

UNIVERSITY OF NORTH FLORIDA
COLLEGE OF HEALTH
DEPARTMENT OF PUBLIC HEALTH

UNDERGRADUATE HEALTH ADMINISTRATION INTERNSHIP

HSA 4850 HEALTH ADMINISTRATION INTERNSHIP

REVISED May 25, 2004

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HSA 4850 – HEALTH ADMINISTRATION INTERNSHIP STUDENT GUIDE

Course Description

The health administration internship is a concentrated, supervised work experience in a healthcare setting. It is designed as a culminating experience that allows the student an opportunity to practice under careful observation, and in cooperation with a skilled healthcare administrator.

General Requirements for Admission to the Internship

The internship involves extensive responsibilities and a full time commitment. Students should register for the internship only after all internship prerequisites have been completed, and when personal schedules allow the time required for completion of the internship. **It is mandatory that each student confirms their eligibility for internship through the College of Health's Academic Advisement office.** Students are required to have access to a computer and to be familiar with Blackboard. During the semester of the actual internship announcements, scheduling, and communication will be managed with Blackboard.

Timely application for internship is necessary since placement requires advanced planning and coordination on the part of the student and university personnel. Only those letters of intent received by the deadline will be considered for internship eligibility. Internship **letters of intent** are due according to the following schedule:

- ❖ **Fall Internship-first week in June**
- ❖ **Spring Internship-first week in October**
- ❖ **Summer Internship-first week in February.**

The internship **application** that indicates internship placement and **includes the preliminary Internship Work Plan (goals, objectives, strategies and an evaluation plan)** is due according to the following schedule:

- ❖ **Fall Internship-first week in July**
- ❖ **Spring Internship-first week in November**
- ❖ **Summer Internship-first week in March**

Placement Procedures

Placement procedures are completed during the semester preceding internship. An internship directory and the internship packet are available on-line through the College of Health website. To access this information go to www.unf.edu, College of Health homepage, Department of Health Science, Community Health Track, Internship Information. This directory contains a list of approved internship sites. You are responsible for confirming your internship eligibility with the academic advisor **prior** to contacting an approved internship agency.

You must contact the university internship supervisor prior to contacting an agency **not** listed in the directory to set up an internship site. It is critical that appropriate procedures are followed to

secure an affiliation agreement for an agency that has not previously had an intern. The university supervisor is available to assist in identifying a site appropriate for your internship. ***It is the student's responsibility to notify the university supervisor immediately when an internship site is confirmed. You are also responsible for contacting the university supervisor immediately if 1) you are not able to determine an internship site by the required due date; and 2) for any reason the internship application must be withdrawn.***

Prerequisites

Prerequisites include the completion of **all** course requirements and approval by the College Academic Advising Office and Department Internship Supervisor. If one classroom course has not been completed the student may petition the internship supervisor for permission to complete the one classroom course concurrent with the internship (see appendix for the petition form). It should be noted that this petition is for **one course only**. No more than one course will be considered.

Number of Hours Required

The number of academic credit hours for the internship is listed on the student's program of study. Any difference in the number of semester hours of credit must receive approval prior to initiating the internship process. To meet the semester hour requirements, the intern must spend a minimum of **360** contact hours on-site working within the internship organization. A fall or spring term internship of 15 weeks equates to approximately 24 on-site hours per week. A 12-week summer term equates to 30 on-site hours per week.

Grades-and Grading Policy

University, college and department policy with regard to grades as articulated in the catalog is observed in all department programs. Academic credit will be given and recorded only after successful completion of total internship program requirements. Fulfilling all of the above does not guarantee a grade of A. Grades will be dependent on performance and evaluations.

Forms

All forms must be filled in accurately, neatly, and completely. The Letter of Intent **must** be submitted to the internship supervisor, and the Academic Advising office. The university supervisor and the College of Health undergraduate advisor will determine eligibility. You should receive a response by mid-semester; however, it is the student's responsibility to maintain contact with the university supervisor to determine internship eligibility.

Forms submitted in the semester prior to the internship can be sent via e-mail to the university supervisor and the academic advisor's office. Forms submitted during the semester of the internship that do not require a field site supervisor's signature can be submitted via Blackboard under the internship course and section number.

Pre-Internship Procedure Summary

If at any time during this process you need assistance, contact the university internship supervisor

- Confirm internship eligibility with a College of Health Academic Advisor. The Advising Office is located in the College of Health, Building 30/ Room 3025 A. The phone number is 904-620-2812.
- Download the internship packet from the website.
- Become familiar with all the internship requirements.
- Review the on-line internship directory.
If you decide to use a facility site that is not listed in the directory, contact the university supervisor immediately.
- Develop a preliminary Internship Work Plan (goals, objectives, strategies and evaluation).
- Schedule internship interviews.
- Confirm internship site.
- Submit letter of intent.
- Submit application with preliminary Work Plan.
- Submit course petition if applicable.
- Attend all pre-semester internship meetings.

INTERNSHIP EXPERIENCE

Purpose

The internship experience is considered an essential component of the curriculum in the Department of Public Health in the College of Health at the University of North Florida. The internship contributes to the undergraduate education of Bachelor of Science in Health by providing an opportunity to apply acquired academic knowledge, enhance skills, and continue learning through the supervision of a preceptor. It also provides a structured opportunity to experience the role of the health educator/promoter, healthcare administrator, planner, or other preceptor, as the student further develops qualities of leadership, and formulates personal values. It is expected that students participate effectively in association with the other personnel at the internship location.

An effective internship experience is constructed around the strengths and areas in need of improvement in the student's concentration area. For this reason, students prepare both an initial and a final **Internship Work Plan (Goals, Objectives, Strategies and Evaluation)**. The student develops the initial Internship Work Plan with assistance as needed from the university supervisor. This initial plan is used 1) to assist in determining the most appropriate internship site for the student, and 2) to better facilitate the internship interview process. Because the plan is developed around individual student needs, the extent to which each student's learning objectives are addressed may vary and will be determined by the student, the field site and university supervisors. While the **preliminary** Internship Work Plan is used during the interview process to aid in determining an appropriate match between the student and the health service agency, the **final** Internship Work Plan is used as one of the major evaluation components for purposes of determining the student's final grade.

Goals

The intern will achieve maximum benefit from the internship through enthusiasm and commitment to an experience outside of the classroom setting. This activity will allow the student to relate academic skills gained to on-the-job experiences. Students should utilize the experience to correlate theory and practice through observation, analysis and evaluation of themselves and the job environment. The overall goals of the internship process are:

- Application of principles and concepts learned during the educational process.
- Examination of the relationship between health service organizations and higher educational environment.
- An increase in leadership, management, problem solving, decision making and general administration skills.
- Completion of a written project demonstrating an integration of academic knowledge and skills with experiences gained in health service agencies.

ROLES AND RESPONSIBILITIES

Academic Advisement

Prior to beginning the internship process, the student is responsible for confirming their eligibility to complete an internship. It is imperative that each student meets with an advisor in the College of Health Academic Advising office. The purpose of this meeting is to confirm that all course requirements have been met. No more than **one course required** on the students' program of study can be taken with the internship, and the student is responsible for petitioning to take this course with the internship. A petition is **not** required if the student has completed all health science required courses, but needs to take additional courses for financial aid, insurance or other purposes. If there are any questions, please check with the academic advising office.

University Supervisor

The university supervisor is the liaison among the student, the health agency supervisor, and the Department of Public Health. This person is responsible for assuring that communication flows effectively among the three participants. The university supervisor participates in evaluation of the internship location, the internship process, and the intern's completion of behavioral objectives. The university supervisor then makes recommendation to the Director of Health Administration programs, and the site supervisor as appropriate.

Overall evaluation is the responsibility of the university supervisor. The purpose of evaluation is to guide students' professional development, and to advise the Department of Public Health of the successful completion of the internship experience.

The extent of accomplishment of the Internship Work Plan's objectives is the central concern. Students' prior experience should also be carefully weighed. Lastly, judgment of professional behavior is another factor in the intern's final evaluation by the university supervisor.

In certain instances, based on recommendations of the university supervisor and/or the site supervisor, the internship period may need to be extended beyond the time originally designated. This may be necessary for the student to satisfy specific requirements or to ensure an acceptable level of professional maturity of the student.

Student Intern

The student intern is responsible for developing both the preliminary and final **Internship Work Plan (Goals, Objectives, Strategies and Evaluation)**. The preliminary internship Work Plan is used during the interview process. The final Internship Work Plan is used as one of the major evaluation components for purposes of determining the student's final grade.

While an intern may complete several projects during the internship, one major project must be documented. Documentation is twofold, first a comprehensive written summary of the project is given to the university supervisor, and second project results must be presented to the group of interns. PRIOR approval must be obtained from the university supervisor regarding which project will be accepted/presented as the intern's major project. A project outline is provided in this packet.

Interns are **required** to maintain two (2) notebooks, one for the field site supervisor and one for the intern. It is important that students keep a duplicate set of all materials submitted to the

university's internship supervisor. This includes, but is not limited to, the documentation of all internship related work and contact hours.

The **intern check off list** delineates all information and due dates for materials that must be submitted to the university internship supervisor. Many of these materials are the original documents of transactions between the university, field site agency and the intern so it is critical for the intern to understand each form. If there are any questions, ask the university internship supervisor for assistance.

Field Site Supervisors

The field site supervisor is responsible for the student's learning process during the internship experience. Although the student works in and for the organization, it is the on-site supervisor to whom the student is actually assigned. It is expected that the supervisor will be willing and able to devote ample time to the student intern. **One to two hours a week of direct supervision with feedback is considered a minimum amount of on-site supervision.**

It is recommended that field site supervisor have a minimum of a Master's degree or three years of experience in their current position. The field site supervisor is the key to successful internships. The supervisor serves as a role model for the student to observe in carrying out responsibilities. Therefore, the supervisor should indicate a commitment to assume these responsibilities. This person must be readily accessible to the student. Weekly conferences between these two individuals are absolutely essential. The primary responsibility for planning and implementing the internship is the responsibility of the field site supervisor and the student intern with consultation from the faculty supervisor. Typically, the field site supervisor is requested to attend periodic conferences at the university. The supervisor then participates in the formulation of the internship plan, guides the student in its implementation, periodically evaluates students' performance, provides guidance accordingly, and advises the faculty supervisor of their progress.

It is helpful for the entire organization's administrative team to be involved in and contribute to the student's education. Within the healthcare organization, the supervisor must have active cooperation of the administration. That is, there should be sincere interest from the top down in the goals of internship program.

It is preferable that the internship be located in an active health care delivery setting that is adequately staffed and departmentalized to the extent that a well-rounded experience is available. The opportunity should exist for broad exposure in the community, including health institutions, programs, and agencies.

Matching Students and Field Site Supervisors

While final approval for the internship site assignment rests with the university supervisor, students and field site supervisors should be actively involved in the selection. Students will consult with their university supervisor to select a prospective field supervisor from the list of approved internship locations and preceptors on file. Alternatives internship sites are encouraged and will be considered. Upon investigation, students will submit a preference for the internship

site. The faculty supervisor and the field site supervisor will make the internship experience assignments based upon the individual needs of the student.

Evaluation is a continuous joint process involving all parties. The field site supervisor and the faculty supervisor should communicate as often as needed by personal visits, telephone calls, and periodic written reports on students' progress. As a means of evaluation, each internship work experience report submitted by the student to the faculty supervisor must be correlated to the approved Internship Work Plan (goals, objectives, strategies and evaluation). Periodically, students, field supervisor, and faculty supervisor should evaluate the appropriateness of the educational objectives and their degree of attainment.

SENIOR RESEARCH PROJECT

The Health Administration Senior Research Project is intended for students with extensive work experience in the healthcare industry and requires the advance approval of the Health Administration Program Director and Faculty Supervisor.

The Health Administration Internship Senior Project requires the development of a research proposal on an area of significant interest within the healthcare industry. As part of the research project the student will complete an extensive literature review on the identified topic. This literature review will then become the foundation for the written project and presentation which are due at the end of the semester.

GUIDELINES FOR SENIOR RESEARCH PROJECT:

All written submissions must be formal in nature. Students should approach these assignments as if they are writing reports for senior management in an organization. Therefore, no slang, idioms or other colloquial language or phrases should be used. Active verbs should be used as much as possible. The use of contractions is strictly prohibited. Contractions are a form of informal writing that is not appropriate for professional level work. Phrases such as, "I think", "I feel", or "In my opinion" should not be used. Since anything you write is necessarily your opinion or how you feel, the proceeding phrases are redundant.

Spelling errors, sentence fragments and run-on statements must be avoided. These types of errors always distract the reader and will negatively affect the student's final grade. Generally speaking, it is more appropriate to use third person when completing The Health Administration Internship Senior Project. Grading will focus on the content of the written assignments; however, failure to follow the above guidelines could significantly affect the grade assigned for the project.

All written assignments must have a cover sheet with the Topic and Authors name. If you have any questions about writing style, contact the faculty advisor.

RESEARCH WRITING FORMAT

TOPIC: All research papers must be approved by the Faculty advisor.

FORMAT: The paper must be 15-20 pages long, double-spaced and submitted in hard copy as well as electronic copy.

The paper will include, at minimum:

Introduction

Review of the literature identifying and defining the issue

Research Questions (If a research study)

Data and Methods (If a research study)

Discussion of current status of the subject

Anticipated or potential developments

Conclusion

REFERENCES: A minimum of fifteen peer reviewed references from professional or research journals are required. The majority of the references must be no more than three years old. Online sources and statutes cited in the paper must be referenced but do not apply toward required reference material

Contemporary news magazines such as Newsweek or U.S. News and World Report are not acceptable sources. Any question regarding the appropriateness of reference material should be directed to the Faculty advisor. The most current edition of APA style shall be used for all reference citations and for the paper format.

Health Administration Senior Research Project students are required to complete all the required forms with the following modifications.

Form 1, Letter of Intent. In this letter identify that you are doing a Health Administration Senior Research Project and in paragraph 2, identify your area of research interest

Form 2, Internship Application. Complete this form (Paragraph 1 provides essential contact information for the intern. Under the second paragraph titled agency information put in UNF, Health Administration Senior Research Project, Faculty Advisor along with the tentative title of your research project.

Form 4 Health Administration Senior Research Project Work Plan. Provide a detailed outline of your area of research interest

Forms 5 through 13 not required

Forms 14 through 16 are required at the final on campus meeting

The Health Administration Internship syllabus includes the dates of the mandatory on-campus meetings. Failure to attend all the on-campus internship meetings will result in a reduction in the final course grade. The final meeting includes the presentation of your research project as well as submission of the final written project.

Description of Required Assignments/Forms

The following forms are to be submitted to the University Internship Supervisor. Unless otherwise stated, each form can be submitted via e-mail. Please confirm with the Department of Public Health (904-620-2840), the name of the university internship supervisor.

- **Letter of Intent—FORM 1**

This letter indicates the student's intent to complete an internship as the final requirement of the health science undergraduate degree. The letter must be submitted by the due date for the respective term. *If the internship site is not confirmed by the due date, in the second paragraph of the letter write TBA indicating that an internship site is not determined.* It is also important to indicate in this letter the minor listed on your program of study. Choose one of the following only, *i.e. community health, health education, exercise science, aging/adult studies, or healthcare administration.* Once the site is determined, the university supervisor must be notified. This letter can be sent via e-mail.

This form is due as follows: Fall Term-first week in June

Spring Term-first week in October

Summer Term-first week February

- **Intern Application -FORM 2**

This form contains relevant information regarding the student and the field site supervisor. The information on this form creates a means of contact for the intern, field site and university supervisors. It also allows the university to confirm that there is a signed affiliation agreement between the agency and the university. *This is a critical form therefore its completion is mandatory prior to beginning any other phase of the internship process.* An original of this form **must** be signed by the field site supervisor to verify they are in agreement with the internship. This **original** is submitted to the university supervisor.

This form is due as follows: Fall Internship-first week in July

Spring Internship-first week in November

Summer Internship-first week March

- **Resume-FORM 3**

The resume is a representation of the student and their accomplishments. It can be used as an introduction for the internship interview. The resume can be sent via e-mail.

This form is due as follows: Fall Internship-first week in July

Spring Internship-first week in November

Summer Internship-first week March

- **Initial Internship Work Plan (Goals, Objectives, Strategies, & Evaluation)-FORM 4**
 This assignment contains information relevant to the internship interviewing process. It is important to have a set of working, measurable objectives, corresponding strategies and some type of evaluation plan. Your selection of an internship site, and the entire internship process will be simplified with this information. Remember these are working objectives and can be changed. This assignment can be sent via e-mail.
This assignment is due as follows: Fall Internship-first week in July
Spring Internship-first week in November
Summer Internship-first week March

- **Final Internship Work Plan (Goals, Objectives, Strategies, & Evaluation)-FORM 4**
 This assignment contains the final goals, objectives, strategies and evaluation plan. The information contained on this form should be based on the preliminary internship work plan. This information sets the criteria for what will be accomplished during the internship process, and therefore completion of the stated objectives will play a major role in the final internship grade. While strategies for completing internship objectives can change, the field site and university supervisors must approve changes in outcome objectives. This assignment can be sent via e-mail.
This assignment is due by the third week of the internship.

- **List of Scheduled Times at the Internship Site-FORM 5**
 This form indicates the days and times the student intern will be at the internship facility. The university supervisor will use this information to determine a facility on-site meeting. It should include the following: directions to the facility, name, address, phone, fax, and e-mail of the field site supervisor. This form can be sent via e-mail.
This form is due by the second week of the internship.

- **Weekly Job Performance-FORM 6**
 While this form no longer requires a field site supervisor's signature, it is still **mandatory** that it be discussed with your field site supervisor.
 Include the number of hours worked.
 Write specific objective(s) worked on during the week
 Discuss experiences that led to the achievement of the noted objective[s] (Strategies)
 Specify the degree to which the objective(s) have been achieved (Evaluation).
 This form can be sent via e-mail.
These forms are due weekly.

- **Midterm Evaluation-FORM 7**

The intern is responsible for having the supervisor complete the mid-term evaluation. The form is completed by the Field Site Supervisor, and submitted to University Supervisor at the halfway mark of the internship. For a 360-clock hour internship, the evaluation is due when approximately 180 hours have been completed. The field site supervisor's signature is **required** on this form. A scanned or faxed copy is acceptable with the supervisor's signature.

This form is due the week of the respective semester mid-term.

- **Summary of Internship Hours-FORM 8**

An exact number of hours the student spent in the internship experience is required for the student's record. This form **requires** the field site supervisor's signature verifying the number of internship contact hours. A scanned or faxed copy is acceptable with the supervisor's signature.

This form is due no later than the final on-campus meeting.

- **Certificate of Participation Request-FORM 9**

The field site supervisor completes this form. It is the intern's responsibility to tell the supervisor that upon completion/submission of this form, the field site supervisor will receive a certificate from the university. This certificate allows the individual to take one academic course from any state university free of charge, and is valid for three years. A scanned or faxed copy is acceptable with the supervisor's signature.

This form is due no later than the final on-campus meeting.

- **Final Evaluation-FORM 10**

The intern is responsible for securing the on-site supervisor's final evaluation of their internship performance. The field site supervisor's signature is **required** on this evaluation. Both the mid-term and final evaluation will be used in determining the intern's final grade. A scanned or faxed copy is acceptable with the supervisor's signature.

This form is due no later than the final on-campus meeting.

- **Final Approval-FORM 11**

This form verifies completion of internship requirements. On this form, the field site supervisor indicates the recommended grade. The supervisor's recommended final grade is very important. The student is responsible for discussing their grade from the field site supervisor and securing the appropriate signature. This form requires the field site supervisor's signature. A scanned or faxed copy is acceptable with the supervisor's signature. The University Supervisor will secure all university signatures.

This form is due no later than the final on-campus meeting.

- **Internship Facility Site-FORM 12**
 This form contains information relevant to the ongoing process of locating internship sites. The information on this form goes in the department's file as a resource for other potential interns. Your honest appraisal and delineation of responsibilities is critical. This form can be sent via e-mail.
This form is due no later than the final on-campus meeting.
- **Evaluation of Internship Agency and Field Site Supervisor-FORM 13**
 This form is an evaluation of the field site agency and supervisor. Objective and appropriate evaluation assist in determining the relevance of this site for other students. The form is to be completed by the student intern. This form can be sent via e-mail.
This form is due no later than the final on-campus meeting.
- **Evaluation of University and the University Internship Supervisor-FORM 14**
 This form is to be completed by the intern. It is important to provide a constructive evaluation to continue improvement of the internship process. This form can be sent via e-mail.
This form is due no later than the final on-campus meeting.
- **Career Analysis Form-FORM 15**
 The intent of this assignment is to critique your internship experience and its relevance to your career. Therefore, this form should be personalized. This assignment can be sent via e-mail.
This assignment is due no later than the final on-campus meeting.
- **Required Written Project-FORM 16**
 This assignment is based on a project completed during the internship. While there may be several projects, the intern is required to complete one major project from its inception to its final evaluation. This assignment can be sent via e-mail.
This assignment is due no later than the final on-campus meeting.

Sample Letter of Intent – Form 1

Sample Letter of Intent

Due Dates:

Fall Term-first week in June

Spring Term-first week in October

Summer Term-first week February

Student Name

Address

Phone Number (s)

E-mail

Date

University Internship Supervisor
University of North Florida, College of Health
Department of Public Health
4567 St. Johns Bluff Road South
Jacksonville, FL. 32224-6699
Dear _____:

The purpose of this letter is to officially notify you of my intent to complete my undergraduate Health Administration internship during _____ semester, 200X. This internship will complete my requirements for the Bachelor of Science in Health Administration degree.

The focus of my internship will be in (*Healthcare Administration* [specify your area of interest]). I have made arrangements to complete my internship at _____ agency, address _____, phone _____, and e-mail _____. _____ will be my site supervisor. **OR** use the following statement—I have not yet determined an internship site. I anticipate that I will have site selected by _____ date.

I met with academic advisement _____ (specify when) and verified my internship eligibility. I trust this internship will fulfill the requirements for the undergraduate Health Administration program.

Sincerely,

(Your name typed below)

(Your social security number)

cc: Undergraduate Health Administration Academic Advisor (a copy of this letter must be sent to advisement for placement in your file)

Internship Application – Form 2

The Intern Application is due in University Internship Supervisor's Office, University of North Florida, College of Health, Department of Public Health on the following dates:

Fall Internship-first week in July
Spring Internship-first week in November
Summer Internship-first week March

Application for Internship

Intern Information

Intern's Name:

Social Security Number:

Home Address:

Telephone Number (s): Work _____ Home _____

E-Mail Address:

Agency Information

Legal Name of Internship Agency:

Person with Authority to Sign **Legal** Documents:

Internship Agency Address:

Field Site Supervisor's Name:

Telephone Number:

Fax:

E-mail Address:

Anticipated Date of Graduation:

Internship Dates:

I have completed (all), (but one) course [identify the course and submit petition form-last page in packet]

Field Site Supervisor Signature (required):

Mandatory: Attach Initial Internship Work Plan (Goals, Objectives, Strategies and Evaluation, Form 4) to this application.

Resume Guide – Form 3

Name
Jacksonville Address
Home Address (if you live at home, insert only home address)
Telephone Numbers: Work and Home
Fax
E-mail Address

EDUCATION

BSH	University of North Florida, Jacksonville, Florida Date of Graduation or Anticipated Date of Graduation Major: Minor:
AA	Other School(s) as relevant Florida Community College at Jacksonville, Jacksonville, FL, 1996 General Education
AS	Santa Fe Community College, Gainesville, FL, 1992 Respiratory Therapy
Diploma	Gainesville High School

WORK EXPERIENCE

Dates	Job Title, Employer, Location Responsibilities
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HONORS

CERTIFICATIONS/LICENSES

PROFESSIONAL AFFILIATIONS

COMMUNITY ORGANIZATIONS

Resume Sample

Mary R. Wright

1234 South Street
North Beach, Florida 32266

e-mail
wright@aol.com

Phone: 904-221-1234
Facsimile: 904-221-2345

EDUCATION

BSH University of North Florida
Anticipated Date of Graduation, April 2000
Major: Health Science
Minor: Health Education

AA University of Florida, 1995
General Education Studies

Diploma South Beach High School, 1993
Graduated with Honors

RELEVANT WORK EXPERIENCE

1993-Current Research Assistant, Health-Promotion Consultants, Inc., Jacksonville, FL
Worked with three federal and two state funded grant projects. Work with health education, health promotion and prevention projects. Administer surveys and collect other relevant data. Conduct focus groups and individual interviews. Conduct literature reviews and develop content materials for grants and technical reports.

1989-1993 Administrative Assistant, Dr. John Walker, South Beach, FL
Coordinated office billing and clinical files. Reviewed files for accuracy and followed-up with patients. Responsible for all ground maintenance.

HONORS

College: Golden Key Honor Society, Eta Sigma Gamma, National Health Science, and Dean's List.

High School: Awards in Science, Creative Writing, Debating and Speech; Who's Who In High Schools. Lettered in Varsity Soccer, Track and Tennis.

CERTIFICATIONS/LICENSES

National Certified Health Education Specialist
Florida Registered Health Educator

PROFESSIONAL ORGANIZATIONS

American College of Health Executives, UNF Student Chapter, Florida Association of Professional Health Educators,

COMMUNITY ORGANIZATIONS AND SERVICE

Volunteer services at South Beach Hospital. Worked in all aspects of patient care, including reading to patients, providing meals, and lab runs. South Beach School Health Advisory Council. Youth Advisory Board, Greater South Beach Families-in-Action.

References Available Upon Request

Internship Work Plan (Goals, Outcome Objectives, Strategies, and Evaluation Plan) – Form 4

Use this format for both your preliminary (initial) and final Internship Work Plan. You will need a minimum of **2** goals and at least **3** objectives for each goal, for a total of a minimum of **6** measurable outcome objectives for the internship. Each objective must have a set of strategies and an evaluation plan. The internship objectives are critical to a successful internship; therefore, they must be realistic and measurable. These objectives will be reviewed throughout the internship experience. **The Internship Work Plan will be used to evaluate the intern on an ongoing basis and to determine the final grade.** With the variety of internships in Health Administration objectives cannot be standardized, they must be individualized. The first objective should be the development of internship guidelines if none currently exist. Only 20% (2-3 weeks) of the internship should be spent in observation. The remainder of the time needs to be direct experiential activities. **At least one specific project must be completed, and documented using the guidelines presented on Form 16.**

It is anticipated that during the course of your academic undergraduate degree you have gained knowledge and experience in writing goals, objectives, strategies and evaluation plans. This type of experience is used in all aspects of healthcare delivery from health education to healthcare administration. For most of you the following should prove to be a reminder. **REMEMBER,**

YOUR GOALS ARE LONG TERM ANTICIPATED ACCOMPLISHMENTS THAT CAN BE THE RESULT OF THE INTERNSHIP (FOR EXAMPLE SECURING A JOB OR DECIDING YOU DO NOT WANT TO WORK IN THIS ASPECT OF HEALTHCARE ADMINISTRATION).

OBJECTIVES ARE WHAT YOU INTEND TO ACCOMPLISH SHORT TERM, BY THE END OF THE INTERNSHIP PROCESS (FOR EXAMPLE, ASSESS NEW PROJECT).

STRATEGIES ARE YOUR METHODS, TECHNIQUES, APPROACHES, PROJECTS, ETC. THAT YOU USE TO ACHIEVE YOUR OBJECTIVES (FOR EXAMPLE, GATHERING DATA, INTERVIEW KEY INDIVIDUALS, AND ANALYZING DATA).

EVALUATION IS THE METHOD OR METHODS YOU WILL USE TO KNOW THE DEGREE TO WHICH YOU ACCOMPLISHED THE OBJECTIVES (FOR EXAMPLE, COMPLETION OF ASSIGNED PROJECT).

The following information should provide you with some additional background knowledge on the development of goals, objectives, strategies, and evaluation. **Again, with the differences in programs of study and your personal career goals, there is no set maximum number of objectives required. It may be helpful to remember that each objective must be measurable, i.e. evaluated!** For most of you this information should be just a reminder. If, however, you need additional assistance, do not hesitate to contact the internship supervisor.

This assignment should look like the following:

- ✓ **Goal:** Increased proficiency in the operation of a healthcare facility.
- ✓ **Outcome Objective:** By the end of the internship, the intern will demonstrate an increase in knowledge of the basic operations of a healthcare facility by presenting a computer exhibition that overviews the organization.
- ✓ **Strategies**
 - Review organizational charts.
 - Conduct interviews with department managers and field staff.
 - Practice using power point and other graphic software programs.
 - Develop a graphic computer presentation.
- ✓ **Evaluation Plan**

Process Evaluation: a) data from organizational charts, b) number and type of interviews, and c) preliminary work with graphic software programs.

Sample evaluation activities: Maintain records of manager and staff interviews.

Periodic reviews of data collected for quality and accuracy.

Submission of report that summarizes formative data.

Outcome Evaluation: Supervisor, staff, and other employee critique on computer presentation of the organization.

