Idaho State University
Department of Community and Public Health
Community and Public Health Program
Practicum/MHE Internship Approval Form

Name: _______________________________________________________________________

Email: __________________________ Student Number: ___________________________

Number of Credits: ________________ Proposed Site: ____________________________

Goals of Practicum/Internship:
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Planned Activities:
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Approval Signatures:

______________________________________________________________________________ Date: _________________________

Academic Advisor

______________________________________________________________________________ Date: _________________________

Student

______________________________________________________________________________ Date: _________________________

Site Supervisor

______________________________________________________________________________ Date: _________________________

ISU Practicum/Internship Coordinator
Student Name: _________________________________________________________________

Phone number(s): ______________________________________________________________

Email: ________________________________________________________________________

Site: _________________________________________________________________________

Site Address (Please include both the physical address and mailing address if the site has a Post Office box):
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Site Supervisor:

Name:  _________________________________________________________________
Phone:  _________________________________________________________________
Email:  __________________________________________________________________

Planned Time Schedule:

Monday:  ________________________________________________________________
Tuesday:  ________________________________________________________________
Wednesday:  _____________________________________________________________
Thursday:  _______________________________________________________________
Friday:  _________________________________________________________________
Other:  __________________________________________________________________

Estimated Practicum/Internship Completion Date: _________________________________
Appendix C

Idaho State University  
Department of Community and Public Health  
Community and Public Health Program  
Practicum/MHE Internship Student Objectives

The Community and Public Health curriculum and program requirements are designed to enable students to fulfill the “List of Areas and Responsibilities and Competencies for Health Educators” developed by the National Commission for Health Education Credentialing (NCHEC). Program coursework builds a foundation of knowledge, skills, and theoretical approaches necessary to the practice of quality health education and the practicum/internship experience allows students to apply what was learned in a real-world setting.

The health educator’s need to develop clear and appropriate objectives for program development, implementation, and evaluation is central among the areas of competencies. In order to facilitate improvement of objective writing skills, students are required to state their practicum/internship goals in correct objective writing format.

A secondary purpose of establishing clear objectives for the practicum/internship experience is to determine how the objectives relate to the “Areas of Responsibilities and Competencies for Health Educators.” Connecting the objectives to competencies serves multiple functions:

1. Provides students the opportunity to review expected competencies of health educators as they prepare for employment.
2. Allows students to evaluate areas for professional improvement/development.
3. Directs students to seek activities and experiences to improve specific competencies.
4. Facilitates discussion/understanding with site supervisors regarding the purpose and direction of the field experience.
5. Provides a tool by which the completion of specific practicum/internship objectives can be assessed.

Please complete and turn in the following form to the Practicum Coordinator. Students must include at least five well-written objectives and link each objective the area(s) of competency to which the objectives relate. Note: You will need the “Areas of Responsibilities and Competencies for Health Educators” document to complete this requirement.
Appendix C

Objective 1:

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Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

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Objective 2:

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Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

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Objective 3:

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Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

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Appendix C

Objective 4:

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Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

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Objective 5:

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Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.

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Objective 6:

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Competency Areas: List by Responsibility Number (in Roman numeric form), then Competency Letter, then Sub-Competency Number.
I. Electronic Portfolio Requirements
   A. Description: An electronic portfolio is a compilation of your professional training, experience, and academic accomplishments carefully selected and organized to demonstrate proficiency in the major areas of responsibility for the health education profession. It is saved in an electronic format (USB, “flash drive”, CD, or DVD).
   B. Purpose: A quality electronic portfolio acts as a showcase of your professional skills and abilities and is designed to help you stand out among applicants in today’s competitive job market. It also demonstrates to potential employers the capabilities of Health Education graduates and undergraduates from Idaho State University’s Health Education Program.
   C. Content requirements:
      a. Current resume. A required resume workshop will be presented and resources will be made available to aid students in this effort. This required workshop will be scheduled during the second month of the semester.
      b. Statement of Philosophy of Health Education. Required workshop will be provided and supplemental materials will be posted on Moodle.
      c. PowerPoint presentation. This presentation should address health content and should be an example of your presentation capabilities. The student need not develop a new presentation, but may use presentations created within program coursework. Note: This should be your own work, NOT a group presentation! Also note that you should choose from your very best work, make certain you correctly cite your sources, and make any necessary changes to correct known errors. You will not have to give the presentation; just include it in your portfolio.
      d. Written report on a health content area. This written narrative should reflect your written communication skills. Again, you may use reports that were developed as part of your coursework as long as it is your work alone, and not part of a group project. Careful attention should be given to organization, grammar, spelling, and proper citing of resources.
      e. One other example of your health communication skills. You may choose what you want to include to showcase your capabilities. Possible choices include fliers or brochures that include graphics, research, posters or other materials, or another presentation or written report. Students may want to consider including their practicum/internship presentation as part of their portfolio because it is a demonstration of your abilities in a real-world setting. The purpose for giving you options on what to include is to give you freedom to
choose from among your best work, recognizing that individual students have developed a wide array of written materials throughout their coursework.

D. Grading: Portfolio contents will not be individually graded by the practicum/internship coordinator, but will be checked for completion and overall quality. Unacceptable portfolio contents will be returned to the student for revision. Remember, the portfolio contents are evidence of your skills and it is in your best interest to include your highest quality work.

E. Due date: The complete portfolio should be delivered to the practicum/internship coordinator three weeks prior to the end of the semester to allow adequate time for review and necessary revisions.

II. Practicum/Internship Presentation Requirements

A. Description: At the end of the semester, students will be required to give a presentation about their practicum experience. The practicum/internship coordinator will set a time and place for the presentations during the last month of the semester. Students, faculty, staff, and site supervisors will be invited and practicum/internship students will be encouraged to invite family or friends so we can celebrate together your accomplishments.

B. Purpose: The purpose of this presentation is to give students the opportunity to share their accomplishments, to increase awareness of practicum/internship opportunities, and to give future practicum/internship students ideas for potential sites and projects.

C. Content requirements: The presentation will last 15-20 minutes and should be in a PowerPoint or other slide presentation format. It is not necessary to bring copies of note pages for the audience.
   a. Description of site mission, services, and activities.
   b. Review and discussion of student objectives, if/how they were accomplished, and how the student felt about the experience.
   c. Discussion on how, specifically, the practicum/internship experience improved the student’s competencies in the Areas of Responsibilities for Health Educators.
   d. Any other germane information the student would like to include, such as ideas for other practicum/internship projects at the site, stories about the joys and challenges of completing a practicum/internship, specific examples of work completed during the experience, etc.

D. Grading: Assessment of the presentation will include checking to see if all content areas are addressed. Students are encouraged to think of this as a means of celebrating and highlighting their accomplishments during the practicum/internship experience.
Appendix E

Idaho State University
Department of Community and Public Health
Community and Public Health Program
Practicum/MHE Internship Bi-Weekly Work Log

Instructions: Students are required to record and describe their daily practicum/internship activities, add up the hours, obtain verification signature from site supervisor, sign the log, and turn it in to the practicum/internship coordinator at the bi-weekly site visit. Please carefully follow the instructions below.

1. Hours should be recorded by what time the student started and ended work, and the total hours logged for each day. Be accurate but please use quarter hours rather than minutes on your timesheet. (If a student works for 4 hours and 15 minutes, your log should read 4.25 hours, for example.) Please do not break hours into units smaller than a quarter hour.

2. Keep accurate record of your activities. Your work log can be used to describe experience and skills you possess when you develop a resume, so be specific. It also provides evidence of your specific on-the-job experiences and may help you recognize competency areas that have improved or that require further development.

