



# Allen County Department of Health Internship Application

## SECTION I (Student must complete in full.)

### PERSONAL INFORMATION

Student's name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ACADEMIC INFORMATION

College/University: \_\_\_\_\_ Location: \_\_\_\_\_

Major/Degree(s): \_\_\_\_\_

Class (check one): sophomore \_\_\_ junior \_\_\_ senior \_\_\_ graduate \_\_\_ other \_\_\_\_\_

Graduation date: \_\_\_\_\_ Overall Current GPA: \_\_\_\_\_

### ABOUT THE INTERNSHIP

**Areas of interest** (check all that apply):

- ☐ Communications/Public Relations/Health Education ☐ Informatics ☐ Vital Records  
☐ Food & Consumer Protection ☐ Healthy Homes/Lead Poisoning Prevention  
☐ Nursing/Immunizations ☐ Communicable or Infectious Diseases ☐ HIV/STD Prevention  
☐ Vector Control/Environmental Services (housing/motel/nuisances) ☐ Refugee Health  
Other (please specify) \_\_\_\_\_

**Briefly state why you wish to undertake this internship AND what you hope to learn:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is this a course credit internship?** ☐ Yes ☐ No **Total Hours Required:** \_\_\_\_\_

**Request for:** ☐ Spring ☐ Summer ☐ Fall **Dates Available::** From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

**Days Available:** ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri **Hours per week:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**A resume must accompany this application.** Please send the completed application and resume to [matthew.leblanc@allencounty.us](mailto:matthew.leblanc@allencounty.us) or fax to (260) 427-1391. Thank you for your interest

**SECTION II** (Faculty sponsor must complete if the internship is for course credit.)

**ADVISOR INFORMATION**

**What are the learning objectives for student?**

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**What will you expect the student to submit as evidence of the internship?**

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**How many hours per week must the student work in order to receive college credits? Hours per week: [                      ]**

This verifies that \_\_\_\_\_ will receive [    ] college credits for this internship.

**Does the school's liability insurance cover this student while he/she is performing field study for Allen County Department of Health in exchange for college credits?**

☐ Yes ☐ No

**What is the minimum educational level required for the Preceptor/Field Supervisor:**

☐ Doctorate/MD ☐ Master's Degree ☐ Bachelor's Degree ☐ OTHER: \_\_\_\_\_

**NOTES/COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Faculty Sponsor / Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
College / University

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone