

**APPENDIX A SALISBURY
UNIVERSITY PUBLIC HEALTH
INTERNSHIP AFFILIATE SITE
AGREEMENT**

We _____ have communicated
COMPANY/AGENCY NAME (PRINTED)
with _____ to the extent
INTERN'S NAME (PRINTED)
necessary and agree to supervise him/her in an internship experience as described in the Salisbury
University Public Health Internship Manual.

The above intern's immediate supervisor at the internship site will be

INTERNSHIP SITE SUPERVISOR'S NAME (PRINTED)
and can be reached at

TELEPHONE NUMBER

E-MAIL ADDRESS

The internship will begin on _____
(DATE)

and will be completed by _____
(DATE)

COMPANY/AGENCY REPRESENTATIVE'S:

SIGNATURE

DATE

If this is a new internship site, the University must establish a formal agreement with the organization before you can begin at the site. Please plan accordingly. The following additional information is required (Please print clearly):

Name of person who has signature authority for the organization: _____
Title of signer: _____
Email address: _____
Telephone number: _____
Company Address: _____
Government or Non-government agency: _____
Profit or Non-Profit Agency: _____
Is a drug test required? _____

Is a background check required? _____