**HEALTH PROMOTION INTERNSHIP**

**PROCEDURES AND MATERIALS**

**Health Promotion**

**Department of Health Sciences**

**College of Health and Behavioral Sciences**

**University of Central Arkansas**

**3/2021**

**CHECKSHEET**

**TASK DATE COMPLETED**

**Read Internship Reference Booklet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Set up appointment with University**

**Supervisor to discuss internship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete application for Internship**

**and turn in to University Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(pp. 10-12)**

**Select internship location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(pp. 30-33)**

**Set up appointment with potential agency**

**administrator to discuss the availability**

**of an internship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Turn in Verification Form when internship**

**site has been decided \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(p. 17)**

**Turn in class schedule to University**

**Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(p. 23)**

**Begin internship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attend seminar one (sometimes a virtual meeting) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Turn in Midterm Progress Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(p. 18)**

**End internship and give form to**

**field supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(pp. 28-29)**

**Turn in final field experience paper (p. 19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Complete oral report with Power Points**

**(5 – 8 minutes) (p. 19) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Turn in internship evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(pp. 21-22)**

**\*\*\*NOTE: All forms (Application for internship, Verification Form, Class Schedule, Midterm Progress Report and the Internship Evaluation) are to be removed or copied from this booklet, completed and turned in at the designated times to the university supervisor.**

**Introduction to the Department of Health Sciences**

**The Department of Health Sciences functions are (1) contributing to the University's liberal education function thus enhancing the students' opportunity for a more fulfilled, enriched life, (2) the educational preparation of students for health promotion practice consistent with the standards of the profession, and (3) the advancement of knowledge pertaining to health education, health promotion, and disease prevention through research and scholarship. A secondary function is the provision of health education and health promotion services in response to the needs of the private, public, and volunteer sectors of Arkansas.**

**To fulfill their responsibilities in teaching, research, and service, the faculty of the Department of Health Sciences depend heavily upon the community, school, work place, and health care organization, looking upon them as living laboratories. With these major resources students are provided an opportunity to observe, to consider, and to evaluate problems and programs that exist in the community.**

**Health promotion is regarded as an inter-disciplinary field characterized by a number of important problems, e.g., behavioral risk factors, environmental stress, chronic and communicable disease, lifestyle, and improved organization and availability of health promotion services to all segments of society. An inter-disciplinary problem-centered field requires a flexible academic structure which serves that fundamental idea. As a result, emphasis is placed on experiential learning through field practice and research, as well as traditional didactic modalities.**

**The department mission statement is qualified by the following pertinent definitions:**

**Health promotion is any combination of health education and related organizational, economic, and environmental supports for behavior conducive to health.**

**Health education is any combination of learning experiences designed to support voluntary adaptations of behavior conducive to health.**

**Organizational, economic, and environmental supports are those arrangements within or between individuals, groups, or governments to provide incentives for, or to remove barriers to, behavior conducive to health.**

**Behavior conducive to health includes individual actions that will reduce smoking, reduce the misuse of alcohol and drugs, improve nutrition, adjust exercise to an optimal level, improve management or control of stress, and reduce or compensate for exposure to other risk factors.**

**The Health Sciences Department is a part of the College of Health & Behavioral Sciences. Structurally, the department is aligned with Nursing, Physical Therapy, Psychology and Counseling, Occupational Therapy, Family and Consumer Sciences, Communication Sciences and Disorders, Exercise and Sport Science, and Military Science. The Health Sciences Department currently employs twelve full-time faculty and a variety of part-time and adjunct faculty. Degree programs in Health Education include the Bachelor of Science, and Master of Health Promotion in Health Sciences.**

**Introduction to the Community Health Promotion Curriculum**

**The Community Health Promotion emphasis provides training for students who are interested in health education careers in public, voluntary, and private health agencies, and in the work place. Successful completion of the course of study also prepares students for graduate study in a variety of health areas. The Community Health Promotion major is required to take 120 hours of major and support course work which includes courses in Health Promotion, Anatomy and Physiology, Microbiology, Statistics, and 38 hours of required core (general education) courses.**

**Introduction to the Community Health Promotion Internship**

**An attempt is made to place majors in an agency/organization where a health promotion professional is employed who is willing to provide supervision. The training is normally scheduled for two hundred-hour tenure. The student is expected to work the regular office hours of the agency, including attendance at late afternoon or night meetings.**

