

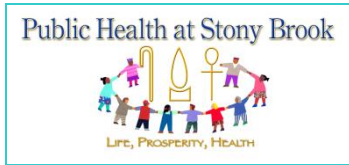
## Appendix A: Public Health Internship Forms

The following forms must be completed for the Internship and submitted to the Internship Coordinator:

- *Form A: Public Health Internship Application Form*
  - To be completed and submitted by the student to the Internship Coordinator before the student registers for HPH 575 Public Health Internship
- *Form B: Public Health Internship Logbook*
  - To be completed, signed by the Internship Supervisor, and submitted by the student to the Internship Coordinator with evaluations in order to receive a grade for HPH 575
- *Form C: Supervisor's Evaluation*
  - To be completed and submitted by the Internship Supervisor to the Internship Coordinator (student provides stamped envelope) when the Internship is completed, in order to receive a grade for HPH 575
- *Form D: Student's Self-Evaluation*
  - To be completed and submitted by the student to the Internship Coordinator when the Internship is completed in order to receive a grade for HPH 575
- *Form E: Practicum, Independent Study & Internship Policy for International Students*
  - To be reviewed by all international students in order to be in compliance with their VISA requirements.
- *Form F: Student Waiver of Liability & Assumption of Risk*
  - To be completed by every student who participates in a Internship through the Graduate Program in Public Health
- *Form G: Student Statement of Confidentiality*
  - To be completed by every student who participates in a Internship through the Graduate Program in Public Health
- *Form H: Internship Liability Statement for Internship Organization*
  - To be reviewed by the Internship organization prior to the start of the Internship

All forms must be typed. If you have any questions about the process, please contact the Internship Coordinator:

Jonathan Ragone  
Internship Coordinator  
*Graduate Program in Public Health*  
Stony Brook University  
HSC, Level 3, Room 071  
Stony Brook, NY 11794-8338  
631-444-2074 (phone)  
631-444-3480 (fax)



**STONY BROOK UNIVERSITY**  
**Graduate Program in Public Health**  
*INTERNSHIP APPLICATION FORM*

| <b>Student</b>       |  |
|----------------------|--|
| <b>Name</b>          |  |
| <b>SBU ID #</b>      |  |
| <b>Email Address</b> |  |
| <b>Telephone #</b>   |  |
| <b>Concentration</b> |  |

| <b>Internship Supervisor</b> |  |
|------------------------------|--|
| <b>Name</b>                  |  |
| <b>Title</b>                 |  |
| <b>Email Address</b>         |  |
| <b>Telephone #</b>           |  |
| <b>Organization</b>          |  |

|                                |  |
|--------------------------------|--|
| <b>Project Name:</b>           |  |
| <b>Internship Description:</b> |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |

|                                    |  |
|------------------------------------|--|
| <b>Deliverables Deadline</b>       |  |
| <b>Description of Deliverables</b> |  |
|                                    |  |
|                                    |  |

|                               |  |                             |                 |               |
|-------------------------------|--|-----------------------------|-----------------|---------------|
| <b>Goals</b>                  | Please provide at least 2 goals for your Internship. |                             |                 |               |
| <b>Goal 1</b>                 |  |                             |                 |               |
| <b>Goal 2</b>                 |  |                             |                 |               |
| <b>Goal 3</b>                 |  |                             |                 |               |
|                               |  |                             |                 |               |
| <b>Internship Start Date:</b> |  | <b>Internship End Date:</b> |                 |               |
|                               |  |                             |                 |               |
| <b>Credits:</b>               |  | <b>Hours:</b>               |                 |               |
| <b>Internship Hours</b>       |  |                             |                 |               |
| <b>Monday</b>                 | <b>Tuesday</b>                                       | <b>Wednesday</b>            | <b>Thursday</b> | <b>Friday</b> |
|                               |  |                             |                 |               |

**Student Statement of Understanding**

I am committed to completing the Internship outlined in this proposal and will conduct myself in a professional manner during this opportunity.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

**Internship Supervisor Statement of Understanding**

I agree to provide guidance to the student regarding the Internship described in this proposal and to evaluate the performance of the student upon completion of the Internship.

