

Environmental Health Sciences Internship Handbook

EHS MPH SCOPE OF WORK FORM

This form is due by the end of the second week of the internship.

UCLA FIELDING SCHOOL OF PUBLIC HEALTH

Name of Student: _____

Organization Name: _____

Internship Address: _____

Preceptor (name and title): _____

Preceptor email and phone: _____ (____) _____ - _____

Faculty Advisor (name and title): _____

Internship Period (dates): _____

Please attach the approved Scope of Work report to this form. The Scope of Work should be 1-2pages in length (single spaced) and should include the following sections:

- Aims (< 250 words)
- Internship Plan. Some items to consider:
 - What substantial intellectual activities are you engaged in as part of your internship?
 - What data will be collected?
 - How many samples?
 - What are the subjects?
 - What are the policies?
 - Describe the work team
- Goals for Remainder of Internship
- Relationship Between the Internship and the Final Report
- Summary

I understand that I am expected to complete at least 400 hours of work for the above internship. I agree to abide by the ethical codes of the University of California while performing this internship and to provide my faculty advisor and the Internship Coordinator with a written summary of the project when the internship is completed.

Student Signature: _____ Date: _____

I agree to supervise the Internship Student on the project described above and to evaluate the written summary of the project that the intern writes upon completion of the project

Preceptor Signature: _____ Date: _____

I have discussed the proposed internship with my advisee and the Field Mentor. This project is consistent with the guidelines and objectives of the MPH Internship program.

Faculty Advisor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____