



Public Health
Health Promotion and Health Behavior
 Internship Learning Agreement
(2023-2024)

Instructions:

- Complete this form with your internship site.
- **Email** the Learning Agreement to Dr. Karen Elliott at: karen.elliott@oregonstate.edu before.
- You will then receive an email confirmation from Dr. Elliott on how to register.

STUDENT INFORMATION			
Last Name			
First Name			
OSU Email		Student ID:	
Section	<input type="checkbox"/> ECampus section		<input type="checkbox"/> Regular section
Start Date:		End Date: (must be by the end of finals week)	
Credits you are registering for:	<input type="checkbox"/> 12 credits, 252-360 hours <input type="checkbox"/> 6 credits, 126-180 hours for two terms <input type="checkbox"/> Other (double option, double education major, etc) Please specify down below: <hr/>		
Internship Format: check all that apply	<input type="checkbox"/> Remote internship <input type="checkbox"/> In person internship		<input type="checkbox"/> Hybrid internship <input type="checkbox"/> IE3 International Internship
Prerequisites	Term and year you took the course or are taking it. For example: Summer 2023	Grade or Expected grade in the course. It needs to be a C- or higher.	
H407/H419			
H476			

**PRECEPTOR 1 INFORMATION
(THIS PERSON CANNOT BE A FAMILY MEMBER)**

Last Name	
First Name	
Address	
City, State, Zip Code	
Organization	
Phone	
Email:	
Credentials (Must have at least a bachelor's degree in a related field or extensive work experience.)	

**PRECEPTOR 2 INFORMATION (IF APPLICABLE)
(THIS PERSON CANNOT BE A FAMILY MEMBER)**

Last Name	
First Name	
Address	
City, State, Zip Code	
Organization	
Phone	
Email: Required	
Credentials (Must have at least a bachelor's degree in a related field or extensive work experience.)	

**HEALTH PROMOTION AND HEALTH BEHAVIOR
PROJECT/ACTIVITY REQUIREMENTS**

Check at least 3 of the following activities/projects

- Participate in public health program planning
- Participate in public health program implementation
- Participate in public health program evaluation
- Participate in community public health activities
- Participate in health education activities
- Develop and/or implement a needs assessment
- Develop and/or implement a health survey
- Participate in public health data collection and/or analysis
- Participate in public health policy activities
- Develop health education materials
- Health communication
- Participate in specific public health areas (HIV/AIDS, obesity, nutrition, cancer, diabetes, infectious diseases, violence, environmental health, mental health, chronic diseases other health behaviors).
- Participate in professional development: staff meetings, committee meetings, conferences, etc.

INTERNSHIP POSITION DESCRIPTION: Completed by student and preceptor

Please either describe the internship position description in the space down below or attach an internship position description.

INTERN AND PRECEPTOR COMMUNICATION PLAN: COMPLETE TOGETHER

Please specify the communication plan the intern should follow during the internship. **If you are doing an international (IE3) Internship, please complete this with your IE3 Advisor.**

	Main contact(s) <i>Indicate all appropriate contacts, including preceptor, staff, etc.</i>	Method (Email, phone, in person) <i>Indicate the best method, email, phone, in person, or a combination.</i>	Estimated time to allow for response/meeting <i>Indicate the amount of time the intern can expect to receive a response or the estimated amount of time for meetings.</i>
Answer basic questions <i>Who and how the intern should contact to have basic questions answered.</i>			
Address any concerns related to the internship <i>Who and how the intern should contact to address any concerns related to the internship.</i>			
Receive feedback on performance, projects, and activities <i>Who is appropriate to provide or seek out feedback on projects, activities, etc.</i>			
Dealing with Conflicts <i>Who should the intern contact with any conflicts in the internship.</i>			
Regular Progress Check-In <i>Who is responsible for regularly meeting with the intern to discuss progress.</i>			
Submission of projects, work activities <i>Discuss the plan for submitting projects and work related activities.</i>			
Other <i>Please Specify</i>			

PRECEPTOR AND INTERN COMMUNICATION PLAN: COMPLETE TOGETHER

Please describe the communication plan between the internship site/preceptor and intern.

	Description <i>Provide a description for each factor listed on the left.</i>
<p>Daily Internship Format <i>Describe the format of the internship, will it be structured, unstructured, or a combination.</i></p>	
<p>Independent or Team Centered Activities <i>Describe the format of the internship. Explain if the intern will need to be proactive in seeking out guidance and supervision, or whether there will be close supervision and input.</i></p>	
<p>Supervisory Style <i>Please indicate the supervisory style the intern can expect, such as delegating, collaborative, directive, other styles, or a combination.</i></p>	
<p>Addressing Intern Issues/Concerns <i>Describe how the intern can expect to be approached with internship performance concerns, or other internship matters.</i></p>	
<p>Other <i>Please specify</i></p>	

INTERN WORK SCHEDULE: COMPLETE TOGETHER

Please describe the intern’s work hours, holidays, vacation days, etc. Make sure the required number of hours will be completed by the Tuesday of Finals Week to receive a grade.

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Weekends (If Applicable)

**SMART Goal(s) for Internship: To be completed by intern and shared with preceptor.
Intern: Please list at least one SMART goal that you will set as an outcome for your upcoming internship. Below are some examples. SMART goals are: Specific, Measurable, Attainable/Achievable, Realistic/Relevant and Timely. Use a separate blank page if needed for more space.**

Example SMART goals:

1. Increase communication skills by delivering a health education outreach presentation at a staff meeting before the end of the internship term.
2. Gain experience in healthcare administration for graduate school by completing a project on quality improvement by the end of the internship term.
3. Understand the field of emergency preparedness by revising the current plan for the organization and receiving input from my preceptor to create a final version by end of the term.
4. To be competitive in the public health job market after graduation by successfully completing a large-scale health literacy project in my internship and communicating with my preceptor about employment options in the public health field after my internship.

List your goal below by each corresponding letter (see examples above if you are not sure what to write)

Specific S:
Measurable M:
Achievable A:
Realistic R:
Timely T:

INTERNSHIP WORK POLICIES: COMPLETED TOGETHER
Please describe the work policies related to the internship site below.

	Description <i>Provide a description for each item listed on the left.</i>
<p>Orientation/Background Check/Affiliation Agreement/Training <i>Describe if a background check, drug test, etc. is done, or if an affiliation agreement is needed, or there are other onboarding requirements.</i></p>	
<p>Workspace <i>Describe the workspace</i></p>	
<p>Paid or Unpaid <i>Please describe if the internship is unpaid or paid (hourly, stipend)</i></p>	
<p>Dress Code <i>Please describe the proper dress code for the internship, and internship-related activities.</i></p>	
<p>Professional/Ethical Conduct <i>Describe who to report to first, addressing confidentiality in the workplace and professional conduct and etiquette (no texting, phones, social media use, etc.)</i></p>	
<p>Work Protocol <i>Describe the plan for taking breaks, lunch, parking, checking in and out of site.</i></p>	
<p>Identification at Site <i>State if an ID badge or other type of identification will be provided. Students have the option to check out an OSU ID Badge from the Internship Coordinator.</i></p>	
<p>Other <i>Please Specify</i></p>	

OSU BACKGROUND CHECK POLICY

The organization/agency and student agree to the internship responsibilities and activities as detailed in the H410 Undergraduate Internship Manual. It is not OSU policy to perform background checks on all OSU students, and OSU does not certify or vouch for the background of the students who participate in this internship. Accordingly, you must conduct your own background check or require the student to obtain a background check, if you would like to determine fitness for duty using that information.

AFFILIATION AGREEMENTS

For undergraduate Public Health Internships, if a site requires an affiliation agreement with OSU, it has to be initiated so there is plenty of time (several weeks to months depending on the complexity) to complete through the Procurement and Contract Services at OSU: <https://pacs.oregonstate.edu/pacs/contract-services> Affiliation agreements cannot be expedited, and cannot be done at the last minute. By initialing below, I as the preceptor acknowledge that I understand that if an affiliation agreement is required by my organization to host the student, it must be completed according to the timeframe outlined above.

Preceptor's Initials: _____

FERPA ACKNOWLEDGEMENT AND STUDENT WAIVER

To meet a student's educational needs, it is necessary on occasion for information about the student's personal situation or academic performance to be shared between the site and the academic program which may otherwise be protected under The Family Educational Rights and Privacy Act (FERPA). More information about FERPA can be obtained at <http://registrar.oregonstate.edu/privacy-records>. As a student, my initials below affirm my voluntary consent to the sharing of any information in my educational record with the preceptor designated by the agency with which I am applying. I understand that should I choose not to waive my FERPA rights for the purposes of internship placement, a field placement will still be made available to me though my choices may be limited and may not include the organization I am requesting herein. *Any student wishing not to waive their FERPA rights here must contact the Internship Coordinator directly to discuss, prior to signing and submitting this form.*

Intern's Initials: _____

TERMS AND AGREEMENT AND SIGNATURES

Please sign below. Each person needs to sign and consent to the terms of this form and the internship manual on the internship website <https://health.oregonstate.edu/internships/public-health>

Please see the Academic Dishonesty website for more information on falsifying signatures or initials (which are on the term's forms): <http://studentlife.oregonstate.edu/studentconduct/academic-dishonesty>

Student: _____ Date: _____

Internship Preceptor: _____ Date: _____

Internship Coordinator: _____ Date: _____

(Dr. Karen Elliott)



Internship Policies and Procedures: Student Completes

Instructions: Students must read all the material referenced in the policies *before* typing initials.

___ **INITIALS** I understand that it is my responsibility to manually change the credits in registration to the correct amount that I indicated on page 1 once I get the override. By not changing it to the correct amount in time, I am aware that this can result in late fees.

___ **INITIALS** I understand that there are two sets of journals, Weeks 1-5 and Weeks 6-11) and they are optional. For each set done correctly by following the instructions in Canvas, it is worth 10 hours. If I do both, I can count 20 hours, and I will add those hours into my total hours on the Midway Progress Report and Final Evaluation. If I don't follow the instructions, I understand that it can result in 0 hours.

___ **INITIALS** I understand the activity/project requirements for my option and what is appropriate and what is not. **I understand that the following activities do not count: coaching/kinesiology/athletic training activities, clinical activities, daycare, firefighting, emergency responder calls, and activities that are not listed under my option for internship activities. It is my responsibility to tell my site what qualifies and what does not. If I have questions on what activities are appropriate, I will contact the Internship Coordinator.**

___ **INITIALS** I understand that I can complete optional professional development activities listed in the back of the portfolio for additional hours to count towards the total I need for the term.

___ **INITIALS** I have read the deadlines for all forms and I understand it is up to me to contact my preceptor far in advance to complete the forms. If I upload them to Canvas after the deadline, I understand that I will receive partial credit.

___ **INITIALS** I understand that **not following through with my internship site (showing up late, calling in sick repeatedly or with short notice, not following internship policies, etc.) can result in termination and a no pass grade for the internship.**

___ **INITIALS** I have read the Internship Manual on the Internship website and I agree to follow the policies described in the manual.

___ **INITIALS** I have reviewed and understand the Academic Code of Conduct (<http://studentlife.oregonstate.edu/studentconduct/academicmisconduct>) as it applies to the internship paperwork, portfolio and optional journals.