INTERNSHIP SITE CONTACT INFORMATION

Student Information:

Student's name: _____

W #: _____

Degree Program: _____

KHS Faculty Supervisor: _____

****Signature of KHS Faculty Supervisor**: _____ ***

Internship Site Information:

Name of Site: _____

Address: _____

_____

*Telephone #: _____

Fax #: _____

Supervisor's name: _____

Position/Title: _____

*E-mail Address: _____

Requirements of Internship Site:

Does the site require a current Hepatitis B vaccination?	**YES**	**NO**
Does the site require a proof of or vaccination against chicken pox?	**YES**	**NO**
Does the site require a criminal background check?	**YES**	**NO**

If you answered yes, what specific policies are linked to such a requirement (i.e., does any positive result prevent the student from being assigned there, are there specific types of criminal activity that would prevent the student from being assigned to your site, etc?) If such policies exist, please send a photocopy of the policy along with your response.

THIS SHEET IS TO BE BROUGHT DIRECTLY TO THE INTERN COORDINATOR – NOT E-MAILED OR FAXED

Experiences for the Potential Intern at your Site:
(Please briefly summarize, point-by-point if necessary, *some* of the activities and duties that this intern would have exposure to and would contribute to his/her learning experience)

***Signature of Site Supervisor**: _____ ***

***Signature of potential Student Intern**: _____ ***

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