

ACADEMIC INTERN APPLICATION

Michigan Department of Community Health (DCH)

APPLICANT INFORMATION			
Last Name		First Name	
Current Street Address			
City	State	Zip Code	
Cell Phone		Secondary Phone	
Email Address			
Date of Birth			
Emergency Contact Name	Phone	Relationship	
Do you require special accommodations because of a disability?			
How did you hear about the Internship Program?			
<input type="checkbox"/> Academic Institution		<input type="checkbox"/> State Website	
<input type="checkbox"/> Personal Referral		<input type="checkbox"/> Career Fair	
<input type="checkbox"/> Other			

AREAS OF INTEREST FOR WORK AT DCH	
<input type="checkbox"/> Public Health	<input type="checkbox"/> Health Policy, Regulations & Professions
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Operations
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Other
<input type="checkbox"/> Please hold my application for next semester if no position is available at this time	
<p>Public Health: Chronic Disease, Family Maternal and Child Health, Epidemiology, Laboratories, etc.</p> <p>Mental Health: Substance Abuse and Addiction, Hospitals Center and Forensic, Community Mental Health, etc.</p> <p>Medical Services: Medicaid Policy, Financial Management, Program Operations and Quality Assurance, etc.</p> <p>Health Policy, Regulations & Professions: Planning Access to Care, Professional Regulation and Licensing, Law, etc.</p> <p>Operations: Budget, Audit and Finance, etc.</p> <p>Other: Long Term Care, Recipient Rights, Developmental Disabilities, Services to the Aging, Drug Control Policy, Chief Medical Executive, Chief Nurse Executive, Legislative Liaison, Public Relations, etc.</p>	

AVAILABILITY	
Please indicate the hours you are available to work (example: 8a-10a, 3p-5p)	
Monday	Tuesday
Wednesday	Thursday
Friday	
How many hours can you work weekly?	
How many total internship hours does your academic institution require in order to qualify?	

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 your resume

REFERENCES	
Full Name	Relationship
Company	Phone
Email	
Full Name	Relationship
Company	Phone
Email	

ESSAY SECTION
Please type responses to the following questions on a separate sheet of paper.
1.) What qualities or attributes will you bring to the State of Michigan?
2.) What are your career interests, goals and plans?
3.) What do you expect to gain from this experience?

AGREEMENT	
As an intern at the Michigan Department of Community Health, I agree to follow all department policies. Additionally, I consent to allow DCH to conduct background and reference checks, as necessary, for this internship.	
Signature: _____ Date: _____	
<u>DCH Use Only</u>	
<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 offered to applicant <input type="checkbox"/> Internship not offered to applicant Notes: _____
Name: _____	Date: _____