



Jennifer Green PhD MPH
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RCHD Internship Agreement

Student Name _____

Student E-mail _____ Area of Study _____

Address _____

Preceptor _____ Title _____

Phone _____ E-mail _____

Internship/Faculty Advisor _____ Title _____

Phone _____ E-mail _____

Full Time _____

Part Time _____

Hours Required: _____

Approximate hours per week: _____

Start date _____

End date _____

Approximate



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✓ if completed	Requirements to Begin Internship
<input type="checkbox"/>	HIPAA Training (to be sent to Public Health Emergency Preparedness Coordinator: mmarkvicka@rileycountyks.gov upon completion)
<input type="checkbox"/>	Information Network Usage Agreement (to be sent to Administrative Assistant: mmarkvicka@rileycountyks.gov upon completion)
<input type="checkbox"/>	Confidentiality Form (to be sent to Administrative Assistant: mmarkvicka@rileycountyks.gov upon completion)
<input type="checkbox"/>	Written description of Internship
<input type="checkbox"/>	Approval of Internship and preceptor and Faculty Advisor
<input type="checkbox"/>	Complete Internship Agreement (this form)
<input type="checkbox"/>	Complete Learning Plan / Goals form, as assigned

Signatures Required for Internship Approval:

Student: _____
(Signature) *(Date)*

Internship Faculty Advisor: _____
(Signature) *(Date)*

Preceptor: _____
(Signature) *(Date)*¹

¹ This document was developed with permissions from and in collaboration with Saint Louis University College for Public Health & Social Justice. 3545 Lafayette Ave St. Louis, MO 63104