Submit via Email

Project Description Form

Instructions: Fill out this form when recruiting and/or hosting a student intern. Please complete and send to dph.internship@ct.gov.

Program Name:	Asthma Program
Preceptor/Point of Contact:	Name/Credentials: Marie-Christine Bournaki, PhD, RN
	Title: Asthma Program Supervisor
	Phone: 860-509-7258
	Email: marie-christine.bournaki@ct.gov
Alternate Contact ☐ **N/A**	Name/Credentials: Amy Ortiz-Lopez
	Title: Health Program Assistant II
	Phone: 860-509-8209
	Email: Amy.Ortiz-Lopez@ct.gov
Project Name: . Impact of an Educational Asthma Program on School Nurses' Knowledge.	

Project Description (max. 130 words):
*Please include desired outcome or product in your description.

A Summer Institute Program will be offered to 100 School Nurses during July 2015 (date TBD). Over 3 days, workshops providing clinical knowledge and assessment skills on a variety of topic will be presented. An Asthma Workshop of 1 hour and 45 minutes will be offered during the Summer Institute.
The Summer Intern would be involved in developing a pre- and post- test assessment of School Nurses asthma knowledge and assessment skills, using the NAEPP guidelines. Data would be collected and analyzed by the student, with the assistance of program staff. This project would evaluate the effect of an educational asthma program on school nurses' knowledge.

Semester:	☐ Fall	☐ Spring	☑ Summer
Project Start Date:	2015-06-22		
Project End Date:	2015-08-28		
Paid:	☐ Yes	☑ No	
If yes, please provide stipend amount:			
Minimum Education Level Desired:	☑ Undergraduate	☐ Graduate	☐ Post-Graduate
References Requested (Provide 2)	☑ Yes	☐ No	
Writing Sample Required	☑ Yes	☐ No	

Special Requirements and Additional Information (e.g. preferred skills, hours etc.):

capacity to use several softwares

Post Project on Web?	☐ Yes, I would like to recruit interns for this project	☐ No, I already have a student for this project **Student Name**: