Public Health Educator Internship Guidelines

Department of Health Promotion & Administration

Eastern Kentucky University
Public Health Educator Internship Guidelines

FIELD TRAINING - WHY?

Eastern Kentucky University’s B.S. in Public Health is a Council on Education for Public Health (CEPH) accredited degree. An internship is required as a part of the accreditation. The internship experience affords the student an opportunity to apply and deliver essential skills, strategies, and knowledge learned in the classroom to diverse community population groups. Successful field training at the end of academic course work fosters the development of professional attitudes and refinement of strengths in the public health field.

The ideal internship situation allows the student to perform a myriad of functions concerned with the organization and promotion of health education activities, especially those dealing with the extension of health education through communication. Opportunities should be available for students to assist in creating an understanding of the community as a whole: developing essential lines of communication; planning with both consumers and providers of health services for meeting the needs of individuals and community groups; and evaluating all related programs served by the agency.
I. THE STUDENT

A. Nature of the Internship

Internships carry 3-6 hours of credit and are required of each student in the Community Health option in order to graduate. HEA 463 is the Internship course for the Community Health concentration of the undergraduate Public Health major. For Undergraduate students, the field experience consists of approximately 54 hours per credit hour. Three (3) hours of credit translates into 160 hours and six (6) hours of credit requires 320 hours be spent in observation and participation in public health, community health education, or wellness related activities at an approved agency. Typical sites for an internship include: state and local health departments, voluntary health agencies, comprehensive care centers, family planning affiliates, hospitals, health maintenance organizations, worksite health promotion programs, programs in corporate, community, hospital, commercial, or educational settings.

B. Scheduling the Internship

Internship is scheduled during the second half of the spring semester or during the summer semester of the student's senior year. This is flexible and can be scheduled to meet the student's needs. The minimum time requirement to be spent in an internship is usually scheduled in a sequence that is acceptable to both the student and agency. Most prefer to schedule the hours, five days per week, while others prefer to space the hours over a longer period of time. Early in the fall semester of the senior year, each student will meet with the Internship Coordinator to begin planning the internship. An agency and location will be identified which is compatible with the special interests, needs, and requirements of the student. The Student will then contact the agency to verify that placement them is acceptable. The student and Internship Coordinator will have a second meeting, early in the semester preceding the internship, to complete the agency assignment and further discuss objectives and procedures of internship. The Internship Coordinator must approve the placement. A few weeks prior to the beginning of the internship, the student will meet with the agency supervisor to finalize plans for the experience. The student will fill out Appendices C, D, E, F, & G, sign them, and take Appendices D & G to the agency supervisor for their signature. The student will then bring all forms to the Internship Coordinator, who will sign the appropriate documents and make copies for the student and the agency supervisor.
C. Objectives of the Internship

Internship is designed to provide the student an opportunity to observe, participate with, and learn from health educators in a way that will prepare her/him to function more effectively after graduation. Through internship the student will:

1. Analyze the structure, general function, and programs of the agency.

2. Identify the programs, services, and personal relationships within the agency.

3. Identify the relationships the agency has with the community, and particularly with other health personnel and organizations.

4. Identify health problems of the community that could be addressed with health education.

5. Interpret the role of a community health educator within the agency and plan the solution to at least one health issue.

6. Employ a variety of health education skills, including acting as a resource person for the agency and the community it serves.

7. Demonstrate teamwork skills in functioning as a member of the health agency team. A list of activities, which are typical in the internship, to help implement the above objectives is given later in this manual.

8. Apply different activities and related skills learned in school to work with clients to improve and maintain their level of health and function.

9. Carry out educational programs planned for the community served by the agency.

10. Prepare a portfolio of activities completed during the internship. The portfolio shall include but not be limited to:
   a. daily log of activities
   b. copies of lectures or demonstrations prepared and presented, handouts, and overheads etc.
   c. copies of any material created by the student
   d. agendas and minutes of any meetings attended by the student
   e. explanation of any health fairs or screening the student participated in, photos should be included
   f. evaluations provided to the student by the agency supervisor
   g. resume
   h. any other material deemed important by the student, agency, or Internship Coordinator.
   i. student’s self-reflection on the experience.
   j. student generated power point about internship experience.
D. **Supervision**

Each student in the internship will have a University Supervisor and an Agency Supervisor. The Internship Coordinator will make arrangements for placement with an agency and the University Supervisor will have final responsibility for evaluation of the student. The Agency Supervisor will coordinate the field experience and submit an evaluation of the internship student to the University Supervisor.

