



**Pre-Health Internship Program**

Office of Clinical Partnerships

P.O. Box 877805

Tempe, AZ 85287-0723

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

**New Internship Site Application**

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

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**Site Information**

Organization Name:

Organization's Website:

Phone:

Fax:

Address:

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**Site Supervisor**

Site Supervisor's Name:

Site Supervisor's Contact Phone:

Site Supervisor's Email:

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**Preceptor Information**

Preceptor Name:

Degree(s)/Credentials Information:

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**Site Requirements**

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

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.)

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

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**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.

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