

**HEALTH SCIENCES INTERNSHIP  
PROCEDURES AND MATERIALS**

**Health Services Administration**

**Department of Health Sciences**

**College of Health and  
Behavioral Sciences**

**University of Central Arkansas**

## **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) contributing to the educational preparation of students for health sciences practice consistent with the standards of the profession; and (3) contributing to the advancement of knowledge pertaining to health sciences, health promotion, and disease prevention through research and scholarship.**

**To fulfill their responsibilities in teaching, research, and service, the faculty of the Department of Health Sciences depend heavily upon living laboratories in communities, schools, workplaces, and health care organizations. Within these major resources, students are provided an opportunity to observe, to consider, and to evaluate problems and programs that exist.**

**Health science is regarded as an inter-disciplinary field characterized by a number of important concerns, (e.g., behavioral risk factors, environmental stress, chronic and communicable disease, lifestyle, and availability of health 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 Health Sciences Department is a part of the College of Health & Behavioral Sciences at the University of Central Arkansas, Conway. Structurally, the department is aligned with Nursing, Physical Therapy, Occupational Therapy, Speech-Language Pathology, Family and Consumer Science, Kinesiology, and Military Science. The Health Sciences Department currently employs twelve full-time faculty and a variety of part-time and adjunct faculty.**

## CHECKSHEET

<u>TASK</u>	<u>DATE COMPLETED</u>
Read Internship Reference Booklet	_____
Set up appointment with University Supervisor to discuss internship	_____
Complete application for Internship and turn in to University Supervisor	_____
Select internship location	_____
Set up appointment with potential agency administrator to discuss the availability of an internship	_____
Turn in Verification Form when internship site has been decided	_____
Turn in class schedule to university supervisor	_____
Begin internship	_____
Attend seminar on campus	_____
Turn in Midterm Progress Report	_____
End internship	_____
Turn in final field experience paper	_____
Turn in internship evaluation	_____

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

**SYLLABUS: HSC 4600**

**INTERNSHIP IN HEALTH SCIENCES  
6 SEMESTER HOURS**

1. **COURSE DESCRIPTION:** This is a directed field experience. The intern will be assigned to an approved clinical agency or educational setting for a period of time 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 in professional preparation courses to the work environment. Ultimately, the course goal is to lead students to the development of a professional identity and professional philosophy.

3. **COURSE OBJECTIVES:**

**THE STUDENT WILL:**

- A. adhere to the policies, procedures and working hours that apply to professional and administrative staff members of the clinical agency or institution.
  - B. seek the advice and assistance of the clinical agency or institution supervisor when uncertain about assigned or selected tasks.
  - C. confer regularly with the clinical agency or institution supervisor regarding progress.
  - D. maintain a daily log of events and activities.
  - E. attend one (1) campus seminar.
  - F. submit a midterm progress report.
  - G. participate in the evaluation of the internship.
  - H. prepare a final written report on the internship.
4. **COURSE CONTENT AND FORMAT:** Each internship is unique to the needs of the student and the participating organizational agency. The internship goals and 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 one (1) campus seminar at approximately the middle of the semester. At that time, interns will present and discuss the activities and tasks that have been undertaken through the specific time period. 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. **METHODS OF EVALUATING STUDENT PERFORMANCE:**

Course grades are based on the following:

- A. participation in campus seminar.
  - B. completion of the midterm progress report.
  - C. midterm evaluation by the field supervisor and UCA internship supervisor
  - D. final evaluation by the field supervisor and UCA internship supervisor
  - E. completion of a final written report on the field experience.
  - F. completion of 200 work hours for six semester credit hours.
7. **EVALUATION OF THE COURSE:** Each student will be required to submit a written evaluation of the agency and the field supervisor. In addition, the student will make recommendations for future interns.

Students will evaluate in writing the requirements and procedures used by the university supervisor.

# 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 five (5) 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 are strongly urged not to take classes during your field experience. However, it is recognized this is not always possible. Therefore, the general recommendation is **NO MORE THAN TWO (2) CLASSES** should be taken with 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. Your internship can be added to your schedule later.

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 services with prior approval from the internship supervisor in the Department of Health Sciences.

Carefully read the "Internship Guideline". 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 director, explain what you are calling about and setup 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.

## **DEADLINE**

Everything must be completed and turned in to the University Supervisor on or before the 15th 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. You will receive a copy of the letter along with other information pertaining to the internship.

**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 SCIENCES**

**2016 - 2017**

**Name:** \_\_\_\_\_  
  **(last)  (first)  (middle)**

**Local address:** \_\_\_\_\_  
  **(address, city, state, zip)**

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**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:**

_____	_____	_____	_____
<b>Sum I</b>	<b>Sum II</b>	<b>Fall-M T W R F</b>	<b>Sp-M T W R F</b>
		<b>(circle days)</b>	<b>(circle days)</b>

**Total hours completed:** \_\_\_\_\_ **Total major hours completed:** \_\_\_\_\_

**Have you completed all courses except internship? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If no, what courses have not been completed? (Please list)**

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**As a Health Sciences 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) (major courses)

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

**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, data processing, etc.)**

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## **REGULATIONS**

- 1. To be eligible for internship, the student must have completed all of the professional curriculum courses or be enrolled in the last 6 hours (excluding H ED 4600).**
- 2. The student is expected to honor his commitment for internship assignment for the term requested.**
- 3. 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 semester prior to the internship.**
- 2. All completed application forms must be transmitted by the student to the Health Sciences 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.**

**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.**
- 2. 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.**
- 5. Orient the agency staff to the field experience program and assist the agency staff in becoming acquainted with the student as quickly as possible.**
- 6. 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.**
- 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. Mail evaluations to the agency supervisor 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 one on-campus seminar during the middle 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.**
5. **Maintain a daily log of events (what you did, where you went, etc.) and submit a final written report to the University Supervisor.**
6. **Submit a mid-term progress report.**
7. **Attend one (1) on-campus seminar.**
8. **Participate in the evaluation of the internship.**

### **Introduction to Health Sciences**

The Health Sciences degree with an emphasis in Health Services Administration provides training for students who are interested in health service administration careers in public, and private health agencies. Successful completion of the course of study also prepares students for graduate study in a variety of health areas. The Health Sciences major is required to take 124 hours of major and support course work which includes courses in Biological Sciences, Chemistry, Physics, Health Education, Business Information Systems, Economics, Marketing, Accounting, Management, Sociology, Communications, Psychology, etc.

### **Introduction to the Health Sciences Internship**

A student is placed under the direction of a health care administrator who is willing to provide supervision during the internship. The training is normally scheduled for a two hundred hour tenure. The student is expected to work the regular office hours of the health care agency, including attendance at possible 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 service administrator in that agency is likely to receive. This includes such activities as coordinating the delivery of health care, preparing or evaluating reports, conducting public meetings, organizational work, 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 two hundred hour period providing continuity for the student.

The Health Sciences Department internship supervisor (faculty member) may make one or more visits, or phone calls, during the student's internship to confer with the student and health care administrator. 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.



## **HEALTH SCIENCES INTERNSHIP 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, students will establish agency and individual goals for the internship.**
- 5. Student activities ideally should include the following types of experiences:**
  - a. various administrative duties**
  - b. coordinating delivery of services**
  - c. public relations**
  - d. attending/conducting meetings**

**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  
Health Sciences Department  
UCA P.O. Box 5016  
University of Central Arkansas  
Conway, AR 72035-0001**

**INTERNSHIP VERIFICATION**

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

**Course Number** HSC 4600

**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 200 work hours.**

\_\_\_\_\_  
(Signature of field supervisor)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(Signature of student)

\_\_\_\_\_  
(date)

**Proposed dates for internship**

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

**DUE ON OR BEFORE THE 15TH WEEK OF THE SEMESTER**

**THAT PRECEDES THE SEMESTER IN WHICH**

**THE INTERNSHIP IS TO BE DONE**

**(TURN IN)**

**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.**

**(TURN IN)**

To be completed by the intern and is due before midterm of the internship.

**FIELD EXPERIENCE FOR HEALTH SCIENCES**

**PROGRESS REPORT**

Name \_\_\_\_\_ Date Received \_\_\_\_\_

Agency \_\_\_\_\_

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

Reporting Dates \_\_\_\_\_ through \_\_\_\_\_

Total Hours Worked \_\_\_\_\_  
(Due before the 100th hour)

**ACTIVITIES PARTICIPATED IN: (attach as needed)**

**ACTIVITIES OBSERVED: (attach as needed)**

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

**Comments by Supervisor:**  
(Continue on reverse if needed)

**Mail Report to:**

**Internship Supervisor  
Health Sciences Department  
UCA P.O. Box 5016  
University of Central Arkansas  
Conway, AR 72035-0001**

**(TURN IN)**

## **OUTLINE FOR FINAL FIELD EXPERIENCE REPORT**

**I. Introduction:** A statement about your goals relative to your internship. Describe what you wanted to get out of your internship.