**It is anticipated that each student would receive a thorough orientation to the agency in which he/she is placed. This would include talking with various members of the staff, observing them in action when possible, attending a cross-section of meetings, and reading annual reports and other literature. The orientation occurs routinely during the first week of the experience.**

**Further experiences will be planned by the trainee and the supervisor at the agency. Each trainee should be given as many different types of work experiences as a health educator in that agency is likely to receive. This includes such activities as writing news releases; preparing radio or television spot announcements; preparing or evaluating literature, posters, displays, conducting public meetings, community organization work, working with schools, in-service staff education; planning sessions; and public speaking. The student may be involved with any office type activity the supervisor chooses which is appropriate for the development of professional skills.**

**In addition to a cross section of experiences, the trainee should assume major responsibility for a project or a phase of a project that he/she largely plans, conducts, and evaluates. The project would depend upon the needs and interests of the agency, with the student's needs and interests being considered as much as possible. Ideally, the project would continue throughout most of the three hundred sixty hour period providing continuity for the student.**

**The Health Sciences Department internship supervisor (faculty member) will receive biweekly email reports from the intern and will confer with the field supervisor on a regular basis. The course is offered on a grade basis with the major responsibility for assigning the grade held by the UCA faculty.**

**The agency-based supervisor provides necessary supervision for the candidate, and submits a written evaluation on the form provided. This evaluation will be placed in the student's file at the Health Sciences Department (UCA) for future reference by faculty. The student's responsibilities include keeping a record of work experiences and submitting to the University Supervisor a final summary report and an evaluation of the internship experience. Additionally, the student intern will present a five to eight-minute Power Point presentation about the internship to their intern colleagues at the end of the semester during Seminar II.**

**SYLLABUS: HED 4600**

**INTERNSHIP IN HEALTH PROMOTION**

**SIX (6) SEMESTER HOURS**

1. **COURSE DESCRIPTION**: This is a directed field experience. The intern will be assigned to an approved health agency or educational institution for a period of 360 hours, commensurate with the hours of credit to be earned. The student will report to the academic advisor and the administrator of the participating agency or institution as defined by the internship requirements.

Prerequisite: Permission of the department chairperson or internship coordinator.

**2. COURSE RATIONALE:** This course strives to provide students with the opportunity of applying knowledge and skills that have been acquired on professional preparation courses to the work environment. Ultimately the course goal is to lead students in the development of a professional identity and professional philosophy.

**3. COURSE OBJECTIVES: THE STUDENT WILL**

1. Adhere to the policies, procedures and working hours that apply to the administration staff members of the agency or institution.
2. Seek the advice and assistance of the agency or institution supervisor when uncertain about assigned or selected tasks.
3. Confer regularly with the agency or institution supervisor regarding progress.
4. Maintain a daily log of events and activities; email biweekly reports to the UCA internship supervisor.
5. Attend two (2) campus seminars. (One for orientation the first week of classes and one to present the oral and written report during the last part of the semester.)
6. Submit a midterm progress report.
7. Participate in the evaluation of the internship.
8. Prepare a final written report about tasks and details learned during the internship.
9. Prepare a final oral report (including a PowerPoint) to be delivered before colleagues at the completion of the internship. (The written and oral report are designed to meet the written and oral communication goals for Upper Division Core Z.)
10. Complete the department post exit exam
11. Display behavior in a responsible and professional manner during the internship.

**4. COURSE CONTENT AND FOREMAT**:Each internship is unique to the needs of the student and the participating agency. The internship goals, activities and designated work hours will be determined by the student and field supervisor prior to the first day of the internship. During the course of the internship all students will be required to attend a campus seminar near the end of the internship. At that time student interns will present and discuss the activities and tasks that have been undertaken through the specific time period through a Power Point presentation. Newly learned skills will be discussed. Problem solving skills and communication skills will be discussed.

**5. BIBLIOGRAPHY:** No regular bibliography is required by the university supervisor. However, reading may be required by the field supervisor**.**

**6. EXPECTATIONS FOR THE STUDENT PERFORMANCE:**

**Students participating in the HED 4600 course are expected to:**

1. Participate in campus seminars.
2. Complete 200 work hours for six semester credit hours.
3. Exhibit ethical and professional conduct.
4. Email biweekly report of activities to the UCA supervisor at emogenef@uca.edu
5. Submit a written valuation of the agency and field supervisor.