3. Students should have logs filled out accurately, with their signature and the signature of their site supervisor.

4. Students must make a copy of their work-log to keep in their own files.

5. The Practicum/Internship Coordinator will verify that the hours were added correctly and will periodically send an email notice to the student to confirm the number of hours required for completion.
# Bi-Weekly Work Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Hours Worked</th>
<th>Description of Tasks/Activities (Be specific!)</th>
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Hours Worked: ____________________  Date: ____________________

_________________________________  __________________________________
Student Signature                Site Supervisor Signature
Appendix F

Idaho State University
Department of Community and Public Health
Community and Public Health Program
Practicum/MHE Internship Site Supervisor Evaluation

Student: _________________________ Mid-term or Final Evaluation (Please circle)

Site Supervisor: _____________________________  Date:  ________________________

Instructions: Please evaluate each area of the student’s performance as completely and candidly as possible. Check the box that most accurately reflects your assessment of the student’s skills and work habits. Your responses will be shared with the student to enable them to develop and improve their health education competencies and professionalism. This evaluation should be filled out and returned to the practicum/internship coordinator at mid-term and at the end of the semester. Postage-paid, addressed, return envelopes will be provided.

<table>
<thead>
<tr>
<th>Areas of Performance: Work Habits and Professionalism</th>
<th>Excellent</th>
<th>Good</th>
<th>Acceptable</th>
<th>Needs Improvement</th>
<th>Not Applicable</th>
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<tr>
<td>Reports to work as scheduled and on time.</td>
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<td>Dresses neatly and appropriately.</td>
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<td>Adheres to organizational policies and regulations.</td>
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<td>Follows ethical standards of practice.</td>
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<td>Respects the religious, cultural, and ethnic diversity of co-workers and clients.</td>
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<td>Maintains confidentiality; protects privacy of co-workers, organization, and clients.</td>
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<td>Is organized and uses time efficiently.</td>
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<td>Accepts responsibility and completes assigned tasks in a timely manner.</td>
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<td>Seeks to understand and support the organization’s mission/goals.</td>
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<td>Demonstrates the ability to set appropriate priorities and goals.</td>
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<td>Manages problems and resolves conflict effectively and appropriately.</td>
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<tr>
<td>Is respectful, courteous, and promotes positive work environment.</td>
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</table>
### Areas of Performance: Work Habits and Professionalism, continued.

During the practicum/internship experience, the student:

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<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Acceptable</th>
<th>Needs Improvement</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Accepts responsibility for mistakes and learns from experiences.</td>
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<td>Is receptive to feedback and constructive criticism from co-workers, supervisors, and others in positions of authority.</td>
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<td>Establishes an open and trusting relationship with co-workers and clients.</td>
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<td>Demonstrates effective written communication skills.</td>
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<td>Demonstrates effective verbal communication skills.</td>
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<td>Is willing and to seek guidance and ask pertinent and purposeful questions when necessary.</td>
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### Areas of Performance: Health Education Skills

During the practicum/internship experience, the student:

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<th>Excellent</th>
<th>Good</th>
<th>Acceptable</th>
<th>Needs Improvement</th>
<th>Not Applicable</th>
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<tr>
<td>Has sufficient knowledge to assess the health education needs of clients and/or population groups.</td>
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<td>Has sufficient knowledge to access and analyze health data from reliable sources.</td>
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<td>Is able to use valid health information to set priorities and measurable objectives for clients/population groups.</td>
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<td>Is able to develop health education program plans tailored to the specific needs of an individual or population group.</td>
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<td>Is able to identify or develop educational materials geared toward achieving desired objectives.</td>
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<td>Has sufficient knowledge to monitor and make necessary adjustments to assure the delivery of quality health education.</td>
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<td>Has the requisite skill to evaluate the effectiveness of health education efforts.</td>
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<td>Has sufficient knowledge to act as a resource person for health information needs.</td>
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<td>Has sufficient knowledge to communicate health knowledge using a variety of methods and evidence-based practices.</td>
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Appendix F

1. Please discuss the positive traits, accomplishments, and skills of the student and how they contributed to your organization.

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2. Identify any skills, knowledge-base, or work habits that need to be improved. (Please be specific and constructive.)

