

Internship Site: \_\_\_\_\_

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

Preceptor Name: \_\_\_\_\_

Internship Semester/Year: \_\_\_\_\_

City/State/Country \_\_\_\_\_

Number of Credits: \_\_\_\_\_ ID #: \_\_\_\_\_

## CHECKLIST

Please complete the checklist below in its entirety. When finished, email the HLTH 499 professor to request and schedule an internship approval meeting in order to confirm your HLTH 499 internship.

- You are a Public Health major
- You are a senior
- You GPA is at least 2.35
- You completed HLTH 452
- You completed HLTH 453
- You are up-to-date on CSERs
- You are adult, child, and infant CPR and First Aid certified: Expiration dates: \_\_\_\_\_
- You attended the mandatory orientation meeting: Semester \_\_\_\_\_ Year \_\_\_\_\_
- You completed the Liberty University Internship Registration form on SharePoint (<http://tinyurl.com/858w7ss>)
- You copied, scanned, and uploaded as a PDF both sides of your adult, child, and infant CPR and First Aid cards (<http://tinyurl.com/ldjvom6>). Print and bring a copy of the cards to the internship approval meeting (save a copy for yourself).
- You met with a potential internship site and determined that it would fulfill at least 3 Areas of Responsibility AND  that it would fulfill 180 hours of hands on experience in the Areas of Responsibility
- You completed and printed **2 signed copies** of each of the 3 agreement forms (including 3-4 SMART objectives on a separate page). One copy is for the HLTH 499 professor to file and one copy is for you (both will be signed by the HLTH 499 professor at the meeting if internship is approved). Many sites now require a copy of the signed agreement forms, and it is your responsibility to submit upon request. The internship professor and/or PCH office not provide or send additional copies.
- You printed a copy of your most recent DCP course audit from ASIST
- You have the agreement forms, SMART objectives on a separate page, CPR/FA card copy, and the DCP course audit ready and in hand for the internship approval meeting

Meeting Date: \_\_\_\_\_ Student Signature: \_\_\_\_\_ HLTH 499 Professor \_\_\_\_\_