

# ST. CLAIR COUNTY HEALTH DEPARTMENT

## Academic Intern/Clinical Application

### APPLICANT INFORMATION

Last Name	First Name	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.

- Administration**  
(Public Health Administration, Medical Director, Medical Billing, Business Office, Data Analysis, Leadership)
- Public Health Nursing**  
(Immunizations, Clinic Services, WIC, Vision & Hearing, Lead, Teen Health Center, etc.)
- Environmental Health**  
(Food Supply, Water Supply, Sewage Disposal, Swimming Pools)
- Emergency Preparedness and Response**  
(Emergency Preparedness Planning, Quality Improvement, Data Analysis)
- 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](http://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**

- As a St. Clair County Health Department Intern, I agree to follow all departmental policies and procedures.
- I understand a background check, drug screen, and references check will be conducted.
- To receive academic credit through my college/university, I understand that it is my responsibility to facilitate the process.
- I understand this is a non-paid internship/clinical.
- 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"/> Internship/clinical offered to applicant     |
| <input type="checkbox"/> Applicant not recommended for interview | <input type="checkbox"/> Internship/clinical not offered to applicant |
| <input type="checkbox"/> Application held for future position    |                                                                       |

Notes \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_