\_\_\_\_\_  
**Internship Supervisor's Signature**

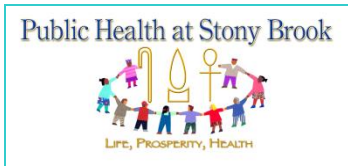
\_\_\_\_\_  
**Date**

-----Office Use Only-----

**APPROVED**      YES      NO

\_\_\_\_\_  
**Internship Coordinator's Signature**

\_\_\_\_\_  
**Date**

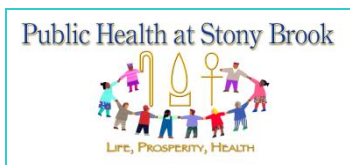


**STONY BROOK UNIVERSITY**  
**Graduate Program in Public Health**  
*PUBLIC HEALTH INTERNSHIP LOGBOOK*

**Name of Student:** \_\_\_\_\_

| Date                           | Start Time | End Time     | Hours | Activities |
|--------------------------------|------------|--------------|-------|------------|
|                                |            |              |       |            |
|                                |            |              |       |            |
|                                |            |              |       |            |
|                                |            |              |       |            |
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|                                |            |              |       |            |
|                                |            |              |       |            |
|                                |            |              |       |            |
|                                |            |              |       |            |
|                                |            |              |       |            |
|                                |            |              |       |            |
| <b>Student's Signature:</b>    |            | <b>Date:</b> |       |            |
| <b>Supervisor's Signature:</b> |            | <b>Date:</b> |       |            |

***NOTE: Use as many sheets as necessary to log your hours.***



**STONY BROOK UNIVERSITY**  
**Graduate Program in Public Health**  
*SUPERVISOR'S EVALUATION*

Thank you for participating as an Internship Supervisor for the *Graduate Program in Public Health* and for completing this evaluation of the student's performance. When you have completed this form, please return it to:

Jonathan Ragone  
 Internship Coordinator  
 Graduate Program in Public Health  
 Stony Brook University  
 HSC Level 3, Room 071  
 Stony Brook, NY 11794-8338

Please feel free to use additional space as needed. We will be happy for any information you may provide that helps us to serve our students and your organization better.

|                          |
|--------------------------|
| <b>Name of Student:</b>  |
| <b>Internship Title:</b> |

**1. Please evaluate the student's Internship performance on all of the following attributes:**

| Attribute  | Poor | Average | Very Good | Outstanding | Inadequate Opportunity to Observe |
|--|------|---------|-----------|-------------|-----------------------------------|
| Written communication skills   |      |         |           |             |                                   |
| Oral communication skills  |      |         |           |             |                                   |
| Academic performance on this project   |      |         |           |             |                                   |
| Demonstration of intellectual ability  |      |         |           |             |                                   |
| Motivation on this project   |      |         |           |             |                                   |
| Interpersonal skills   |      |         |           |             |                                   |
| Ability to work collaboratively with diverse communities and constituencies      |      |         |           |             |                                   |
| Standards of personal integrity; compassion, honesty, and respect for all people |      |         |           |             |                                   |
| Judgment and independence in work on the project                                 |      |         |           |             |                                   |

**Comments:**

2. Please rate the student's performance on achieving the goals and deliverables of the Internship: (Student should add these from Proposal)

| Goals | Poor | Average | Very Good | Outstanding |
|-------|------|---------|-----------|-------------|
|       |      |         |           |             |
|       |      |         |           |             |
|       |      |         |           |             |
|       |      |         |           |             |

3. Please rate the quality of the students performance:  
 \_\_\_\_\_ Poor    \_\_\_\_\_ Average    \_\_\_\_\_ Very Good    \_\_\_\_\_ Outstanding

If 'Poor', please explain.

4. Was this experience helpful to your organization?  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Not Sure

If 'No' or 'Not Sure', please explain.

5. Would you consider serving as a Internship Supervisor again?  
 \_\_\_\_\_ Yes    \_\_\_\_\_ No    \_\_\_\_\_ Not Sure

If 'No' or 'Not Sure', please explain.

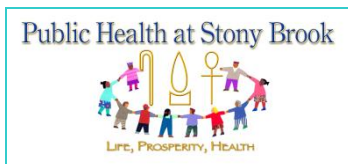
6. On the following letter grade scale, how would you rate the student's overall performance (A being the highest and F being the lowest):

A    B+    B    B-    C+    C    F

7. Please note any suggestions either for the student or for future Internship experiences, in general.

\_\_\_\_\_  
 Internship Supervisor's Signature

\_\_\_\_\_  
 Date



**STONY BROOK UNIVERSITY**  
**Graduate Program in Public Health**  
*STUDENT'S SELF-EVALUATION*

|                          |  |
|--------------------------|--|
| <b>Name of Student:</b>  |  |
| <b>Internship Title:</b> |  |

1. Overall, how would you rate your Internship experience?

Poor     Average     Very Good     Outstanding

Please explain the reasons for your rating.

2. Do you think this experience will be helpful to you in your career as a public health professional?

Yes     No     Not Sure

Please explain the reasons for your answer.