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3. Based on what you know about the student’s knowledge-base and professional training, are you aware of any educational gaps that could be addressed through courses taught in the Department of Community and Public Health? Please explain.

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4. Do you have suggestions that would improve your experience as a site supervisor? Do you have adequate information, support, and contact time with the practicum/internship coordinator? Please explain.

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5. Additional comments:

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______________________________________________________________________________
Idaho State University  
Department of Community and Public Health  
Community and Public Health Program  
Practicum/MHE Internship Student Experience Evaluation

Student Name: _________________________ Site: ________________________________

Site Supervisor Name: ___________________________________________________________

The purpose of this evaluation is to provide opportunity for honest appraisal of the practicum/internship experience and to reflect upon what you have learned and how you are different as a result of this field work.

<table>
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<tr>
<th>Please rate the following aspects of your practicum/internship experience.</th>
<th>Excellent</th>
<th>Good</th>
<th>Acceptable</th>
<th>Needs Improvement</th>
<th>Not Applicable</th>
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<td>Physical environment was safe.</td>
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<td>Adequate site orientation was provided to student.</td>
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<td>Adequate resources were available to accomplish assigned tasks.</td>
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<td>Co-workers were accepting and helpful.</td>
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<td>Site supervisor provided clear expectations.</td>
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<td>Site supervisor’s schedule allowed time for mentoring and/or I was given clear direction about who to go to if I needed help in instances when supervisor was not available.</td>
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<td>Consistent guidance and feedback was provided by the site supervisor.</td>
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<td>Site supervisor provided levels of responsibility and support consistent with my abilities.</td>
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<td>Assigned tasks were related to the practice of health education.</td>
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<td>Opportunities were provided to develop my health education competencies.</td>
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<td>Opportunities were provided to develop my communication skills.</td>
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<td>Opportunities were provided to develop my interpersonal skills.</td>
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<td>Opportunities were provided to develop my creativity.</td>
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<td>Opportunities were provided to develop my problem-solving skills.</td>
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<td>This experience has helped prepare me for the workplace.</td>
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Appendix G

1. Would you work for this site supervisor again? Yes No Uncertain

2. Would you work for this organization again? Yes No Uncertain

3. Would you recommend this site to other students? Yes No Uncertain

4. What were the most meaningful experiences you had? Please explain.

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5. What were the least valuable experiences you had during your practicum/internship? Please explain.

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6. What opportunities would you have liked to have as part of your practicum/internship but did not have the chance to experience? Please explain.

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7. How has this experience supported your career goals and skill development? Be specific.

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8. What changes would you recommend to improve the quality of mentoring/supervision at your site?

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9. Please discuss your level of satisfaction regarding the supervision and support you received from your Practicum/Internship Coordinator including any changes you would recommend to improve the quality of supervision from the Department of Community and Public Health.

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10. How did your practicum/internship experience benefit the organization for which you worked?

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11. How did your practicum/internship experience benefit the clientele (community members, patients, students, etc.) with whom you interacted?

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13. Identify any gaps you discovered in your educational and/or professional preparation as a result of this experience. What suggestions would you make to the Department of Community and Public Health to increase student’s readiness for a career in as a health education specialist? Please be specific.

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14. Other comments:

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**Appendix H**

**Idaho State University**  
**Department of Community and Public Health**  
**Community and Public Health Program**  
**List of Approved Practicum/MHE Internship Sites**

**Required Background Checks:** Please allow adequate time to complete required background check, testing, and/or other orientation procedures prior to your intended start date. This process can take several weeks to accomplish and must be completed before the student begins to work at the site. It is the student’s responsibility to investigate and follow site-specific orientation guidelines in order to avoid unnecessary delays that could impair your ability to complete the practicum/internship in a timely manner.

