified weaknesses or deficiencies.
8. Willingly accept assignments and demonstrate the initiative to complete the objectives of the Department of Public Health internship experience. The student will direct any questions regarding their assignments to their assigned Preceptor.
9. Adhere to a standard for professional ethics and student code of conduct as listed below:
 - a. All information, regarding or related to the Agency and or placement site's clients, is kept confidential
 - b. Display a high regard for each participant, show enthusiasm for each work area and assigned duties

STUDENT PARTICIPATION AGREEMENT (con't)

- c. Always be sympathetic and courteous towards all participants
 - d. Set a good example to your assigned placement site in every way-physically, mentally, socially, and ethically
 - e. Refrain from imposing your religious or political beliefs upon participants, clients, co-workers, or staff. Exhibit a broad, tolerant attitude toward other groups and individuals
 - f. Dress in a manner that is exemplary and professional that well represents the Department of Public Health
9. Each student will keep a log of hours worked and activities performed. The form will be signed by the preceptor and submitted to the Internship Coordinator.
 10. The student agrees to contact the University's Administrator of Environmental Health & Safety, Risk Management at (559) 278-6910 if the student believes that they have been discriminated against, harassed or injured while engaged in this Internship. Please call Campus Police after hours 278-8400.
 11. The student understands and acknowledge that neither the University nor the Internship Site assumes any financial responsibility in the event the student is injured or become ill as a result of the student participating in this learning activity. The student understand that they am personally responsible for paying any costs they may incur for the treatment of any such injury or illness. The student acknowledge that the University recommends that the student carry health insurance.
 12. By signing this proposal the student indicating that the above information is true and fact. The faculty reserves the right to decline the proposal if the faculty discovers any information that is not truthful or rightfully represented during the proposal approval process. The faculty will additionally verify my academic records to ensure that I am eligible to enroll in the PH 175, PH 185 or PH 188 course. Submission of this proposal and learning plan does not guarantee an approval and/or eligibility to enroll.
 13. For purposes of this Agreement, "Confidential Information" shall include all information or material that is covered by the Health Insurance Portability and Accountability Act of 1996 as amended. The definition shall extend to any other information regarded as confidential by my Agency.
 14. **The student agrees and commits to abide by the Public Health Code of Ethics.**

Failure to adhere to any of these expectations will result in the following outcomes:

1. First occurrence: The student and Internship Coordinator will meet to discuss expectations
2. Second occurrence: The Internship Coordinator will convene a meeting with the student and the assigned Preceptor to discuss expectations
3. Third occurrence: The student will receive "NC" (No Credit) for the units for the semester. Student may also be removed from the program.

STUDENT AGREEMENT TO SAFEGUARD CONFIDENTIAL INFORMATION

I, _____, student intern for _____, do certify my understanding that any and all information to which I have access as part of my prescribed duties at my place of internship shall be treated as confidential. Any breach of confidentiality will result in the immediate termination and may result in civil or criminal prosecution.

It is a breach of professional ethics to reveal confidential communications without the express consent of the person/patient.

_____ **I have read and agree to abide by the professional Code of Ethics in my chosen discipline as well as the confidentiality rules of my placement agency.**

CRITERIA FOR ON-SITE PRECEPTOR (INTERNSHIP SITE SUPERVISOR)

- _____ Preceptor must possess a Master's level degree or higher (a degree in public health is preferred).
- _____ Preceptor must be in a supervisory position for a period of no less than five years.
- _____ A job description must be on file for every student with both the preceptor and the department.
- _____ Preceptor must provide a learning environment for student during internship experience.
- _____ Preceptor and student must relate the student's internship experience to the 10 Essential Public Health Services and the Entry Level Competencies for Health Educators.
- _____ Preceptor is to complete a mid-term evaluation of the student which is to be signed by the student and given to the Internship Coordinator.
- _____ Preceptor is to complete a final evaluation of the student which is to be given directly to the Internship Coordinator.
- _____ Preceptor must adhere to campus policies regarding sexual harassment. These policies can be found at <http://www.fresnostate.edu/catoffice/current/policies.html>
- Preceptor and student must relate the student's internship experience to the Core Competencies for Public Health Professionals
 - Incorporates strategies for integrating with persons from diverse backgrounds i.e., cultural, socioeconomic, educational, racial, gender, age, ethnic, sexual orientation, professional, religious orientation, mental and physical capabilities) 4b1.
 - Incorporates the CORE Public Health functions and 10 Essential Services of Public Health into the practice of public health sciences. 6C3.
 - 8B6 – Establishes mentoring, peer advising, coaching, or other personal development opportunities for the public health workforce. 8B6

GENERAL PROVISIONS

1. The Internship Site Supervisor (Preceptor) agrees to provide an orientation that includes a site tour; an introduction to staff; a description of the characteristics of and risks associated with the Internship Site's operations, services and/or clients; a discussion concerning safety policies and emergency procedures; and information detailing where students check-in and how they log their time. They will also provide applicable training and safety equipment that may be necessary.
2. The University will provide all students enrolled in an Internship Course with Student Academic Field Experience for Credit Liability Insurance (SAFECLIP) only if an Experiential Learning Agreement, which is separate from this Internship Learning Plan Agreement, has been executed between the Internship Site and the University. This insurance coverage provides professional and personal general liability coverage for students enrolled in Internship Course sections for which they are receiving academic credit. Proof of such coverage will be provided upon request to the Internship Site. For more information about the Experiential Learning Agreement, please contact the University Internship Coordinator at 559.278.4207.

GENERAL PROVISIONS (continued)

- A Valid Experiential Learning Agreement between the University and the Learning Site has been executed. The student will be covered by SAFECLIP during the time that the student is enrolled in an internship course for this internship.
 - No Experiential Learning Agreement has been executed. The student assumes full responsibility and liability while interning at this site.
 - A Learning Site Risk Assessment has been completed.
 - A Learning Site Risk Assessment has not been completed. It must be completed before the student starts their internship hours.
3. The Internship Site Supervisor (Preceptor) should notify the University as soon as is reasonably possible of any injury or illness to a student participating in a learning activity by calling (559) 278-6910 or (559) 278-8400.
 4. The Internship Site Supervisor (Preceptor) and the University will meet upon request or as necessary to resolve any potential conflicts and to facilitate a mutually beneficial experience for all involved. If it is determined that the internship placement fails to be in the best interest of the scholar, internship site, and/or California State University, Fresno, either party (the university or the internship site) may terminate this particular internship upon giving written notice as soon as reasonably possible to the other party.
 5. The Internship Site may dismiss a student if the student violates its standards, mission or goals. The Internship Site Supervisor will notify the University as soon as reasonably possible of the student’s dismissal.

ACKNOWLEDGEMENT

I have read, understand and agree to comply with these guidelines.

_____	_____
Student	Date
_____	_____
Proposed Internship Site Supervisor/Preceptor	Date
_____	_____
Internship Course Faculty	Date

Please allow up to 2 weeks for processing. You will be contacted by email with the status of your proposal. Please contact Dr. Miguel A. Perez at mperez@csufresno.edu with any questions.

OFFICE USE ONLY:

Course Number: _____ Permission Number: _____