E. **Evaluation**

Student evaluation will be based on the following activities:

1. Each student will keep a daily log, including an assessment of self and activities experienced.
2. Each student will complete a final report, using the form supplied in this manual, (appendix A) and submit it to the University Supervisor, along with the daily log and portfolio. These materials should be submitted during the exit interview for the internship. (The Agency Supervisor should be given an opportunity to review the report).
3. Completion and submission of a portfolio of activities to the University Supervisor during the exit interview for the internship (See C10 above).
4. During the last few days of the internship, the University Supervisor will meet with the student. The meeting will include an oral discussion of the experience and provide an opportunity for the University Supervisor to assess the student’s understanding related to the stated objectives (listed on page 3).
5. During the semester, the Agency and University Supervisors will communicate via phone and email or site visit to discuss the progress of the student. At the end of the term, the Agency Supervisor will submit a final written evaluation of the student, and the program using the form included in this manual (see Appendix B).
6. Student must maintain the hours agreed upon and be prompt. The student must contact both the Agency Supervisor and the University Supervisor to obtain permission for days they will miss and must make up time lost. Any changes in the originally agreed upon schedule must be approved by the Agency AND the University Supervisor. Unexcused absences can be cause for removal from the agency and/or failure of the course.
7. The student must maintain professional conduct, respect confidentiality agreements and show respect for coworkers. Professional dress is required. The student should discuss the dress requirements of the agency in advance of the internship. Unprofessional conduct will be addressed and if not improved can be grounds for removal from the agency and/or failure of the course.
8. There will be 3 meetings held at EKU where the student will discuss aspects of the internship with the University Supervisor.
9. Students will prepare and do a capstone presentation of their internship experience. Instructions as to what will be in the presentation can be found below. These presentations will take place on the third meeting date at EKU during the last week of the semester in which the student registered for the internship.
HEA 463 INTERNSHIP IN HEALTH PROMOTION AND ADMINISTRATION

CAPSTONE PRESENTATION GUIDELINES

Instructions: Prepare a 15 minute mini-presentation of your internship portfolio that, minimally, contains the following information:

1. A description of the structure, general function, and programs of the agency, along with the name, job title, and credentials of the internship supervisor
2. A description of the relationships the agency has with the community, and particularly with other stakeholders.
3. A list of the areas within the agency in which you worked and a list of your specific duties
4. A description of the major projects that you completed/performed
5. A discussion of the different activities and related skills learned in school that you used to work with clients to improve and maintain their level of health and function.
6. A description of the educational programs that you planned and/or delivered for the community served by the agency
7. A list and description of meetings that you attended
8. Pictures, if you have any, to show us what you did; or bring samples of your work to the presentation
9. A discussion of how you applied the Seven Areas of Responsibility in your internship.
10. Anything else you would like to share about your experience.

Evaluation: The following rubric will be used to assess the capstone presentation:

<table>
<thead>
<tr>
<th>3</th>
<th>Exceeds Expectations</th>
<th>2</th>
<th>Meets Expectations</th>
<th>1</th>
<th>Does Not Meet expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work is of professional quality and demonstrates the student has an in-depth understanding of the relevant concepts and/or process of the activity. Work clearly demonstrates engagement in the activity. The final product clearly exceeds what would be expected of an entry-level health education specialist.</td>
<td>Work is of quality expected of students at this level. Work demonstrates the student has an appropriate understanding of the relevant concepts and/or process of the activity. Work demonstrates expected engagement in the activity. The final product meets what would be expected of an entry-level health education specialist.</td>
<td>Work is below quality expected of students at this level. Work demonstrates the student has a minimal understanding of the relevant concepts and/or process of the activity. Work demonstrates less than expected engagement in the activity. The final product falls short of what would be expected of an entry-level health education specialist.</td>
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</table>
F. **Student Preparation and Responsibilities**

Each student should:

1. Send a cover letter and a resume' to the agency supervisor during the semester prior to the beginning of the internship and request materials describing the agency, and the population served by it, to peruse in advance. Become familiar with the agency ahead of time, through reading and discussions with the Internship Coordinator and the agency. *If you intend to do your internship at the Madison County Health Department, you MUST volunteer there during your junior year and they have strict rules about application deadlines. Read their instructions provided by your advisor.*

2. Employ effective skills on human relations during the internship, i.e., be patient and empathetic, have an open mind, show appreciation, be prompt, conscientious and courteous.

3. Become familiar with the internship objectives and endeavor to meet them through outside reading and the fullest participation in every learning opportunity.

4. Assume responsibility for planning finances, travel, living arrangements during the internship.

5. Maintain proper conduct at all times and adhere to confidentiality agreements. Student must dress properly and be prompt.

