STUDENT PUBLIC HEALTH INTERNSHIP AND PRACTICUM APPLICATION

Please return this completed form to: schd@saginawcounty.com (Please put "Internship Application" in the Subject Line)

Nan	ne			Addre	ess			
Phone				City/State/Zip				
Ema	il							
Academic Institution			Degree Program					
Are you applying for this public health experience with the intention of receiving college or university								
cred	lit? □Yes		\square No					
Faculty Contact Name for Phone Internship/Practicum			Phone	Email				
Applying for:								
			Spring/Summer [F;	all [Winter	
Term Year								
☐ Internship ☐ Staff Interview ☐ Capstone Project ☐ Required Practicum								
Duration of Experience Requested:								
	One Semester							
Which Division(s)/Program(s) are you interested in working with?								
	Administrative		Health]	Laboratory	
	Services Immunizations Home Visiting Disease Surveillance		Promotion/Commun Food Safety Nutrition/WIC Public Health Prepare STI/HIV]	General Nursing General Environmental Health Water Quality Other:	

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Please provide a short description of what you hope to accomplish while participating in a public health internship or practicum at the health department:							
Major	Minor						

Student Signature Date

Note: If you are applying to complete a public health internship or practicum experience at the Saginaw County Health Department, please be sure to include all additional required documentation as described in the application guidelines. This information is required for students to be considered for placement at the Saginaw County Health Department.