

Department of Health Sciences Internship Program Internship Request Form

The Internship Experiences Coordinator must receive this Internship Request Form for students requesting to complete an internship for credit. The Internship Request Form ensures that all requirements are met and allows for communication between the site/preceptor, student, and the Department of Health Sciences.

Student Information

Full Name	LAST	FIRST	M.I.
PHONE NUMBER		EMAIL @knights.ucf.edu	

****I certify that I meet the Department of Health Sciences Internship Program requirements. The requirements are as follows: Overall GPA of 3.0 or above, Minimum of 60 credit hours completed, Successful completion of Pathophysiology I (HSC 4555) and/or Pathophysiology II (HSC 4558) prior to the internship semester.**

Step 1: Securing an interview and an internship

You must have an internship/shadowing offer or have interviewed with the potential internship/shadowing site to request a new internship. The site must be able to provide a minimum of 80 hours over the course of the semester in order to qualify.

Step 2: Internship Site Information

For the proper execution of a Internship Agreement student must gather and submit the following information regarding the potential internship site:

Potential Internship Site Information

Name of Internship site: _____
PROVIDE THE COMPLETE NAME OF THE INTERNSHIP SITE

Site Contact Name: _____
WHO IS THE POINT OF CONTACT AT THE INTERNSHIP SITE? (TYPICALLY YOUR POTENTIAL PRECEPTOR)

Phone number: _____
PROVIDE DIRECT CONTACT NUMBER OF CONTACT WITH ANY EXTENTIONS

Site Contact email: _____
Write legibly

Internship Site website: _____

Internship Address: _____

List physical address, if the internship has more than one site use a separate sheet of paper to list additional sites.



Department of Health Sciences Internship Program
New Internship Request

Do you currently work for this site? [] Yes [] No

Type of Internship: [] Community Outreach [] Medical Shadow [] Research

Specialty:

- [] Physical Therapy [] Nutrition/Dietetics [] Clinical Therapies
[] Occupational Therapy [] Dentist [] Engineering and Science
[] Physician Assistant [] Veterinarian [] Vision Care
[] Medicine [] Research Scientist [] Wellness
[] Pharmacy [] Clinical Laboratory [] Undecided
[] Public Health [] Communications [] Other

Brief Description of Internship opportunity:

Three horizontal text input fields for describing the internship opportunity.

Step 3: Student Acknowledgment

- I understand that I am requesting a new internships site, and an internship site is not officially approved until the site and the Department of Health Sciences agree to the Internship Terms and Conditions.
I can submit only one Internship request unless directed otherwise by the Internship Coordinator.
No request will be accepted after the semester had begun.

Step 4: Signatures

I certify that the above information is accurate. As the preceptor, I agree with providing this shadowing opportunity. As the student, I am willing to commit to this internship experience.

Preceptor signature line

PRECEPTOR SIGNATURE

Student signature line

STUDENT SIGNATURE

Step 5: Submit your completed Internship Request Form

Submit all documents to hsintern@ucf.edu