3. Do you think this experience was helpful to the Internship organization?

Yes     No     Not Sure

Please explain the reasons for your answer.

4. How would you rate your Internship supervisor?

Poor     Average     Very Good     Outstanding

Please explain the reasons for your rating.

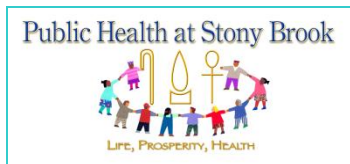
5. Do you think your Internship supervisor evaluated your Internship accurately?

Yes     No     Not Sure

Please explain the reasons for your answer.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**



**STONY BROOK UNIVERSITY**  
**Graduate Program in Public Health**  
*PRACTICUM, INDEPENDENT STUDY, AND*  
*INTERNSHIP POLICY FOR INTERNATIONAL*  
*STUDENTS*

### **Policy**

All international students who wish to register for a Practicum, Independent Study, or Internship should meet with their International Student Advisor the semester before registering for any of the above courses. In most cases, students will be required to complete Curricular Practical Training (CPT) paperwork before starting the course if the project/Internship is with an organization outside of Stony Brook University. However, in some cases, students will be required to complete Optional Practical Training (OPT) paperwork before starting the course.

### **Curricular Practical Training (CPT)**

- Paperwork should be submitted a minimum of 3 weeks prior to the start of the course
- Course must be part of the required number of credits for the degree
- Course can be paid or unpaid

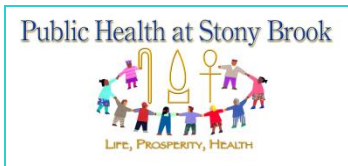
### **Optional Practical Training (OPT)**

- Paperwork should be submitted a minimum of 3 months prior to the start of the course
- Course can be in addition to the required number of credits for the degree
- Course can be paid or unpaid

The application and instructions are available through the Stony Brook Visa and Immigration Services office:

<http://www.stonybrook.edu/iaps/international/forms.shtml>





**STONY BROOK UNIVERSITY**  
**Graduate Program in Public Health**  
*STUDENT WAIVER OF LIABILITY*  
*& ASSUMPTION OF RISK*

I, \_\_\_\_\_, whose signature and home address are set forth below, voluntarily agree to participate in an optional Internship with:

ORGANIZATION: \_\_\_\_\_

DEPT/ DIVISION: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SEMESTER & YEAR: \_\_\_\_\_

**CHECK ONE:**

NEW: This is my first time participating in this Internship.

RETURNING: I am returning to an Internship in the same organization and department.

I acknowledge and agree that I am volunteering and participating in this Internship at my own risk.

I assume and accept all responsibilities and waive all claims of liability for all risk of bodily injury and damage or loss to my property which may arise out of my participation in this Internship. I agree to be responsible for any necessary medical treatment I may require or incur.

Participation in this Internship is an independent and voluntary action on my part and I assume all associated risks, as such, I release and hold harmless Stony Brook University, the State of New York, its trustees, officers, employees, agents, and representatives from any and all liability.

I confirm that I am at least 18 years of age. I understand that this is a legal agreement which is binding on me, and I am agreeing to it voluntarily without any concern.

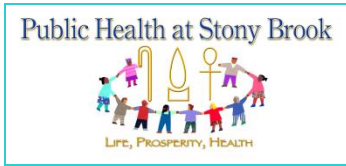
STUDENT FULL NAME: \_\_\_\_\_ SBU ID#: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

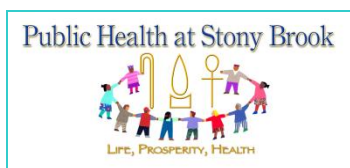


**STONY BROOK UNIVERSITY**  
**Graduate Program in Public Health**  
*STUDENT STATEMENT OF  
CONFIDENTIALITY*

I, \_\_\_\_\_, understand that by accepting this Internship position, I may have access to potentially sensitive information and personal data that must remain confidential. I understand that by signing this Statement of Confidentiality, I agree not to disclose or abuse any information to which I have access while performing my duties. Furthermore, I understand that failure to adhere to this statement may result in judicial action and potential termination from the Internship and could subject me to student disciplinary action or dismissal from the educational program.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



**STONY BROOK UNIVERSITY**  
**Graduate Program in Public Health**  
*LIABILITY STATEMENT FOR INTERNSHIP  
ORGANIZATION*

Under the New York Court of Claims Act, New York State and Stony Brook University liability is limited to responsibility for its employees, and officers of the State University of New York. The Graduate Program in Public Health at Stony Brook University is unable to accept legal responsibility for students or for costs associated with their Internships while working with your organization.