Sample evaluation activities: Develop an appropriate critique/evaluation form.

Field test critique.

Administer questionnaires at the completion of the presentation.

Conduct focus groups with a random sample of individuals who viewed the computer presentation.

EXPLANATION OF GOALS, OBJECTIVES, STRATEGIES AND EVALUATION PLAN

GOALS

A goal is a broad or global statement responsive to a stated need. A goal statement states the outcome that would provide a solution to a given problem identified by a program planner/community group or **individual** in broad or global terms.

What is not included in a goal statement?

- How the outcome will be achieved.
- When it will come about.
- How many individuals will be affected.
- To what extent the individuals will be affected.

What is included in a goal statement?

- What you hope to achieve—Desired outcome/broad general solution.

- ❑ What is the end toward which the effort is directed—AIM?
- ❑ What/who is the target group.
- ❑ What is the selected need?

Sample Goal Statement: Increased proficiency in the operations of a healthcare facility.

Typically, each goal statement should have at least two objectives. Part of the success of your internship will be determined based on this component. It is important for you to be realistic with what can be accomplished during the internship, and how you will evaluate the successful completion of your objectives. Therefore, it is recommended that the number of outcome objectives needs to be realistic. Three to six objectives can provide a workable plan.

OUTCOME OBJECTIVES

An objective identifies the target group, states the result, includes measurable terms, and identifies when the results will happen. The A, B, C, D, and E of objectives:

- A = Audience (Target group)
- B = Behavior (Action in the present: to do)
- C = Condition (Environment)
- D = Degree (Measure-Change)
- E = Extent (How long to achieve)

Note: An objective must never include the phrase “will be able to”.

An outcome objective statement specifies the activity for reaching a goal or outcome. Objective statements, in comparison with goal statements, are more precise in stating how the outcome is to be reached.

The following is an objective with A, B, C, D, and E indicated:

By the end of the internship (**E or extent**), the intern (**A or audience**) will demonstrate (**B or behavior**) an increase in knowledge of the basic operations of a healthcare facility (**D or degree**) by presenting a computer exhibition that overviews the organization (**C or condition**).

- ✓ **Sample Objective Statement:** By the end of the internship, the intern will demonstrate an increase in knowledge of the basic operations of a healthcare facility by presenting a computer exhibition that overviews the organization.

STRATEGIES/ACTIVITIES

A strategy or activity provides the how for accomplishing the objective.

Strategies are also called activities, interventions, methods, or techniques.

A strategy or activity statement is the art of employing the essential forces by building resources to provide the maximum support to accomplish the objective. Strategies can be further defined as administrative, program and evaluative.

Sample Strategies

- Strategy 1: Review organizational charts.
- Strategy 2: Conduct interviews with department managers and field staff.
- Strategy 3: Practice using power point and other graphic software programs.
- Strategy 4: Develop a graphic computer presentation

EVALUATION (PLAN TO MEASURE)

The evaluation is a plan to measure the degree of success of the outcome objective. It is the standard on which the decision or judgment for success is based. Outcome evaluation or the measure/standard for evaluating determines the success (accomplishment) of the objective (outcome measure) or strategy/activity (process evaluation).

Other terms used for outcome evaluation are summative, final, or product evaluation.

Other terms used for process evaluation are interim or formative evaluation.

Evaluation Plan

Process Evaluation: a) data from organizational charts, b) number and type of interviews, and c) preliminary work with graphic software programs.

Sample evaluation activities: Maintain records of manager and staff interviews.
 Periodic reviews of data collected for quality and accuracy.
 Submission of report that summarizes process data.

Outcome Evaluation: Supervisor, staff, and other employee critique on computer presentation of the organization.

Sample evaluation activities: Develop an appropriate critique/evaluation form.
 Field test critique.
 Administer questionnaires at the completion of the presentation.
 Conduct focus groups with a random sample of individuals who viewed the computer presentation.

Goals, Objectives, Strategies, Evaluation Plan Sample Format

- ✓ **Goal Statement:** Increased proficiency in the operations of a healthcare facility.
- ✓ **Objective Statement:** By the end of the internship, the intern will demonstrate an increase in knowledge of the basic operations of a healthcare facility by presenting a computer exhibition that overviews the organization.
- ✓ **Strategies**
 - Strategy 1: Review organizational charts.
 - Strategy 2: Conduct interviews with department managers and field staff.
 - Strategy 3: Practice using power point and other graphic software programs.
 - Strategy 4: Develop a graphic computer presentation.

✓ **Evaluation Plan**

Process Evaluation: a) data from organizational charts, b) number and type of interviews, and c) preliminary work with graphic software programs.

Sample evaluation activities: Maintain records of manager and staff interviews.
Periodic reviews of data collected for quality and accuracy.
Submission of report that summarizes formative data.

Outcome Evaluation: Supervisor, staff, and other employee critique on computer presentation of the organization.

Sample evaluation activities: Develop an appropriate critique/evaluation form.
Field test critique.
Administer questionnaires at the completion of the presentation.
Conduct focus groups with a random sample of individuals who viewed the computer presentation.

List of Scheduled Times at Internship Site Facility – Form 5

Facility Name:

Address:

Phone Number(s):

E-mail Address:

Field Site Supervisor Name and Title:

Directions to the Facility:

Times Intern is at the Site Facility

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Weekly Job Performance Form – Form 6

This form is to be completed at the end of each week while performing the internship and delivered to the University Internship Supervisor. *The completed form can be sent via e-mail, fax, or direct mail. A completed form is due each week during the internship experience (15-16 for fall and spring terms and 12 for summer term).* The form should be legible and typed.

Intern:

Field Site Supervisor and Organization:

Week Number

Dates:

Hours Worked:

Hours Remaining:

Objectives Emphasized During the Past Week:

Discuss Strategies Used to Achieve the Above Objectives:

Degree to Which Objectives Have Been Achieved (Evaluation Plan):

I verify that I have reviewed this assignment with my field site supervisor on _____date.

Date Submitted to University Supervisor: _____

Health Administration Mid-Term Intern Evaluation – Form 7

Intern Name: _____ Minor: _____ Term: _____
Facility Name: _____ Address: _____
Field Site Supervisor: _____ Phone Number: _____
Work Dates: _____ Number of Hours Completed: _____
Brief Description of internship (job) duties: _____

Instructions: The immediate supervisor will evaluate objectively, comparing him or her with other students of comparable academic level, with other personnel assigned the same tasks, or with individual standards. Please check only one response for each category. Please include comments as your observations provide the means for better understanding.