6. Remember that you are representing The Department of Health Promotion and Administration AND Eastern Kentucky University.

II. **THE UNIVERSITY**

In order to determine placement areas that will offer the best opportunities for professional growth, the University faculty must recognize the student's strengths and weaknesses. Provision of a wide spectrum of opportunities for consultation and guidance from experienced health professionals during the internship and a follow-up analysis of the total experiences are further responsibilities of the university.

The University has a responsibility to develop and execute the following aspects of the internship program:

1. A conference with the student to define goals, determine interests, and clarify objectives.

2. Contact with the supervisor of the agency and the student for final consideration and approval of the proposed experience.

3. Periodic evaluations of the student's progress. (These should involve the agency supervisor, the student, and the university supervisor.)

4. Final evaluation of the student by the university supervisor after consultation with the agency supervisor.
III. THE AGENCY

The student internship is one of both orientation and participation. The agency supervisor should assist the student to move from observer to participant as soon as feasible. The activities to be included in the internship are dependent upon such variables as the objectives of the internship program, agency programs, student background, and time to be spent by both student and agency supervisor. Listed below are some general suggestions which may assist in the essential ahead-of-time planning.

**General Suggestions**

1. The student will need orientation to the agency. **Activities:** introduction to personnel; tour of facilities; attendance at conferences and field visits with selected personnel; review of agency policies, structure, and services; attendance at staff meetings.

2. The student will need orientation to the community served by the agency. **Activities:** Visit health-related agencies such as hospitals, nursing homes, voluntary health agencies, and worksite health promotion programs; attend open community meetings; attend conferences with community leaders or representatives from health or wellness related organizations.

3. The student should become involved in agency activities which would better prepare her/him to function as a public health educator. **Sample activities:**
   a. Participate in weekly staff meetings.
   b. Assist in planning health education components of agency programs.
   c. Assist in evaluation of agency programs.
   d. Execute health education activities in such areas as:
      (1) Public information—e.g., write newspaper articles and radio spot announcements, make presentations to groups, design a bulletin board or pamphlet, preview videos, do public service announcements;
      (2) Records and reports;
      (3) Conference participation;
      (4) Facilitate wellness related activities such as:
         (a) Marketing, fund raising, and creative incentive programs.
         (b) Implement and, if possible, evaluate programs in fitness, nutrition, wellness, smoking cessation and stress management.
      (5) Conduct research, write grants, do data entry for program data.

**Evaluation of the Student**

Periodically during the internship, the University Supervisor will discuss the student's progress with the agency supervisor. Near the end of the experience, the agency supervisor should complete and submit the Student Evaluation Form and program evaluation included as appendix B in this manual.
Appendix A-1

STUDENT FINAL REPORT FORM*

Student: ______________________________________________________

Agency Name & Address: ___________________________________________

Agency Supervisor name and phone number: _________________________

Dates of Internship/Practicum: _____________________________

*The DAILY LOG AND PORTFOLIO must be submitted with this report*

I. Describe the community agency in which you worked, e.g. demographic data, community resources, and health problems.

II. Give a brief "job description" of the internship:
III. Discuss the extent to which you feel each of the internship objectives (below) were met. Include the strengths and weaknesses of the experience, in relation to the objectives.

A. Analyze the structure, general function, and progress of the agency.

B. Identify the program and personal relationships within the agency.

C. Identify the relationships the agency has within the community, and particularly with other health personnel and organizations.

D. Identify health problems of the community that could be approached with health education activities.

E. Interpret the role of a community health educator within the agency, and plan the solution to at least one health issue.

F. Employ a variety of health education related skills.

G. Demonstrate teamwork skills in functioning as a member of the health team.
IV. Did you have adequate working space and equipment to carry out responsibilities? Were you given adequate supervision? Explain.

V. How well did your academic training prepare you for the internship? What were the strengths and weaknesses? (Give examples).
APPENDIX A-2
Department of Health Promotion and Administration
Eastern Kentucky University
B.S. in Public Health Exit Survey

For items 1-5, please place a check in the space provided for each item.

1. What was your option?
   Community Health _________ School Health _________

2. Did you complete a minor? Yes_____ No_____ (If yes, please specify ________________________________)

3. Circle the organization(s) you are a member of or add others.
   Eta Sigma Gamma   KPHA   KAHPERD   APHA
   Other (list all)___________________________________________________

4. What professional conferences of meetings did you attend over the course of your educational program? Please provide name of the conference, the month and year attended.
   List All: _________________________________________________________
   __________________________________________________________________

For items 5-13, please check one response for each item.

