

Intern/Volunteer Placement Checklist

Student Start Date: Click here to enter a date.

Student End Date: Click here to enter a date.

Preceptor’s Contact Information:

Name:

Division/Office: Division/Office

Phone Number: Phone Number | Email: Email

Student’s Contact Information:

Student’s Name: Student’s First Name Student’s Last Name | Student’s Phone Number: Student’s Phone

Student’s Email: Student’s Email *(state email must be used after account is activated)*

Student’s Work Location: Location

Is this experience for academic credit? Yes No

Student’s Educational Institution: | Anticipated Degree:

Learning objectives and proposed project(s):

Expected final product to be completed by intern or to which intern will substantially contribute:

Expectations

1. In accepting responsibility of an intern or volunteer, preceptors agree to dedicate time and attention to guide the learning experience of interns/volunteers. Preceptors are expected to continuously interact with interns/volunteers, provide task-oriented direction, and encourage professional development toward enhancing core competencies for public health professionals.
2. Learning should be directed toward creating useful products and participating in professional teams that will enhance personal resumes while addressing TDH needs.
3. Feedback from interns should be encouraged in order to continuously improve the internship process.
4. Unless compromising confidentiality, the preceptors will submit the final intern or volunteer’s final product for consideration to be included on the TDH Internship web site. Please submit final products to internships.health@tn.gov.

All interns should be allowed and encouraged to participate in TDH-wide learning activities:

- 1) Intern seminars with executive leaders
 - 2) Site visits to TDH programs/sites (previous examples: county health departments, State Laboratory, Vital Records, State Capitol tour)
 - 3) Professional development workshops with Office of Public Health Competency
- *Please see the preceptor handbook for learning activity dates/times

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Office of Workforce Solutions and Services personnel are to work with the preceptor and student to complete forms on page 2 of this document. Upon completion, please return both pages of this form to the student's preceptor and copy Internships.Health@tn.gov copied. For questions, please contact internships.health@tn.gov.

All paperwork necessary to complete the requirements below can be found in the "TDH Preceptor" section of the [Internships Opportunities](#) webpage.

Contract Review (Admin Use Only)				
<input type="checkbox"/>	Service Procurement Office verifies the student's university/college & degree type against existing contracts/affiliation agreements	Glenda S. Case - Glenda.S.Case@tn.gov or 615-532-7140	Date	Reviewer's Initials

Volunteer Experience (unpaid; no academic credits earned)					
	Completed	Process	Send To / Next Steps	Date Completed	Reviewer's Initials
Before Arrival	<input type="checkbox"/>	Student Completes Online Interest Form	No Action	Date	Reviewer's Initials
	<input type="checkbox"/>	Volunteer Registration Form	Email to carol.bell@tn.gov	Date	Reviewer's Initials
	<input type="checkbox"/> <input type="checkbox"/>	5-in-1 Form Violence in the Workplace Policy	Provide to Division/Office HR Officer	Date	Reviewer's Initials
	<input type="checkbox"/> <input type="checkbox"/>	Temporary Parking Placard Parking Map and Parking Options	Send to student prior to arrival	Date	Reviewer's Initials

Student Internship (academic credits earned)						
	Completed	Process	Send To / Next Steps	Date Completed	Reviewer's Initials	
Before Arrival	<input type="checkbox"/>	Student Completes Online Interest Form	No Action			
	<input type="checkbox"/> <input type="checkbox"/>	Temporary Parking Placard Parking Map and Parking Options	Send to student prior to arrival	Date	Reviewer's Initials	
	<input type="checkbox"/> <input type="checkbox"/>	6-in-1 Form Violence in the Workplace Policy	Provide to Division/Office HR Officer & email to security.health@tn.gov	Date	Reviewer's Initials	
	If on-site 2+ weeks	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Computer Access Agreement 2. RACF ID Request 3. Social Media Policy 4. Code of Conduct 5. Acceptable Use Form	Provide to Division/Office HR Officer & email forms 1 & 2 to security.health@tn.gov	Date	Reviewer's Initials
Upon Arrival	If on-site 2+ weeks	<input type="checkbox"/>	Parking Decal Request	TDH HR – Email request to Charlotte.Ammons@tn.gov	Date	Reviewer's Initials
		<input type="checkbox"/>	Schedule Photo Identification & Building Access Badge	TDH HR – Email request to jane.Miles@tn.gov	Date	Reviewer's Initials