CRITERIA	COMMENTS
1. APPEARANCE	
<input type="checkbox"/> Outstanding	
<input type="checkbox"/> Well-groomed	
<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Unsatisfactory	
<input type="checkbox"/> Poor	
2. RELATIONS WITH OTHERS	
<input type="checkbox"/> Exceptionally well accepted	
<input type="checkbox"/> Works well with others	
<input type="checkbox"/> Gets along satisfactorily	
<input type="checkbox"/> Has some difficulty working with others	
<input type="checkbox"/> Works very poorly with others	
3. ATTITUDE-APPLICATION TO WORK	
<input type="checkbox"/> Outstanding in enthusiasm	
<input type="checkbox"/> Very interested and industrious	
<input type="checkbox"/> Average in diligence and interest	
<input type="checkbox"/> Somewhat indifferent	
<input type="checkbox"/> Definitely not interested	
4. SELF-CONFIDENCE	
<input type="checkbox"/> Exceptionally well adjusted	
<input type="checkbox"/> Well adjusted	
<input type="checkbox"/> Usually confident	
<input type="checkbox"/> Appears insecure	
<input type="checkbox"/> Appears very insecure	
5. JUDGEMENT	
<input type="checkbox"/> Exceptionally mature	
<input type="checkbox"/> Above average in making decisions	
<input type="checkbox"/> Usually makes the right decision	
<input type="checkbox"/> Sometimes uses poor judgment	
<input type="checkbox"/> Frequently uses poor judgment	
CRITERIA	COMMENTS

8. Elaborate on the projects on which the intern is currently working, and describe the quality of work.
9. What areas of instruction or skills does this intern need to improve?
10. List anything that the University should provide at this juncture to make the intern more valuable as a potential employee.
11. Would you recommend this intern for employment with your agency? Yes ___ No ___
12. Overall performance of intern
- Outstanding
 - Very good
 - Average
 - Marginal
 - Unsatisfactory
13. Additional Remarks

This report has been discussed with the student intern Yes ___ No ___

Mid-term Grade in Internship _____

Final Grade in Internship _____

Signatures

Field Site Supervisor:

Date:

Intern:

Date

Summary of Internship Hours – Form 8
HEALTH ADMINISTRATION UNDERGRADUATE INTERNSHIP
Please return this form no later than the final on-campus internship meeting.

An exact report of the number of hours the student intern spent in the internship experience is required for the university's record and for the field site supervisor's record. The report must reflect a minimum of 360 hours of work in the field for the student intern.

Name of Student:

Name of Field Site Supervisor:

Organization/Agency:

Agency Address:

Phone:

Fax:

E-mail:

Internship Discipline:

Number of Hours Spent by the Intern in:

Observation: _____

Participation: _____

Field Project: _____

Other Activities: _____
(Please specify)

TOTAL HOURS _____

Signatures:

Field Supervisor:

Date:

Student Intern:

Date:

Certificate of Participation - Form 9

The certificate cannot be issued without the field site supervisor's social security number and home address. There are no exceptions to these requests.

An exact report of the number of hours the student spent in the internship experience is required for issuance of a certificate of participation. At the close of the internship experience, please return this form to:

Health Science Internship Supervisor
University of North Florida
College of Health
Department of Public Health
4567 St. Johns Bluff Road, South
Jacksonville, Florida 32224-2645

I hereby certify that I served as a field site supervisor and supervised an intern as follows:

Name of Student:

Field Site and Address:

Business Phone:

Fax:

E-mail:

Course Number/Program: HAS 4850 Health Administration Internship

Term/Dates of Supervision:

Total Number of Hours Student was supervised:

Today's Date:

Field Site Supervisor's Name (Please Print):

Field Site Supervisor's Social Security Number:

Home Address:

Home Phone:

Fax:

E-mail:

Signature of Field Site Supervisor:

Date:

Signature of Internship Supervisor

Date:

Signature of Department Chairperson:

Date:

HEALTH ADMINISTRATION INTERNSHIP

Final Evaluation – Form 10

The information on this form coupled with the mid-term evaluation should be used to determine the intern’s final grade

INTERN _____

AGENCY _____

FIELD SITE SUPERVISOR _____

INSTRUCTIONS: The immediate agency field site supervisor will evaluate the UNF student using the following evaluative criteria. Descriptions are provided for each category. Please check only one response for each category and provide explanatory comments.

1. PROFESSIONALISM

Arrives at work on time. Is well groomed and dressed appropriately. Presents oneself tactfully and effectively in all interactions with clients and co-workers, inside and out of the work site. Provides client service and/or performs assigned job functions with minimal/appropriate socializing at all times.

RATING _____ 5-Outstanding _____ 4-Above expected _____ 3-Effective
_____ 2-Needs improvement _____ 1-Unsatisfactory

COMMENTS:

2. GOALS AND OBJECTIVES

Developed a set of clear and attainable goals and objectives and demonstrated consistency in striving to achieve them. Documented progress while attaining objectives. Followed up periodically with field site supervisor regarding achievements. Contacted appropriate supervisor if and when problems occurred.

RATING _____ 5-Outstanding _____ 4-Above expected _____ 3-Effective
_____ 2-Needs improvement _____ 1-Unsatisfactory

COMMENTS:

3. TEAMWORK

Worked constructively toward common goals with other team members. Accepts responsibility and is able to recognize and perform as a leader and as a follower in team functions. Encourages a team atmosphere and feels free to discuss problems and issues. Delivers recognition and feedback to team members when appropriate.

RATING _____ 5-Outstanding _____ 4-Above Expected _____ 3-Effective

_____ 2-Needs Improvement _____ 1-Unsatisfactory

COMMENTS:

4. COMMUNICATION

Written and oral communication is clear and concise. Listens well and encourages others to make contributions. Makes requests and accepts requests from others. Documents important information for future reference. Uses written and verbal communication to deliver pertinent information to co-workers (i.e., follow-up and feedback).

RATING _____ 5-Outstanding _____ 4-Above expected _____ 3-Effective

_____ 2-Needs improvement _____ 1-Unsatisfactory

COMMENTS:

5. TECHNICAL SKILLS

Has learned the fundamental skills required for effective job performance. Has identified the skills needed for success in the internship and has spent the time necessary and put forth the effort required to work toward the mastery of these skills.

RATING _____ 5-Outstanding _____ 4-Above expected _____ 3-Effective

_____ 2-Needs Improvement _____ 1-Unsatisfactory

COMMENTS:

6. DEPENDABILITY

Can be relied on to follow through on assignments and tasks. Seeks assistance when appropriate, but can be depended upon to be a self-starter, work independently when necessary and always complete work on time.

RATING _____ 5- Outstanding _____ 4-Above expected _____ 3-Effective
 _____ 2-Needs improvement _____ 1-Unsatisfactory

COMMENTS:

7. EMOTIONAL MATURITY

Has a mature demeanor and handles pressure situations with calmness and logic. Is well adjusted and does not become excitable and erratic when faced with novel situations or unexpected problems.

RATING _____ 5- Outstanding _____ 4-Above expected _____ 3-Effective
 _____ 2-Needs improvement _____ 1-Unsatisfactory

COMMENTS:

8. ABILITY TO FACILITATE INSTRUCTION

Relates well to staff and is able to effectively share new knowledge, skills and attitudes. Demonstrates high levels of knowledge of Health Administration and related topics and is able to transmit that knowledge effectively.

RATING _____ 5-Outstanding _____ 4-Above expected _____ 3-Effective
 _____ 2-Needs improvement _____ 1-Unsatisfactory

COMMENTS:

9. QUALITY OF WORK

Performs at a high level of effectiveness most of the time. Carries out all tasks in a timely and effective fashion. Goes above and beyond to assure the success of the project in question.

RATING _____ 5-Outstanding _____ 4-Above expected _____ 3-Effective
 _____ 2-Needs improvement _____ 1-Unsatisfactory

COMMENTS:

10. ATTITUDE

Demonstrates a positive attitude toward the job and all associated tasks. Emphasizes the positive aspects of each situation and accepts negative feedback without complaint. Takes appropriate action to solve identified problems.