**7. EVALUATION OF STUDENT PERFORMANCE:**

**Course grades are based upon the following:**

1. **Biweekly email report 10%**
2. **Midterm progress report (student and field supervisor) 10%**
3. **Final written (word processed) report 10%**
4. **Oral report (plus a PowerPoint) 10%**
5. **Final evaluation by the field supervisor and UCA advisor 20%**
6. **Completion of 200 hours pass/fail**
7. **Exit Exam (Post) 40%**
8. **Total 100%**

READ CAREFULLY

GUIDELINES FOR SETTING UP AN INTERNSHIP

The internship takes place for approximately thirteen (13) consecutive weeks during the regular semester. During the summer semester the internship takes place for ten (10) weeks or whenever the student has completed 200 hours. Before permission can be granted, the following must be completed.

1. Schedule an initial interview with the University Supervisor.

2. APPLICATION FOR INTERNSHIP. You are strongly urged to carefully formulate the goal statements that appear at the end of the application. You are also urged to prepare a resume. Completed applications should be turned in to the University supervisor as soon as possible.

3. SELECTION OF INTERNSHIP SITE. Read the listing of internship sites. Keep in mind the activities and projects of each field experience vary from semester to semester. What you do at the agency may be different from what other interns have done in the past.

4 SCHEDULING OF TIME. You may take two classes on Tuesday and Thursday, or on- line classes during your internship. In addition, when scheduling campus classes, 2 DAYS of the week should be free of classes.

Also, allow driving time before and after your internship. You are advised to enroll in campus classes as soon as you are able to ensure that you get the classes you need. Please plan months ahead in working on Internship Placement. Note deadlines for placement and enrollment in internship class.

5. CONTACTING THE AGENCY. You are not limited to the sites that are listed. An internship may be set up in any agency or with any program that provides health education, health planning and evaluation and/or health services with prior approval from the internship supervisor in the Department of Health Sciences. *The UCA internship supervisor must preapprove any contact with an agency.*

Carefully read the "Internship Guidelines". The document describes the responsibilities of the intern, Field Supervisor and University Supervisor. It will assist you in understanding your requirements and those of the Field Supervisor.

You should call the field director, explain what you are calling about and set up an appointment to discuss the possibility of doing your internship with the agency. Your goal statement(s) and resume should be completed and will be of assistance to you when you discuss your internship.

6. VERIFICATION OF INTERNSHIP. Once your internship is established, complete the "Verification of Internship" form and turn it in to the University Internship Coordinator. This should be completed weeks prior to the end of the semester before the internship takes place.

DEADLINE

Everything must be completed and turned in to the University Supervisor on or before the 13th week of the semester that precedes the semester in which the internship is to be done. A formal letter will be sent to each field supervisor from the University Supervisor.

NOTE \* \* \* \* \* \* \* \* \*

Do not wait until the last minute to do this. Most agencies will take only ONE intern per semester. It is "first come, first served"!!!!

DEPARTMENT OF HEALTH SCIENCES

UNIVERSITY OF CENTRAL ARKANSAS

CONWAY, ARKANSAS

APPLICATION FOR INTERNSHIP IN HEALTH PROMOTION

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(last) (first) (middle)

Local address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(city) (state) (zip)

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(area code) (number)

Address and telephone where you can be reached during the summer months or other times when you are not on campus:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address) (phone)

You must be classified as a senior.

Time you prefer to complete Internship:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ ­­\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Sum I Sum II Fall-M T W Th F Sp-M T W Th F

(circle days) (circle days)

Total hours completed: \_\_\_\_\_\_\_\_ Total Health Ed. hours completed:\_\_\_\_\_\_\_

Check the following courses you have completed:

\_\_\_\_\_H ED 2201-First Aid

\_\_\_\_\_H ED 3300-Methods & Materials

\_\_\_\_\_H ED 3301-Theoretical Bases

\_\_\_\_\_H ED 4300-Community Health

\_\_\_\_\_HED 4370-Administration of

Health Programs

\_\_\_\_\_H ED 4331-Program Planning

\_\_\_\_\_BIOL 2405-Human Anat. & Phys.

\_\_\_\_\_BIOL 2411-Microbiology

As a Health Promotion major you must have an overall Grade Point Average (GPA) of 2.5. You must also have a GPA of 2.5 in the major required courses.

Grade point average \_\_\_\_\_\_\_\_\_\_

(Overall)

Year and term you plan to complete your degree program: year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check which educational degree you are pursuing: BS\_\_\_\_\_ Other\_\_\_\_\_

Comment on the kinds of programs in which you would be most interested:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your choices for placement (agency, title, city):

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any other courses you have taken in other departments that you feel will be of benefit to you in your internship.