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<tr>
<th>Site</th>
<th>Description of Services</th>
<th>Contact Person</th>
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</thead>
</table>
| **Addictions Rehabilitation Association (ARA)** | Inpatient alcohol and drug rehabilitation, halfway                | Jared Vineyard Program Supervisor  
arahouse@cableone.net |
| 163 E. Elva  
Idaho Falls, ID  83402                 |                                                                   |                                                    |
| **Eastern Idaho Regional Medical Center**     | Patient education                                                 | Karrie Brown  
(208) 529-6701                                      |
| 1904 Jennie Lee Dr.  
Idaho Falls, ID  83404               |                                                                   |                                                    |
| **Idaho Probation and Parole, District 6**    | *This site is best suited for students interested in corrections services. | John Warner  
Senior Probation Investigator  
(208) 237-9198, ext. 234  
Application and Background Investigation Questionnaire at idoc.idaho.gov |
| 1135 Yellowstone Ave.  
Pocatello, ID  83201                 |                                                                   |                                                    |
| **Idaho Probation and Parole, District 7**    | *This site is best suited for students interested in corrections services. | (208) 528-4220  
Application and Background Investigation Questionnaire at idoc.idaho.gov |
| 2048 E. 17th St.  
Idaho Falls, ID  83402               |                                                                   |                                                    |
| **Idaho National Laboratories**              | Worksite health, health promotion, wellness assessments, safety, etc. | Curtis Reese  
(208) 526-6490  
*Contact him with questions only; apply online at inl.gov |
| P.O. Box 1625  
Idaho Falls, ID  83403                 |                                                                   |                                                    |
| **Madison Memorial Hospital**                | Community health education and health promotion                  | Kim Abbeglin  
Education Coordinator  
(208) 356-3691, ext. 5700 or direct line, (208) 359-6459 |
| 450 E. Main St.  
Rexburg, ID  83440                    |                                                                   |                                                    |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Services Offered</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Portneuf Medical Center</strong>&lt;br&gt;777 Hospital Way&lt;br&gt;Pocatello, ID 83201</td>
<td>Community health education and health promotion</td>
<td>Jodi Brown&lt;br&gt;(208) 239-2437</td>
</tr>
<tr>
<td><strong>Southeastern District Health Dept., Dist. 6</strong>&lt;br&gt;1901 Alvin Ricken Dr.&lt;br&gt;Pocatello, ID 83201</td>
<td>Community health education and health promotion</td>
<td>Tracey McCulloch&lt;br&gt;(208) 239-5258&lt;br&gt;WIC Program&lt;br&gt;*This site is best suited for dietitians.</td>
</tr>
<tr>
<td><strong>Southeastern District Health Dept., Dist. 7</strong>&lt;br&gt;254 E. Street&lt;br&gt;Idaho Falls, ID 83403</td>
<td>Community health education and health promotion</td>
<td>Tammy Cox&lt;br&gt;(208) 533-3153&lt;br&gt;WIC Program&lt;br&gt;*This site is best suited for dietitians.</td>
</tr>
<tr>
<td><strong>American Red Cross</strong>&lt;br&gt;(All locations)</td>
<td>Blood drives, disaster response services, CPR and first aid training&lt;br&gt;*Volunteers must commit long-term.</td>
<td>Dawn Green&lt;br&gt;(208) 855-4295</td>
</tr>
<tr>
<td><strong>Eastern Idaho Community Action Partnership: Area Agency on Aging</strong>&lt;br&gt;357 Constitution Way&lt;br&gt;Idaho Falls, ID 83405</td>