**II. 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.

**III. 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.

**IV. 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

**V. 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 5-8 MIN.)**

- A. Describe the basic skills acquired during your internship experience.
- B. Explain how the internship experience helped you as a professional in terms of your philosophy and approach to community health.
- C. 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)

### CRITERIA FOR GRADING PAPERS

	<u>points</u>
Introduction	3
Description of agency	2
Description of professional activities	14
Self analysis	10
Appendix	1
Correctly prepared final paper*****	20
	<hr style="width: 20%; margin-left: auto; margin-right: 0;"/> 50

#### \*\*\*\*\* NOTE

For each error not corrected one (1) point will be deducted. For each poorly corrected error, e.g. crossed out and written over, one-half point will be deducted.

### BASIS FOR FINAL GRADE

10%	Attendance and participation in seminar (see university supervisor)
10%	Mid-term Progress Report completed and turned in at designated time.
30%	Field supervisor final evaluation
50%	Final written report
<hr style="width: 20%; margin-left: 0; margin-right: auto;"/>	
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
- 4 Agree
- 3 Undecided
- 2 Disagree
- 1 Strongly disagree
- 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 in the development of goals for my internship 1 2 3 4 5 N/A
- C. Assisted me in the development of a resume 1 2 3 4 5 N/A
- D. Assisted me in the location of an agency or program that provided me with a meaningful field experience 1 2 3 4 5 N/A
- E. Would get an overall rating of 1 2 3 4 5 N/A

6. 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.)



**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 SCIENCE - 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. You should keep three copies of the log. Return one copy to the Department of Health Sciences, maintain one copy for your personal files, and provide one copy to the agency. 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.

DATE	SUMMARY OF WORK EXPERIENCE	COMMENTS

<b>DATE</b>	<b>SUMMARY OF WORK EXPERIENCE</b>	<b>COMMENTS</b>

DATE	SUMMARY OF WORK EXPERIENCE	COMMENTS

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

UNIVERSITY OF CENTRAL ARKANSAS  
DEPARTMENT OF HEALTH SCIENCES

Health Services Administration Student Intern Evaluation

STUDENT \_\_\_\_\_ SEMESTER \_\_\_\_\_ 20\_\_\_\_

SUPERVISOR \_\_\_\_\_ LOCATION OF INTERNSHIP \_\_\_\_\_

<b>PROFESSIONAL SKILLS</b>	<b>(4 points) Excellent</b>	<b>(3 points) Good</b>	<b>(2 points) Marginal</b>	<b>(1 point) Poor</b>	<b>N/A</b>
Knowledge of Health Serv. Adm.	_____	_____	_____	_____	_____
Problem Solving Ability	_____	_____	_____	_____	_____
Use of Time	_____	_____	_____	_____	_____
Goal Orientation	_____	_____	_____	_____	_____
Planning Ability	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Follows Directions	_____	_____	_____	_____	_____
Evaluation Skills	_____	_____	_____	_____	_____
General Professionalism	_____	_____	_____	_____	_____

<b>PERSONALITY ATTRIBUTES</b>	<b>Excellent</b>	<b>Good</b>	<b>Marginal</b>	<b>Poor</b>
Enthusiasm	_____	_____	_____	_____
Cooperativeness	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Organization	_____	_____	_____	_____
Communication	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Punctuality	_____	_____	_____	_____
General Health	_____	_____	_____	_____

(TURN IN)

Semester and/or academic year for which the data applies: \_\_\_\_\_

**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.**

**Signed** \_\_\_\_\_

**Position** \_\_\_\_\_

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

**(TURN IN)**

**BACHELOR OF SCIENCE IN HEALTH SCIENCES  
HEALTH SERVICES ADMINISTRATION EMPHASIS**

**INTERNSHIP SITES**

**Arkansas Children's Hospital**

Sherryl Ray, Director  
800 Marshall St., Slot 300  
Little Rock, AR 72202-3591  
(501)320-1640

**Arkansas Children's Hospital**

Jay K. Deshpande, M.D., MPH  
Senior VP/Chief Quality Officer  
Associate Medical Director  
Professor of Pediatrics & Anesthesiology  
1 Children's Way  
Little Rock, AR 72202-3591

**Arkansas Children's Hospital**

Jessica Mitchell, Sr. Project Director  
Medical Administrator  
1 Children's Way, Slot 301  
Little Rock, AR 72202-3591  
(501)364-7809

**Arkansas, State of  
Department of Veterans Affairs**

Kathie J. Gately, Asst. Director of  
Veterans Homes  
501 Woodlane Drive, Suite 230C  
Little Rock, AR 72201  
Phone: (501)682-1954  
Fax: (501)682-4833  
Kathie.J.Gately@arkansas.gov

**Brookridge Cove, Rehabilitation  
and Care Center**

1000 Brookridge Ln.  
Morrilton, AR 72110  
(501)354-4585

**Center for Healing Hearts & Spirits**

Sarah Jamerson, Diversity Outreach  
Coordinator  
2416 S. Chester St.  
Little Rock, AR 72206  
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