RATING ____ 5-Outstanding ____ 4-Above expected ____ 3-Effective
 ____ 2-Needs Improvement ____ 1-Unsatisfactory

COMMENTS:

ADDITIONAL REMARKS:

Total Number of Points:

Grading Scale: 50-40 = A
 39-29 = B
 28-18 = C
 Below 18 Internship must be repeated

Grade for this evaluation period:

Mid-term Grade:

Recommended Final Internship Grade:

This report has been discussed with the student intern Yes ____ No ____

Signatures

Field Site Supervisor: _____ Date _____

Intern: _____ Date _____

Internship Facility Site Summary - Form 12

It is important for this form to be completed accurately. Please type or print the required information. Use standard abbreviations and expand on all other abbreviations.

- 1. INTERN'S NAME:
- 2. ADDRESS
- 3. PHONE:
- 4. E-MAIL
- 5. INTERN'S MAJOR/MINOR AT UNF:
- 6. NAME OF INTERNSHIP FACILITY:
- 7. ADDRESS:
- 8. CONTACT PERSON (INCLUDING TITLE/POSITION):
- 9. PHONE AND FAX NUMBER OF CONTACT PERSON:
- 10. E-MAIL ADDRESS OF CONTACT PERSON:
- 11. ARE YOU WILLING TO BE CONTACTED BY FUTURE INTERNS REGARDING YOUR
INTERNSHIP EXPERIENCE? YES NO
- 12. IF YES –PLEASE WRITE YOUR CONTACT NUMBER WITH AREA CODE: ()_____
- 13. WHAT WAS YOUR JOB TITLE IN INTERNSHIP?
- 14. DESCRIBE YOUR INTERNSHIP AND LIST ACTIVITIES YOU COMPLETED.
DESCRIPTION:

ACTIVITIES:
A)

B)

C)

D)
- 15. DID THE INTERNSHIP REQUIRE ADMINISTRATIVE PROJECTS? YES NO
IF YES, PLEASE EXPLAIN
- 16. WERE YOU OFFERED LONG-TERM EMPLOYMENT? YES NO

17. IF YES, DID YOU ACCEPT THE OFFER? _____ YES _____ NO

18. ANSWER WHY FOR EITHER REPLY.

19. WERE YOU REQUIRED TO DO ANY PRESENTATIONS? _____ YES _____ NO

20. WERE YOU REQUIRED TO DO ANY RESEARCH/WRITTEN REPORTS? _____ YES _____ NO

21. HOW MANY HOURS DID YOU WORK PER WEEK? _____

22. COULD YOU SCHEDULE YOUR INTERNSHIP DURING THE _____EVENINGS____ WEEKENDS?

23. WHAT PERCENT OF YOUR TOTAL INTERNSHIP TIME SPENT DID YOU SPEND ON CLERICAL WORK (PHOTOCOPYING, MAILING ETC.)? _____ %

24. LIST ANY REQUIRED SPECIAL SKILL REQUIRED (COMPUTERS/ TYPING ETC).

A)

B)

25. LIST ANY REMUNERATION/BENEFITS (STIPEND ETC).

A)

B)

26. DID THE INTERNSHIP REQUIRE SOLITARY WORK? _____ YES _____ NO.

IF YES, _____% OF TOTAL WORK

27. WAS YOUR INTERNSHIP ENVIRONMENT RELAXED? _____ YES _____ NO

28. DID YOUR INTERNSHIP REQUIRE A HIGH LEVEL OF INTERPERSONAL SKILLS?
_____ YES _____ NO

29. WOULD YOU RECOMMEND YOUR INTERNSHIP SITE TO OTHER STUDENTS? _____ YES _____ NO

30. FROM THE LIST BELOW, LIST **THREE** CLASSES (BY COURSE NUMBER ONLY) THAT WERE THE MOST HELPFUL TO YOU?

A)

B)

C)

31. FROM THE LIST BELOW, LIST **THREE** CLASSES (BY COURSE NUMBER ONLY) THAT WERE THE LEAST HELPFUL TO YOU.

- A)
- B)
- C)

32. LIST ANY OTHER CLASSES NOT DELINEATED BELOW THAT WERE BENEFICIAL TO YOU.

- A)
- B)
- C)

MAJOR: Health Science. PROGRAM: Health Administration

PRE-REQUISITE	CORE	MINORS AND ELECTIVES
<p>MCB 2013C Microbiology BSC 2085 Anatomy and Physiology I BSC 2086 Anatomy and Physiology II PSY 2012C Introduction to Psychology CGS 1100 or 1570 Computer Applications STA 2014 Statistics For Health and Soc Sci CHM 2045C General Chemistry with lab MAC 1105 College Algebra</p> <p>Requisite HSC 2100 Personal Health Issues & Problems</p>	<p>HSC 3551 Diseases: Prevention, Intervention & Treatment (formerly Health, Fitness & Disease) HSC 3500 Epidemiology HSC 4730 Foundations of Health Science Research HSA 4553 Health Law and Ethics Community Health Program HSC 3241 Health Needs Assessment (formerly Health Risk Appraisal) HSC 3581 Planning Health Programs HSC 3304 Instructional Methods in Health Education (formerly special methods in health) HSC 3712 Evaluation of Health Programs HSC 4814 Community Service Internship</p>	<p>HSC 4150 Substance Abuse & Violence Prevention (formerly substance abuse prevention) HSC 4563 Dimensions of Health of the Older Adult HSC 4572 Nutrition and Health HSC 4134 Mental & Emotional Health Education HSC 4133 Sexuality Education HSC 4104 Lifestyle Modification SLS 3310 Intro to Health Professions HSC 3633 Health Trends/Issues HSC 3531 Medical Terminology HSC 4653 Healthcare Ethics PET 3086 Physical Activity and Health HSC 4612 Exercise Physiology for Health Science PET 3312C Biomechanics PET 4781 Physical Fitness Assessment & Exercise Prescription PEP 4135 Principles of Strength and Conditioning HSA 3210 Long Term Care Administration HSC 5568 Alternative Care Systems/Aging HSA 4939 Seminar in Long Term Care HSA 4111 US Health Care System HSA 4170 Health Care Finance HSA 3100 Intro to Health Administration</p>

33. Is there anything else you want to add about your internship?

Thank you for your help!

Intern Evaluation of Field Site and Supervisor – Form 13

Field Site Supervisor: _____

Please respond to the statement below regarding your field site supervisor. Circle the appropriate response.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

	Item	Response			
1.	The agency where I completed my internship was receptive to the UNF internship program.	SA	A	D	SD
2.	My field site supervisor assisted me in developing realistic internship objectives.	SA	A	D	SD
3.	My field site supervisor was understanding and supportive of my efforts.	SA	A	D	SD
4.	I was able to contact my field supervisor for consultation and assistance.	SA	A	D	SD
5.	My supervisor communicated clearly with me.	SA	A	D	SD
6.	My supervisor provided useful feedback to me.	SA	A	D	SD
7.	I usually understood my supervisor's instruction.	SA	A	D	SD
8.	My supervisor spent an adequate amount of time conferring with me.	SA	A	D	SD
9.	I was able to fulfill my supervisor's requirements during the internship.	SA	A	D	SD
10.	I would recommend this supervisor for future interns.	SA	A	D	SD

11.	I would recommend this facility for future internships.	SA	A	D	SD
12.	My supervisor demonstrated appropriate communication skills.	SA	A	D	SD
13.	My supervisor acted as a positive role model.	SA	A	D	SD
14.	I felt adequately prepared academically to complete my internship with this agency.	SA	A	D	SD
15.	I am in agreement with my supervisor's evaluation of my performance.	SA	A	D	SD
16.	The internship site met my expectations.	SA	A	D	SD
17.	My commitment to the health profession was strengthened by this internship.	SA	A	D	SD

ANY ADDITIONAL COMMENTS:

Intern Evaluation of University and University Supervisor – Form 14

Please respond to the statements below regarding our University Internship Supervisor. Circle the appropriate response.