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List any specialized training you have completed or are currently taking. (CPR,

computer, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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From most recent to least recent, list all of your work experience.

YEAR COMPANY JOB DESCRIPTION

\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Will you have access to a car when you do your internship? \_\_\_\_\_\_\_\_\_

What is/are your career goal(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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List the goals you have for your internship.

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I agree to fulfill all student responsibilities for the internship as outlined in the internship course syllabus.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date filed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adviser Date filed

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disapproved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(See regulations and procedures for filing and processing applications)

Submit this form along with a current resume to the internship supervisor at UCA.

REGULATIONS

1. To be eligible for internship, the student must have completed all Health Promotion courses or be enrolled in the last 6 hours (excluding HED 4600).

1. The student is expected to honor his commitment for internship assignment for the term requested.
2. A student is expected to fulfill all student responsibilities as outlined in the internship course syllabus.

4. The student understands that not fulfilling these responsibilities will result in not receiving credit for the Internship.

PROCEDURES FOR FILING AND PROCESSING APPLICATIONS:

1. Application forms are available at the office of the Department of Health Sciences. They must be completed by the 13th week during the semester prior to the internship.
2. All completed application forms must be transmitted by the student to the Health Science faculty supervisor of the internship program for assessment and evaluation of readiness for internship placement.

3. If approved, assignments will be made for placement of the applicant. If disapproved, the student's advisor will so notify the student and give reasons for disapproval.

INTERNSHIP IN HEALTH SCIENCES 4600

SUMMARY OF THE EXPECTATIONS FOR THE STUDENT EXPERIENCE

1. The student works for the agency a total of 200 hours.

2. Student involvement in the agency programs should range from observational to responsibility in some capacity.

3. The student should become familiar with the scope of the agency's operation.

4. Jointly with the agency supervisor, establish agency and individual goals for the internship.

5. Student activities ideally should include the following types of experiences:

a. Program planning, implementation, and evaluation.

b. Community organization.

c. Mass media and public relations.

d. Individual and group teaching.

The supervisor should make an evaluation of the student's performances at mid-term and at the end of the internship using the forms provided and send them to the appropriate Health Sciences Faculty member.

Internship Supervisor

University of Central Arkansas

Department of Health Sciences

UCA P.O. Box 5016

Conway, AR 72035-0001

SPECIFIC RESPONSIBILITIES OF

AGENCY SUPERVISOR, UNIVERSITY SUPERVISOR AND

STUDENT INTERN

The Agency Supervisor Will:

1. Designate a specific employee to serve as an intern's immediate supervisor. The primary responsibility of the supervisor will be to plan, guide and evaluate the intern's experiences. Initial decisions concerning the intern’s general job responsibilities will be made by the supervisor and intern.

Conduct two (2) formal evaluations of the intern's performances. The first evaluation will be made midway through the semester and the second evaluation will be made at the conclusion of the internship.

3. Orient the student to the agency and community.

4. Provide guidance and supervision of the student while in the agency.

1. Orient the agency staff to the field experience program and assist the agency staff in becoming acquainted with the student as quickly as possible.
2. Where feasible, consider the student intern as a regular agency staff member, involving him/her in such activities as program planning, evaluation, follow-up, staff meetings, etc.

The University Supervisor Will:

1. Assist the student in the exploration of learning needs which might be met through the field experience.
2. Assist in the development of a statement of learning goals to be achieved during the field experience.

3. Assist in the development of a professional resume, if needed.

4. Assist in the location of agencies or programs with potential for a meaningful field experience appropriate to the student's learning needs and goals.

5. Confirm arrangement with the field agency by letter.

6. Provide evaluations to the agency supervisor midway through the internship and at the conclusion of the internship.

7. Examine the agency supervisor's evaluation of student performance. Discuss evaluation with student if necessary.

8. Determine the final grade for the internship.

9. When necessary coordinate the internship experience with a technical specialist from the department.

10. Conduct an orientation session the first week of classes and conduct one on-campus seminar where student interns perform a power point, oral report (timed for 5-8 minutes) at the end of the semester.

The Student Intern will:

1. Join the agency as a staff member and be expected to adhere to policies, procedures and working hours that apply to professional and administrative staff members of the agency.

2. Incur all expenses for the field experience including transportation to and from the agency, housing, personal and professional needs, etc., and not expect wages during the internship.

