Appendix B
Letter of Agreement

LETTER OF AGREEMENT

Principle objectives of the internship program are to:

1. Provide an opportunity for the intern to perform the National Commission for Health Education Creditialing's (NCHEC) Areas of Responsibility and Competencies in community health education.
2. Provide a gradual transition from the college setting to the professional or community setting.

Details regarding the responsibilities of the students, site supervisors and internship coordinator can be found in the internship manual.

Student's objectives: (staple typed copy of objectives behind this page)

Idea for final project:

Timeline: Beginning date of internship: _____
mo. day yr
Ending date of internship: _____
mo. day yr

Work Schedule (list days, hours intern will be scheduled to work):

Agency Name: _____ Phone #: _____
Address: _____ Supervisor's name: _____
_____ Supervisor's signature: _____
Today's Date: _____

Student's name: _____ Home Phone #: _____
Signature: _____ Intern Phone #: _____
Address: _____
_____ Number of credits intern is registered for: ___
Today's Date: _____

UMD intern coordinator: Dr. Georgia Keeney
Phone #: 218.726.7521
Fax: 218.726.6243
Address: 1216 Ordean Ct.110 SpHC
Duluth, MN 55812
email: gkeeney@d.umn.edu
Signature _____
Today's Date: _____

THIS ORIGINAL FORM MUST BE FILLED OUT, SIGNED AND RETURNED TO UMD INTERN COORDINATOR PRIOR TO BEGINNING INTERNSHIP.
A copy should be retained for student and site supervisor's records.