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<thead>
<tr>
<th>How would you…</th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Fair</th>
<th>Poor</th>
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<tr>
<td>5. Rate the quality of advising you received as part of your program?</td>
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<td>6. Rate the support available to students for career information and job searches?</td>
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<td>7. Rate the willingness of faculty to meet student needs?</td>
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<td>8. Rate the availability of faculty outside of class?</td>
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<td>9. Rate the quality of instruction you received?</td>
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<td>10. Rate the facilities that you/your instructor used in teaching courses?</td>
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<td>11. Rate the equipment that you/your instructor used in teaching courses?</td>
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<td>12. Rate this program after comparing it to your expectations when you entered with what you received?</td>
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<td>13. Rate your overall experience with the program in regards to preparing you to meet the expectations of a health education professional</td>
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</table>
For items 14-19, please answer as completely as you can.

14. How did you learn about this major?

15. What courses offered by our department were most beneficial to you and why?

16. What courses offered by our department were least beneficial to you and why?

17. Overall, what were the program’s strengths?

18. Overall, what were the program’s weaknesses?

19. If you were to begin the program today, what experiences or courses would you recommend be added that would have enhanced your preparation?

20. Would you recommend this program to an interested student today? Yes____ No____
For items 21-33, please check one response for each item using the following definitions:

**Awareness:** Ability to identify but limited ability to perform the skill

**Knowledgeable:** Ability to apply and describe the skill

**Proficient:** Ability to synthesize, critique, or teach the skill

<table>
<thead>
<tr>
<th>How would you rate your mastery of the following health education skills after completing the program…</th>
<th>Awareness</th>
<th>Knowledgeable</th>
<th>Proficient</th>
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<tr>
<td>Examine the relationships among behavioral, environmental, and genetic factors that enhance or compromise health</td>
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<td>Examine factors that influence the learning process</td>
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<td>Design instruments to collect data</td>
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<td>Interpret results of evaluation or research</td>
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<td>Identify and/or develop a variety of communication strategies or techniques</td>
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<td>Identify roles of public health in addressing the needs of vulnerable populations and health disparities</td>
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<td>Assess needs, assets and capacity for health education</td>
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<td>Plan health education</td>
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<td>Implement health education</td>
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<td>Conduct evaluation and research related to health education</td>
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<td>Administer and manage health education</td>
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<td>Serve as a health education resource person</td>
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<td>Communicate and advocate for health and health education</td>
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THANK YOU FOR YOUR PARTICIPATION!
### Appendix B

**DEPARTMENT OF HEALTH PROMOTION AND ADMINISTRATION**  
**INTERNSHIP EXPERIENCE**  
**AGENCY EVALUATION OF STUDENT**

<table>
<thead>
<tr>
<th>Student</th>
<th>Agency Name and Address</th>
<th>Dates of Internship</th>
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<table>
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<tr>
<th>Agency Supervisor Name and Phone Number</th>
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### I. PROFESSIONAL QUALITIES

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<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Attention</th>
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<tr>
<td>1. Professional attitude toward:</td>
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<td>Host agency</td>
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<td>The University</td>
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<td>The Community</td>
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<td>Comments:</td>
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<td>2. Knowledge of:</td>
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<td>Public Health</td>
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<td>Health Education</td>
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<td>Host Agency</td>
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<td>Community served by agency</td>
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<td>Comments:</td>
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<td>3. Special aptitude, if any, in Health Education</td>
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II. WORK PERFORMANCE AND PERSONAL CHARACTERISTICS

<table>
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<tr>
<th></th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Needs Attention</th>
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<tr>
<td>1. Ability to work well with:</td>
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<td>- Professional Workers</td>
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<td>- The Public</td>
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<td>2. Ability to lead democratically</td>
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<td>- Professional groups</td>
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<td>- Lay groups</td>
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<td>3. Respect for other person's ideas</td>
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<td>4. Attitude toward receiving suggestions or criticism</td>
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<td>5. Organizes and budgets time</td>
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<td>6. Understanding of organization served by the agency</td>
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<td>7. Acceptance of responsibility</td>
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<td>8. Ability to do wise planning</td>
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<td>9. Ability to follow through on projects or assignments</td>
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<td>10. Objectivity in making a decision</td>
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<td>11. Common sense</td>
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<td>12. Imagination and creative thinking</td>
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<td>13. Willingness to do more than minimal requirements</td>
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<td>14. Dependability</td>
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<td>15. Efficiency</td>
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<td>16. Sense of humor</td>
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<td>17. Personal appearance</td>
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<td>18. Enthusiasm</td>
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</table>
III. SUMMARY:

A. What was the over-all quality of the student's performance?

B. Please assign a letter grade to the student's performance.
   (A, B, C, D, F, - A = Excellent, F = Failure) 
   ___________ Grade

C. Based on your exposure to this student:

   1) What are the strengths of EKU's Health Education program? Be specific

   2) What are the weaknesses of EKU's Health Education program? Be specific
Appendix C

Eastern Kentucky University College of Health Sciences
BS Public Health Community Health Concentration
Internship Information

Fill out and return this form to the internship coordinator prior to scheduling the practicum.

