HLSA INTERNSHIP

General information

This document has two parts. It provides a Checklist and Forms, Deadlines and Guidelines - which will guide you through the steps to complete your internship requirements. You should discuss internship possibilities with your academic advisor and go to your academic advisor for any clarification or question you may have. Please note the due dates for each step. Make sure you complete all the steps in a timely manner. **Students who fail to make appropriate progress or who are late for two or more steps during the internship semester (i.e. when they are enrolled in HLSA 778 or 785) will NOT get a passing grade and will have to repeat the internship prior to graduating.**

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Checklist

Semester before starting internship

- Meet with your academic advisor to determine when you will be ready for your internship (beginning of the semester). Typically, internships occur during the Summer after your first year or the Fall Semester of your second year.

- Plan to enroll in HLSA 778 (for 4 credits) or HLSA 785 (3 credits - only for students who enrolled in the program prior to Summer of 2018). HLSA 778 is a variable credit course.

- Search for internship
  - Review MHA/MPH competencies.
  - Review internship sites located on the Department / School website. When reviewing internship sites, it is essential that you consider sites/activities that will allow you to demonstrate MHA/MPH program competencies.
  - Attend optional Career Center sessions on resumes and cover letters, conducting a job search, and interviewing skills (see Career Center program schedule) OR Contact Lauren Meier, the Career Center liaison located in the SPH, (lmeier@umd.edu) to obtain a critique of your resume and cover letter.
  - Schedule interviews. Contact people (with phone numbers) listed on the internship list website, discuss opportunities with your advisor, and apply directly for internship positions advertised in the HLSA weekly and via external sources.
  - If you are interested in an agency which is not an approved site, let the faculty advisor know by mid-semester and use the “Information for Approving Internship Site” form. We will need to create an Affiliate Agreement with unapproved sites.

- Secure your internship (two weeks before end of semester)
  - Submit a formal letter of acceptance to the site (if required) and provide any supporting documents requested.
  - Submit the “Internship Placement” form together with email from site mentor two weeks before end of the prior semester (i.e. Summer interns should submit by late April, while Fall interns should submit in early August) to your academic advisor.
  - Confirm that the internship site has an existing Memorandum of Understanding or Affiliate Agreement with the University of Maryland and that your faculty advisor has submitted the Routing Form for required signatures.
  - Schedule a meeting with your site mentor no later than the first week in the internship semester to identify your internship tasks and obtain information to write a detailed first draft of your Internship Work Plan.
Internship Semester Steps

• Submit the Internship Work Plan approved by your site mentor to your faculty advisor during first two weeks of semester via ELMS assignments.
• Submit to your faculty advisor the “MHA/MPH Site Mentor’s Mid-Term Evaluation” form completed by your site mentor by 8th week of the semester via ELMS.
• Submit to your faculty advisor the “MHA/MPH Site Mentor’s Final Evaluation” form completed by your site mentor by the last week of the semester via ELMS.
• Submit your Final Reflections one week before end of semester via ELMS.
• Ensure you have completed at least 180 hours at your internship site.
• Write the Final Site Review for Internship Website and submit via ELMS.
## Internship Forms, Deadlines and Guidelines

<table>
<thead>
<tr>
<th>Form</th>
<th>Due date</th>
<th>Page</th>
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</thead>
<tbody>
<tr>
<td>Information for Approving Internship Site (if site is not currently listed on website)</td>
<td>One month before end of the semester previous to internship</td>
<td>5</td>
</tr>
<tr>
<td>Internship Placement Form</td>
<td>Submit together with email from site mentor two weeks before end of semester before internship</td>
<td>6</td>
</tr>
<tr>
<td>Internship Work Plan</td>
<td>Submit work plan approved by site mentor to faculty advisor during first two weeks of semester</td>
<td>7</td>
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<tr>
<td>MHA/MPH Site Mentor’s Mid-Term Evaluation</td>
<td>Submit form completed by site mentor to faculty advisor by 8th week of the semester</td>
<td>8</td>
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<tr>
<td>MHA/MPH Site Mentor’s Final Evaluation</td>
<td>Submit form completed by site mentor to faculty advisor by last week of the semester</td>
<td>9</td>
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<tr>
<td>Final Reflections</td>
<td>Due to your faculty advisor before the last week of classes</td>
<td>10</td>
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<tr>
<td>Final Site Review for Internship Website</td>
<td>Due after completion of internship</td>
<td>10</td>
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</table>
INFORMATION FOR APPROVING INTERNSHIP SITE

DUE ONE MONTH BEFORE END OF THE SEMESTER PRIOR TO INTERNSHIP

Date: _________________________

Agency Name: _______________________________________________________________

Address: ________________________________________________________________
                   (Street)
                   (City)      (State)   (Zip)

Phone Number: _____________________________________
                   (Area Code)   (Number)

1. Briefly describe the scope of the agency's work. Please attach any printed brochures or fact sheets.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. Indicate the most appropriate person(s) to contact within the agency regarding internship possibilities. Please list name, title (or area of responsibility) and telephone number.

