



ST. CLAIR COUNTY HEALTH DEPARTMENT

Academic Intern/Clinical Application

APPLICANT INFORMATION		
Last Name	First	M.I.
Street Address		Apartment/Unit #
City	State	ZIP
Phone	E-mail Address	
TRACKING INFORMATION		
How did you hear about our Internship Program? Select one.		
<input type="checkbox"/> Academic Institution	<input type="checkbox"/> Health Department Website	
<input type="checkbox"/> Facebook/Twitter	<input type="checkbox"/> Career Fair	
<input type="checkbox"/> Referral	<input type="checkbox"/> Other	
POSITION INFORMATION		
Please select the position(s) in which you are interested. You may select more than one.		
<input type="checkbox"/> Administration (Public Health Administration, Medical Director, Medical Billing, Business Office, Data Analysis, Leadership)		
<input type="checkbox"/> Public Health Nursing (Immunizations, Clinic Services, WIC, Vision & Hearing, Lead, Teen Health Center, etc.)		
<input type="checkbox"/> Environmental Health (Food Supply, Water Supply, Sewage Disposal, Swimming Pools)		
<input type="checkbox"/> Emergency Preparedness and Response (Emergency Preparedness Planning, Quality Improvement, Data Analysis)		
<input type="checkbox"/> Health Education (Program Development/Presentations, Marketing/Program Promotion, Coalition Participation, Social Media/Website Promotion, Data Analysis)		
To view our intern information visit www.stclaircounty.org/offices/health , click on Internships.		
AVAILABILITY		
Desired Start Date	Desired End Date	
How many total internship/clinical completed hours do you need?		
How many total hours are you available each week? (If hours vary by day of the week, please specify below.)		
Monday	Tuesday	
Wednesday	Thursday	
Friday		



EDUCATIONAL BACKGROUND	
Current Academic Institution	Location
Major/Minor Field	Expected Graduation Date
INTERNSHIPS FOR ACADEMIC CREDIT-FACULTY ADVISOR INFORMATION	
Faculty Advisor	Academic Institution
Telephone Number	Email Address
Department/Address	
RESUME	
Please attach a resume when submitting the Intern/Clinical Application	
COVER LETTER	
Please attach a brief cover letter when submitting the Intern/Clinical Application. Cover letter must include answers to the following questions:	
1.) What qualities or attributes will you bring to the Internship/Clinical? 2.) What are your career interests, goals and plans? Please be specific. 3.) What do expect to gain from this experience?	
PROFESSIONAL REFERENCES	
Reference 1	Organization
E-mail	Phone
Reference 2	Organization
E-mail	Phone
INTERN AGREEMENT	
<input type="checkbox"/> As a St. Clair County Health Department Intern, I agree to follow all departmental policies and procedures. <input type="checkbox"/> I understand a background check, drug screen, and references check will be conducted. <input type="checkbox"/> To receive academic credit through my college/university, I understand that it is my responsibility to facilitate the process. <input type="checkbox"/> I understand this is a non-paid internship/clinical. <input type="checkbox"/> I understand the work completed during the internship/clinical is property of the St. Clair County Health Department.	
Electronic Signature (type full name) _____ Date _____	
SCCHD Use Only	
<input type="checkbox"/> Applicant recommended for interview <input type="checkbox"/> Applicant not recommended for interview <input type="checkbox"/> Application held for future position	
<input type="checkbox"/> Internship/clinical offered to applicant <input type="checkbox"/> Internship/clinical not offered to applicant	
Notes _____	
Name _____	Date _____