



## Public Health Internship and Practicum Application

Please return this application & a resume to:

**KCHCS**

**Attn: Internship Coordinator**

**3299 Gull Road**

**Kalamazoo, MI 49048**

[HCSPHinternship@kalcounty.com](mailto:HCSPHinternship@kalcounty.com)

\_\_\_\_\_  
Name (First & Last)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Academic Institution

\_\_\_\_\_  
Degree Program

Undergraduate

\_\_\_\_\_  
Major

Graduate

\_\_\_\_\_  
Minor

Are you applying for this public health experience with the intention of receiving college or university credit?  
 YES                       NO

*If yes, please complete following sections:*

Faculty Advisor at Academic Institution: \_\_\_\_\_

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

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

Faculty contact for Internship/Practicum (if different than above): \_\_\_\_\_

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

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



TYPE OF EXPERIENCE REQUESTED:  <input type="checkbox"/> Internship <input type="checkbox"/> Capstone Project <input type="checkbox"/> Required Practicum	TERM: _____ YEAR: _____  <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Spring/Summer <input type="checkbox"/> Summer <input type="checkbox"/> Fall
--	---

Duration of Experience Requested: <input type="checkbox"/> One Semester <input type="checkbox"/> More than one semester <input type="checkbox"/> Other (Please specify): _____	Which department(s) are you interested in working with? <input type="checkbox"/> Administration <input type="checkbox"/> Area Agency on Aging <input type="checkbox"/> Clinical Services (STD's, Immunizations, Communicable Disease Control) <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Dental Clinic <input type="checkbox"/> Environmental Health <input type="checkbox"/> Emergency Preparedness <input type="checkbox"/> Maternal and Child Health
--	--

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

**Resume:** Please include a resume with this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**[Note:** *KCHCS requires background check and drug screen for all department Interns. Influenza Vaccination is required for all Interns who will be in the department between the months of October 1<sup>st</sup> to April 30<sup>th</sup>*]