3. Seek the advice and assistance of the agency supervisor when uncertain about assigned or selected tasks.

4. Confer regularly with agency supervisor regarding progress, preferably via e-mail.

5. Maintain a daily log of events (what you did, where you went, etc., as biweekly e-mails) and submit a final written and oral power point report to the University Supervisor.

6. Submit a mid-term progress report.

7. Attend two (2) on-campus seminars (one at the beginning and one at the end of the semester).

8. Participate in the evaluation of the internship.

9. Behave in a responsible and professional manner in all dealings with the agencies and the public served by the agencies.

INTERNSHIP VERIFICATION

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s e-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Supervisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Zip Code)

Agency Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named agency and supervisor have agreed to supervise my internship.

The internship is for six (6) credit hours and 360 work hours.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of field supervisor) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of student) (Date)

Proposed dates for internship

Begin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and End\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUE ON OR BEFORE THE 13TH WEEK OF THE SEMESTER

THAT PRECEDES THE SEMESTER IN WHICH

THE INTERNSHIP IS TO BE DONE

To be completed by the intern and is due by the 13th week of previous semester before internship will occur.

FIELD EXPERIENCE FOR HEALTH MAJORS

PROGRESS REPORT

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Instruction Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Hours Worked\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Due before or at the 180th hour)

ACTIVITIES PARTICIPATED IN: (attach as needed)

ACTIVITIES OBSERVED: (attach as needed)

Field Supervisor's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments by Supervisor:

Mail or Hand Carry Report to:

Internship Supervisor

University of Central Arkansas

Department of Health Sciences

UCA P.O. Box 5016

Doyne HSC 317

Conway, AR 72035-0001

OUTLINE FOR FINAL FIELD EXPERIENCE REPORT

* 1. Introduction: A statement about your goals relative to your internship. Describe what you wanted to get out of your internship.
  2. The Agency: Describe the agency in terms of an organizational flow chart. The flow chart should be constructed to illustrate communication patterns within the organization, naming the personnel and their job title. Using a different colored marker show your position and who you reported to.

3. Professional Activities: Describe how you participated in specific programs of the agency. Include each section below in your narrative. If a section did not apply then write not applicable. PREPARE A NARRATIVE FOR EACH PROGRAM AREA IN WHICH YOU PARTICIPATED. Include the following in each narrative:

a. The name of the program

b. The goals

c. Describe the role you played in the program

d. Discuss the aspects of each program that went well

e. Discuss the aspects of the program which did not go well and why they did not go well (speculate)

f. Discuss what you would do differently if you were to do the program again

g. Discuss how each activity helped you attain the goals of enhancing your strengths while working to overcome your weaknesses.

4. Self-Analysis: (Describe your own evaluation of your performance and what you feel you have learned)

a. An analysis of what you learned as a result of the field experience

b. How this experience helped you as a professional in terms of your philosophy and approach to community health

c. How the experience benefitted you in terms of selecting a job

5. Appendices: (Include the following documentation)

a. Log of your activities and work times (this may be hand written)

b. Pictures - if applicable

c. Copies of any press releases, pamphlets, lesson plans, etc. you may have developed during your internship - if applicable.

DIRECTIONS FOR FINAL POWER POINT ORAL REPORT (TIMED FOR 5-8 MIN.)

1. Describe the basic skills acquired during your internship experience.

2. Explain how the internship experience helped you as a professional in terms of your philosophy and approach to community health.

3. Explain three most important skills you acquired during your internship that will enhance

your employment opportunities.

Each student should begin working in the early stages of the experience in the development of the "professional" final report. One copy is to be submitted to the instructor and one copy should be retained for your records.

The final written report should adhere to the following guidelines:

1. Typewritten (except where otherwise indicated)

2. Double spaced

3. Observation of all rules for:

A. proper grammar, punctuation, etc.

B. neatness and readability

C. identification and correction of all typing errors

D. headings and side headings (Introduction, The Agency,

Professional Activities, Self-Analysis, Appendices)

COURSE GRADES ARE BASED UPON THE FOLLOWING:

a. Biweekly reports 10%

1. Midterm progress report (student & field supervisor) 10%
2. Final written report 10%
3. Oral report (plus Power Point, timed for 5-8 minutes) 10%
4. Final evaluation by the field supervisor and UCA

Internship advisor 20%

1. Completion of 200 hours pass/fail
2. Exit Exam 40%

Total 100%

To be turned in

with final paper

EVALUATION OF FIELD EXPERIENCE

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Starting Date of Internship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ending Date of Internship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Average work time per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How would you rate your experience with this agency? Circle one.