STUDENT INFORMATION:

Name ________________________________________________________________

Address ________________________________________________________________

Cell Phone Number ______________________________________________________

Home Phone Number _____________________________________________________

EKU E-mail Address _____________________________________________________

Personal E-mail Address _________________________________________________

INTERNSHIP INFORMATION:

Internship Site __________________________________________________________

Agency Supervisor Name _________________________________________________

Agency Supervisor Phone Number __________________________________________

Agency Supervisor E-mail Address _________________________________________

Internship Site Mailing Address __________________________________________

Student's Work Phone number at Internship Site _____________________________

Internship Start Date ___________________  Anticipated End Date _______________
Appendix D
Eastern Kentucky University
College of Health Sciences
Student Activities/Learning Objectives/Competencies
Report of Intended Internship Activities

Student Name:_____________________________________________________________

Agency Supervisor Name:____________________________________________________

Agency Site: ______________________________________________________________

List major projects to be performed:

List 1 to 3 learning objectives to be accomplished:

List other duties and responsibilities:

This statement of responsibilities is acceptable to us (signatures required):

_____________________________________________ DATE: ______________________
Student

_____________________________________________ DATE: ______________________
Agency Supervisor

_____________________________________________ DATE: ______________________
University Supervisor
Appendix E

(Agency Name, Address, Phone, Supervisor)

AGREEMENT TO SAFEGUARD CONFIDENTIAL INFORMATION

I, ______________________________ (Name), Student Intern, at ________________
________________________________ (Agency), do certify my understanding that any
patient/person accepting services, or counseling, and/or referral through the medium of the
____________________________ (Agency) may unequivocally anticipate that any violation of this
rule will result in the immediate termination of my internship at the approved agency listed above. It
is a breach of professional ethics to reveal confidential communications without the express written
consent of the person/patient.

Student Signature ______________________________________________

Date ____________________

Department of Health Promotion & Administration
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Appendix F

STUDENT AFFILIATION AGREEMENT

1) The student will be expected to conduct himself/herself in a professional and responsible manner and to understand that he/she is in a position of observation and/or participation. In no way will any student whose participation is limited to observation status attempt to interfere with interaction in progress between the ____________________________ (Agency) representative and the public.

2) THE STUDENT UNDERSTANDS THAT THIS DEPARTMENT AND REPRESENTATIVE THEREOF CANNOT AND WILL NOT ASSUME ANY RESPONSIBILITY OR LIABILITY FOR INJURY, EXPOSURE, OR OCCUPATIONAL HAZARDS ASSOCIATED WITH STUDENT OBSERVATION AND/OR ACTIVE PARTICIPATION.

In this regard, it is advisable that each student have health and accident insurance currently in effect.

I understand and agree to comply with all of the above provisions concerning my participation in a program of observation and/or active participation administered through the ____________________________.

(Agency)

________________________________   __________
Student’s Signature                   Date

________________________________   ___________
Instructor’s Signature                Date

Department of Health Promotion & Administration
Eastern Kentucky University
Appendix G

AGENCY AFFILIATION AGREEMENT
BETWEEN

Eastern Kentucky University – Department of Health Promotion and Administration and

____________________________________ (Agency) and _______________________________ (Name of Student)

PURPOSE:

This agreement, entered into this __________day of _____________________/__________ between Eastern Kentucky University, Department of Health Promotion and Administration and the ____________________________________, hereinafter referred to as the Agency, is for a cooperative program of education for __________________________________ (Name of Student). Since no financial obligation between Eastern Kentucky University – Department of Health Promotion and Administration and the Agency is involved, the scope of the agreement is focused on the general activities planned and the assignment of responsibilities between the parties.

GENERAL AGREEMENT:

It is agreed that the _______________________________ will serve as the Clinical Agency for the Eastern Kentucky University – Department of Health Promotion and Administration students in such a number and at such at time as the parties hereto mutually agree; further, that the staff of the Agency will provide the necessary instruction and supervision of its students to insure the proper application of the internship/practicum objectives.

For Department of Health Promotion & Administration
Eastern Kentucky University

_________________________________________    __________
Agency Supervisor Signature Date

For ________________________________________________
Agency Name

Department of Health Promotion & Administration
Eastern Kentucky University