<td>Elder care services, wellness workshops, senior center support</td>
<td>(208) 522-5391</td>
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<tr>
<td><strong>Area Agency on Aging</strong>&lt;br&gt;214 E. Center St.&lt;br&gt;Pocatello, ID 83205</td>
<td>Elder care services, wellness workshops, senior center support</td>
<td>Sandy Guidinger&lt;br&gt;(208) 233-4032</td>
</tr>
<tr>
<td><strong>Bingham Memorial Hospital Education Center</strong>&lt;br&gt;315 W. Idaho St.&lt;br&gt;Blackfoot, ID 83221</td>
<td>Community health education and health promotion</td>
<td>Mindy Moore&lt;br&gt;Education Director/Human Resources&lt;br&gt;(208) 785-8320</td>
</tr>
<tr>
<td><strong>Curves for Women</strong>&lt;br&gt;4925 Valenty Rd.&lt;br&gt;Chubbuck, ID 83202</td>
<td>Women’s physical fitness center</td>
<td>Judy Fayle&lt;br&gt;Owner&lt;br&gt;(208) 237-9400</td>
</tr>
<tr>
<td><strong>Family Services Alliance</strong>&lt;br&gt;355 S. Arthur Ave.&lt;br&gt;Pocatello, ID 83204</td>
<td>Support services and advocacy for victims of domestic abuse and/or sexual assault</td>
<td>Sarah A. Leeds&lt;br&gt;Executive Director&lt;br&gt;(208) 232-0742</td>
</tr>
<tr>
<td><strong>Big Brothers Big Sisters of Southeast Idaho</strong>&lt;br&gt;545 Shoup Ave.&lt;br&gt;Idaho Falls, ID 83402</td>
<td>Mentoring local children</td>
<td>Sarah A. Leeds&lt;br&gt;(208) 523-4842&lt;br&gt;<a href="mailto:bbbsid@gmail.com">bbbsid@gmail.com</a></td>
</tr>
<tr>
<td>Organization</td>
<td>Services</td>
<td>Contact Person</td>
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<tr>
<td><strong>Fitness, Inc.</strong></td>
<td>Gym and fitness center</td>
<td>Bill Davis</td>
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<tr>
<td>1800 Garrett Way, Ste. 19</td>
<td></td>
<td></td>
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<tr>
<td>Ste. 19</td>
<td></td>
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<tr>
<td>Pocatello, ID 83201</td>
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<tr>
<td><em>Lincoln Early Childhood Center:</em></td>
<td>Head Start: Early learning, pre-school</td>
<td>Head Start: Mark Campbell</td>
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<tr>
<td>330 Oakwood Dr.</td>
<td>Early Intervention: Early learning with special needs</td>
<td>Early Intervention: Amy Myers</td>
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<tr>
<td>Pocatello, ID 83204</td>
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<tr>
<td><strong>Health West, Inc.</strong></td>
<td>Community health promotion and patient coordination</td>
<td>Hilary Humphreys</td>
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<tr>
<td>845 W. Center, Ste. 202</td>
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<tr>
<td>Pocatello, ID 83204</td>
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<tr>
<td><em>ISU Center for New Directions</em></td>
<td>“The mission of the Center for New Directions is to assist individuals in</td>
<td>Marlene Darling</td>
</tr>
<tr>
<td>Roy F. Christensen (RFC) Bld.</td>
<td>transition to become personally and economically self-sufficient”</td>
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<tr>
<td>Campus Box 8380</td>
<td>(<a href="http://www.isu.edu/cnd">www.isu.edu/cnd</a>).</td>
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<tr>
<td>Pocatello, ID 8320-8380</td>
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<tr>
<td><em>ISU CW Hog Handicapped Outdoor Group</em></td>
<td>“The Cooperative Wilderness Handicapped Outdoor Group (CW HOG), a regional self-help group, was established in 1981 to provide recreational opportunities for people of all abilities”. (<a href="http://www.isu.edu/cwhog">www.isu.edu/cwhog</a>).</td>
<td>Bob Ellis</td>
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<tr>
<td>Pond Student Union Basement</td>
<td></td>