   NAME      TITLE      PHONE NUMBER
   ______________________________________
   ______________________________________
   ______________________________________

3. Describe the type(s) of internship(s) available now or in the future.
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Does the agency offer payment and/or reimbursement for expenses incurred during the internship? Please note that many students are self-supporting; any assistance with expenses (i.e. transportation, parking, meals) is helpful. Does this internship offer (note all that apply):

   Pay (amount) _____ Stipend (amount)_______ No pay _____ Expenses reimbursed (please specify) ____________________________
Department of Health Services Administration

INTERNSHIP PLACEMENT FORM

SUBMIT TOGETHER WITH EMAIL FROM SITE MENTOR TO FACULTY ADVISOR TWO WEEKS BEFORE END OF SEMESTER BEFORE INTERNSHIP

Student Information
Name: ____________________________________________________________
Address: __________________________________________________________
Phone No.: ________________________________________________________
Email: _____________________________________________________________
In case of emergency, please notify:
Name: ____________________________________________________________
Phone: ____________________________________________________________

Internship Site Information
Agency Name: ______________________________________________________
Address: __________________________________________________________
Site Mentor Name and Title: __________________________________________
Phone: ____________________________________________________________
Email: _____________________________________________________________

Faculty advisor Information
Faculty advisor ____________________________________ Phone: ________________

Internship Information
Start date: ______________________ End date: ______________________
Internship goals:
Department of Health Services Administration

INTERNSHIP WORK PLAN

SUBMIT WORK PLAN APPROVED BY SITE MENTOR TO FACULTY ADVISOR DURING THE FIRST TWO WEEKS OF SEMESTER

Please Note: Your work plan is a first draft until it is reviewed/revised with your faculty advisor and Site mentor. The first draft is due during the first week of the internship semester.

Description of Educational Work Plan

Work plan goal: To create a detailed picture of what you plan to do during your 15-week internship. Your work plan is tied to your learning goals.

Work plan directions:
The Educational Work Plan has three main sections: A) Career goals, B) Learning goals for the internship, and C) Detailed description of the internship, including tasks and roles. The length is unimportant as long as you answer basic questions and create a clear picture. Five pages should be sufficient.

A. Career Goals

1. What are your career goals?
2. How will the internship help you achieve these goals?

B. Educational objectives for the Internship

1. What are the specific objectives you wish to accomplish during this field placement?
2. Please identify the MHA or MPH competencies addressed by your internship activities.

C. Detailed Description of Internship

This section should be divided into the following subsections:

1. Orientation and Training: Describe the orientation and training you will receive as preparation for accomplishing your internship assignments. This should include a tentative schedule indicating the days, dates, and time for this orientation and training.

2. Description of Internship Assignments: Describe the projects for which you will be responsible during this internship, i.e. what services, programs, or activities will you be responsible for planning, implementing or evaluating?

3. Intern Evaluation: Provide a tentative plan for meeting with your Site Mentor supervisor for evaluative conferences.
**University of Maryland School of Public Health**  

**MHA/MPH SITE MENTOR’S MID-TERM EVALUATION FORM**  

SUBMIT MID-TERM EVALUATION COMPLETED BY SITE MENTOR TO FACULTY ADVISOR BY 8TH WEEK OF SEMESTER

**General Information**

Intern’s Name: _______________________________________________________

Site Mentor’s Name and Title: ________________________________________________

Organization: _______________________________________________________

Total hours completed: ______________________________

**Evaluation**

Suggested Procedure for Discussing the Evaluation: The evaluation form provides an opportunity for the student and Site Mentor to discuss the student’s progress, strengths, and areas for growth. Be sure to schedule an evaluation meeting prior to submitting the evaluation form.

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<thead>
<tr>
<th>Areas of Performance</th>
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<th>Good</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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Briefly summarize the student’s strengths and weaknesses that are not adequately represented above.

Signature of Student___________________________________________Date______________

Signature of Site Mentor _____________________________________    Date______________

Signature of Faculty advisor _________________________________      Date______________
University of Maryland School of Public Health

MHA/MPH SITE MENTOR’S FINAL EVALUATION FORM

SUBMIT FINAL EVALUATION COMPLETED BY SITE MENTOR TO FACULTY ADVISOR BY END OF SEMESTER

General Information

Intern’s Name: _______________________________________________________

Site Mentor’s Name and Title: ________________________________________________

Organization: _______________________________________________________

Total hours completed: _________________________________________________

Evaluation

Suggested Procedure for Discussing the Evaluation: The evaluation form provides an opportunity for the student and Site Mentor to discuss the student’s progress, strengths, and areas for growth. Be sure to schedule an evaluation meeting prior to submitting the evaluation form.

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Briefly summarize the student’s strengths and weaknesses that are not adequately represented above.

The student and Site mentor should discuss the positive and any negative aspects of the site as an internship experience. Briefly describe suggestions for modifications. Use back of page if needed.

Signature of Student________________________________________  Date______________

Signature of Site Mentor _____________________________________Date______________

Signature of Faculty advisor __________________________________Date______________
Write one single spaced page reflecting on your internship experience. What worked? What could be improved? Did you achieve your goals?

FINAL SITE REVIEW FOR INTERNSHIP WEBSITE

Due after completion of internship

Your final communication is a review of your internship site that comments on the value of doing an internship in your organization. This communication will be placed on the Department Internship Website to guide future interns. It should tell future interns what they can expect to learn if they choose this internship site. Please discuss what aspects of your internship worked well for you, what you learned from the experience, and what you did not learn from the internship.

This communication should be written as a public document for prospective interns considering your site. Please do not include names of people at your internship organization. Please include a date and send this document as an attached file without your name to your academic faculty advisor. Please indicate whether you would like to be a resource to future interns who are considering your internship site.