SA = Strongly Agree A = Agree D = Disagree SD = Strongly Disagree

	Item	Response			
1.	The number of interactions with my supervisor was appropriate to determine my competence.	SA	A	D	SD
2.	Sufficient time was spent conferring with me.	SA	A	D	SD
3.	Sufficient time was spent conferring with my field supervisor.	SA	A	D	SD
4.	I was provided with useful feedback.	SA	A	D	SD
5.	I believe I was supported and understood.	SA	A	D	SD
6.	I was informed of all the internship requirements.	SA	A	D	SD
7.	I was able to contact my supervisor for consultation.	SA	A	D	SD
8.	Prior to the internship, the grading policy was clarified.	SA	A	D	SD
9.	My supervisor communicated clearly with me.	SA	A	D	SD
10.	Throughout the internship I had a clear understanding of the requirements.	SA	A	D	SD
11.	My supervisor demonstrated effective interpersonal skills.	SA	A	D	SD
12.	I am in agreement with the supervisor's evaluation of				

	my performance.	SA	A	D	SD
13.	The internship packet is easier to understand.	SA	A	D	SD
14.	The internship process is clear.	SA	A	D	SD
15.	The internship has benefited my career.	SA	A	D	SD

RECOMMENDED CHANGES IN THE INTERNSHIP PACKET OR THE INTERNSHIP PROCESS:

OTHER COMMENTS:

Career Analysis Final Report – Form 15

This report is due at the final on-campus meeting

The purpose of the career analysis final report is to enable you to look at yourself in relation to your selected career now that you have completed the internship. Think for some length before attempting to formulate your thoughts on paper. Your overall perception, insight, and analysis of the people and their professional role, of the situations encountered, and ultimately of your selected career are important. If you have not chosen a specific career at this time, then identify a potential career of interest for this assignment. This report should represent your best academic efforts to date. It must be typewritten.

1. Do you plan to continue in this career? Discuss your basic reasons for continuing or not continuing.
2. Project the next three years in terms of your selected career. What skills and qualifications are required for you to excel during this time? Which of these do you in particular need to strengthen?
3. Discuss the basic qualities of those persons assuming a leadership role in the professional organization where you preformed your internship. For example, what qualities contributed to the success of the supervisory or management persons? Discuss the basic qualities that would contribute to your success in the same position.
4. What skills, education, qualifications, and experiences will be required of you if you remain in your chosen career? Do you plan to attend graduate school? If yes, what area of study are you considering and why?
5. What are the basic differences between how you perceived your role before the internship experience based on academic training and how you perceive it now

that experience has been obtained? What would you change in the Health Administration program to improve it for the next student?

Requirements for Final Written Project – Form 16

YOUR FINAL WRITTEN PROJECT CAN BE ON ANYTHING YOU DO AS PART OF YOUR INTERNSHIP. WHAT IS TURNED IN TO THE UNIVERSITY SUPERVISOR IS A SUMMARY OF THE ACUTAL PROJECT. AS A GUIDELINE, THIS PROJECT NEEDS TO HAVE AT LEAST THE FOLLOWING COMPONENTS

This report is due at the final on-campus internship meeting.

✓ **NEEDS ASSESSMENT**

- This component should clearly demonstrate the need for the program.
- This assessment should indicate how the need for the project was determined.

✓ **REVIEW OF THE LITERATURE**

- This section should contain a brief review of the literature that supports the need for and the actual project.
- The review does not need to be overly extensive, but it does need to include recent references and/or resources that provide empirical support for the project.

✓ **PLANNING PHASE**

- This section is the “what and how” the planning phase was conducted.
- It should contain a description of the model (e.g. PATCH) that was used to plan the project, what other individuals participated in the planning and how the planning was conducted.

✓ **PROGRAM/PROJECT IMPLEMENTATION**

- This part should provide an actual description of the program or project you developed and put into operation.
- You can provide a written description, actual program components, or any way you choose to clearly demonstrate the program.

✓ **PROGRAM/PROJECT EVALUATION**

- Evaluation addresses how you know if the program/project did what you planned for it to do and the degree to which the program/project was successful.
- You should have a process/formative and impact/summative evaluation component.

✓ **A DETAILED PERSONAL REACTION TO THE PROJECT**

- In this final section, provide your personal viewpoints, thoughts and any feedback as a result of completing this project
- Relate the project to your internship **and** to your prospective career.

Intern's Final Evaluation / Determination of Grade Form
HEALTH ADMINISTRATION INTERNSHIP PROGRAM
(TO BE COMPLETED BY THE UNIVERSITY SUPERVISOR)

Assignment

1. Letter of Intent
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

2. Intern Application/Information Form
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

3. Resume
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

4. Preliminary Work Plan (Goals, Objectives, Strategies & Evaluation)
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

5. List of Scheduled Times at the Internship Site
 - Complete
 - Incomplete

6. Weekly Job Performance Forms
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

7. Midterm Evaluation
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

8. Time Distribution Form
 - Complete
 - Incomplete

9. Certificate of Participation Form
 - Complete
 - Incomplete

10. Final Approval Form
 - Complete
 - Incomplete

11. Internship Facility Site Form
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

12. Field Site Supervisor's Final Evaluation Form
 - Complete
 - Incomplete

13. Evaluation of University and University Supervisor
 - Complete
 - Incomplete

14. Letter of Appreciation to Field Site Supervisor and Agency
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

15. Final Work Plan (Goals, Objectives, Strategies & Evaluation)
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

16. Career Analysis
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Incomplete

17. Intern's Written Project

- Excellent
- Satisfactory
- Unsatisfactory
- Incomplete

18. Pre-Internship Meeting

- Attended
- Did not attend

19. First On-Campus Meeting

- Attended
- Did not attend

20. Second On-Campus Meeting

- Attended
- Did not attend

21. Final On-campus Meeting

- Attended
- Did not attend

22. Field Site Visit(s)

- Attended
- Did not attend

23. Achievement of Objectives

- Excellent
- Satisfactory
- Unsatisfactory
- Incomplete

Total Score for Above Assignments: _____

Field Supervisor's Midterm Grade: _____

Field Supervisor's Final Grade: _____

Overall Internship Grade _____

Signature: _____

University Supervisor

Date

**UNIVERSITY OF NORTH FLORIDA
COLLEGE OF HEALTH**

Petition for Coursework with Internship

NAME:

SOCIAL SECURITY:

ADDRESS:

PHONE:

MAJOR:

ADVISOR'S NAME:

**TITLE AND NUMBER OF COURSE YOU ARE REQUESTING TO TAKE WITH
INTERNSHIP (FOR EXAMPLE, HSC 3500 EPIDEMIOLOGY):**

STATE REASON YOU BELIEVE AN EXCEPTION SHOULD BE MADE IN YOUR CASE:

STUDENT SIGNATURE: _____ **DATE:** _____

APPROVAL RECOMMENDATIONS:

ADVISOR'S RECOMMENDATION

Appropriate Signature and Date

UNIVERSITY SUPERVISOR'S RECOMMENDATION:

Appropriate Signature and Date

PROGRAM LEADER'S RECOMMENDATION

Appropriate Signature and Date