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<tr>
<td>Campus Box 8128</td>
<td></td>
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<tr>
<td>Pocatello, ID 8320-8128</td>
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<tr>
<td><em>ISU Genesis Project</em></td>
<td>HIV/AIDS Prevention Project</td>
<td>(208) 241-2813</td>
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<tr>
<td>Student Health Center, Pharm Floor,</td>
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<tr>
<td>990 Cesar Chavez Ave.</td>
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<tr>
<td>Pocatello, ID 83209-8016</td>
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<tr>
<td><em>ISU Janet C. Anderson Gender Center</em></td>
<td>Project HOPE Advocacy Program, intimate partner violence prevention and services</td>
<td>Stephanie Richardson</td>
</tr>
<tr>
<td>Gravely Hall, Room 117</td>
<td></td>
<td></td>
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<tr>
<td>Campus Box 8141</td>
<td></td>
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<tr>
<td>Pocatello, ID 83209</td>
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<tr>
<td><strong>ISU Weight and Conditioning Facility</strong>&lt;br&gt;Idaho Orthopedic and Sports Clinic&lt;br&gt;560 Memorial Dr.&lt;br&gt;Pocatello, ID 83209</td>
<td>Physical fitness training, injury, prevention and recovery</td>
<td>Kristen Shuman&lt;br&gt;(208) 282-3035</td>
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<tr>
<td><strong>ISU Wellness Center</strong>&lt;br&gt;Reed Gym, Room 205A&lt;br&gt;Campus Box 8109&lt;br&gt;Pocatello, ID 83209-8109</td>
<td>Services geared toward enhancing the wellness of ISU students, faculty, and staff including fitness assessments, wellness workshops, CPR/AED/First Aid training, health education</td>
<td>Carol Kirkpatrick Director&lt;br&gt;(208) 282-2398</td>
</tr>
<tr>
<td><strong>MK Place</strong>&lt;br&gt;735 Main St.&lt;br&gt;Pocatello, ID 83201</td>
<td><em>This site is best suited for students with training in substance abuse education, prevention, and recovery.</em></td>
<td>Cindy Hansen&lt;br&gt;Program Director&lt;br&gt;(208) 251-1787</td>
</tr>
<tr>
<td><strong>Rocky Mountain Diabetes and Osteoporosis Center</strong>&lt;br&gt;2220 E. 25th St.&lt;br&gt;Idaho Falls, ID 83404</td>
<td>Diabetes education, prevention, and lifestyle change coaching</td>
<td>Becky T. Sulik&lt;br&gt;Metabolic Clinic Director&lt;br&gt;(208) 523-1122, ext. 530&lt;br&gt;<a href="mailto:becky@idahomed.com">becky@idahomed.com</a></td>
</tr>
<tr>
<td><strong>Road to Recovery</strong>&lt;br&gt;343 E. Bonneville St.&lt;br&gt;Pocatello, ID 83201</td>
<td>Substance abuse recovery center</td>
<td>Ann Wheeler&lt;br&gt;(208) 233-9135&lt;br&gt;roadtorecoveryidaho.org</td>
</tr>
<tr>
<td><strong>All Under One Roof</strong>&lt;br&gt;234 North Main St.&lt;br&gt;Pocatello, ID 83201</td>
<td>An LGBT community center offering a safe haven for events and gatherings, promoting self-esteem, equality, and wellbeing</td>
<td>Tom Nester&lt;br&gt;(208) 251-1661</td>
</tr>
<tr>
<td><strong>Compassion &amp; Hope Pregnancy Center</strong>&lt;br&gt;845 S. 9th St. Ste. B&lt;br&gt;Pocatello, ID 82201</td>
<td>On campus site for pregnant women, counseling and pregnancy classes</td>
<td>(208) 478-4673 (HOPE)&lt;br&gt;pocatellopregnancycenter.com</td>
</tr>
<tr>
<td><strong>Idaho Food Bank</strong>&lt;br&gt;555 S. 1st Ave.&lt;br&gt;Pocatello, ID 83201</td>
<td>Distribution of food, hunger-relief and educational programs</td>
<td>Amber Logue&lt;br&gt;(208) 233-8811</td>
</tr>
<tr>
<td><strong>Idaho Meth Project</strong>&lt;br&gt;P.O. Box 738&lt;br&gt;Boise, ID 83701-0738</td>
<td>Public awareness of substance abuse</td>
<td>(888) 331-2060&lt;br&gt;<a href="mailto:info@idahomethproject.org">info@idahomethproject.org</a>&lt;br&gt;*Apply at idahomethproject.com</td>
</tr>
</tbody>
</table>

*Updated March 2016*