Excellent Good Average

Fair Poor

Explain:

2. List the strengths and weaknesses of your field supervisor.

Strengths:

Weaknesses:

3. Would you recommend this agency to future interns?

\_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_\_No

Explain:

4. Do you feel the on-campus seminar(s) were worthwhile? Why or why not?

5. On a scale of 1-5 how would you rate the assistance you received from the University Supervisor? Circle the number which best represents your evaluation. Using the following scale.

5 Strongly agree 2 Disagree

4 Agree 1 Strongly disagree

3 Undecided N/A Not applicable

The University Supervisor:

A. Provided sufficient information to assist

me in setting up my internship 1 2 3 4 5 N/A

B. Assisted me with any concerns

during the field experience 1 2 3 4 5 N/A

C. Would get an overall rating of 1 2 3 4 5 N/A

6. Rate your undergraduate preparation by circling the numbers that indicates your feelings regarding your preparation. How well did your health education courses prepare you for the job of a health educator?

Not Well Prepared 1 2 3 4 5 6 7 8 9 10 Well Prepared

Please feel free to make comments about any aspect of your internship that would assist the University in future internship activities (setting up supervision, grading, etc.)

CLASS SCHEDULE FORM

If you are scheduled for classes during the semester of your internship, fill out this form.

Due on or before the first Monday of classes

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions:

Indicate your complete schedule for this semester. Include: (1) classes, day, time and room numbers, (2) if you are employed include your work schedule, and (3) internship work days and hours.

AGREEMENT

WAIVER AND RELEASE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am enrolled as a student at

the University of Central Arkansas in the class \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_,

(Course no.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_semester, 20\_\_\_.

(Course title)

I am aware that enrollment in this class constitutes an assumption of risk because

of the nature of the activity.

I hereby agree to keep all observations and information I encounter during

my internship confidential.

It is my intent to release and hold harmless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Agency

and its officers, agents, employees, and representatives for injuries sustained both

while traveling to and from the site of the internship in a private vehicle and

while participating in the activities of this internship.

Dated this \_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student

INTERNSHIP IN HEALTH Promotion - DAILY LOG

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGENCY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS: This log is intended to provide you with an easy method of maintaining a daily diary, not as a "time and motion" instrument. In the Summary column, identify your work experience(s) for that day. If you did not work on certain days, please indicate that you did not work; e.g., if you were off on a holiday, indicate "holiday" in the Summary column. In the Comments column, provide a short explanation for your perception of the work experience for that day indicating whether it was satisfactory or unsatisfactory. At the end of your internship period, you will be asked to evaluate your overall internship experience. The daily log should provide you with information on which to base your evaluation. Plus, the daily log will assist you in writing your required reports.

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You are to report back to the Department of Health Sciences, UCA, Doyne Health Science Center, Room 317 on \_\_\_\_\_\_\_\_\_\_\_.

STUDENT INTERN EVALUATION

UNIVERSITY OF CENTRAL ARKANSAS

DEPARTMENT OF HEALTH SCIENCES

STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEMESTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_

SUPERVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LOCATION OF INTERNSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 2 1 0

Demonstrated Some Poor Never

PROFESSIONAL SKILLS Successfully Attempts Execution Demonstrated

Knowledge of Health Education \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Acting as a Resource \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Utilization of Time \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Goal Orientation \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Planning Ability \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Coordinating \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Implementation \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Evaluation \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

General Professionalism \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

3 2 1 0

PERSONALITY ATTRIBUTES Excellent Good Marginal Poor

Enthusiasm \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Cooperativeness \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Initiative \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Organization \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Communication \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Dependability \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Punctuality \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

General Attitude \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

Follows Directions \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_

I. If a position were available on your staff, would you hire a person like this student? Why or why not?

II. What is your general assessment of this student's professional promise?

III. Please summarize this student's special abilities and specific weaknesses.

IV. Please assign a letter grade that you feel the student has earned based upon their participation in the internship experience (A+ - F-).

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INTERNSHIP PLACEMENT SITES

Health Promotion

Taco Price

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**Arkansas Chapter**

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Associate Driector of Development

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Fax: 501-364-3479

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gperez@aryouthlead.org

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Missions Director (Prefer Fall)

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