**Pre-Health Internship Program**

Office of Clinical Partnerships

P.O. Box 877805

Tempe, AZ 85287-0723

<https://Clinicalpartnerships.asu.edu/phip>

**New Internship Site Application**

All information is required to be completed by individual signing affiliation agreement.

Site Information

Organization Name: Click or tap here to enter text.

Organization’s Website: Click or tap here to enter text.

Phone: Click or tap here to enter text.      Fax: Click or tap here to enter text.

Address: Click or tap here to enter text.

Site Supervisor

Site Supervisor’s Name: Click or tap here to enter text.

Site Supervisor’s Contact Phone: Click or tap here to enter text.

Site Supervisor’s Email: Click or tap here to enter text.

Preceptor Information

Preceptor Name: Click or tap here to enter text.

Degree(s)/Credentials Information: Click or tap here to enter text.

**Site Requirements**

Intern Duties: Please provide five bulleted points describing the tasks and duties the student will be completing during the internship.

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.
4. Click or tap here to enter text.
5. Click or tap here to enter text.

Health Requirements: (Immunizations, current negative Tb test, flu vaccination, background check, drug test, etc. that may be required prior to a student starting internship hours.)

Click or tap here to enter text.

Any additional requirements: (Ex. Dress attire or minimum GPA)

Click or tap here to enter text.

**Submission Instructions**

If approved, the Site Supervisor or organizational representative will be contacted by a Pre-Health Internship Placement Specialist, with instructions to complete the affiliation agreement. Forms may be emailed to [Christina.Islas@asu.edu](mailto:Christina.Islas@asu.edu), [Angelica.Islas@asu.edu](mailto:Angelica.Islas@asu.edu), or [Julie.Vo@asu.edu](mailto:Julie.Vo@asu.edu)

Students submitting this form acknowledges that they have discussed with the proposed Site Supervisor or organizational representative the requirements, responsibilities, policies, and procedures of the internship program and that the information provided in this petition is accurate.