



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
STUDENT INTERNSHIP APPLICATION**

Please check which program you are applying for: Internship/Practicum Job Shadowing

Please complete Sections I – VI. A copy of your resume must be attached to this application. Please note: all internships are **UNPAID**, unless noted otherwise.

I. APPLICANT INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ Date: _____

Address: _____ Apt#: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Are you a: (check all that apply) U.S. Citizen International Student State of Connecticut Employee Permanent Resident

College/University Name: _____

Address: _____ City: _____ State: _____ Zip: _____

II. ACADEMIC INFORMATION

Major: _____ Expected Graduation Date: _____

Academic Advisor Name: _____ Phone: _____

Level: Undergraduate Graduate Post Graduate

A. I am applying for a specific project as listed on the DPH website:

B. I am applying for an internship for the following semester and year:

Please identify your areas of interest (in order of preference):

Every effort will be made to place students according to their areas of specialization or academic interest

1.

2.

3.

C. Please check box if you would like your application to be considered for any immediate opportunities in your areas of interest that may become available after you submit your application.

III. INTERN INFORMATION

1. How many hours are you available for an internship/job shadowing? _____ per week a.m. p.m. both

2. Are you applying for academic credit or to fulfill practicum requirements? No Yes total hours needed _____

3. Does your academic program require a preceptor with specific credentials (e.g., MPH, LCSW)? No Yes Specify _____

4. When will you be available to start? (MM/DD/YYYY): **Start Date:** _____ **End Date:** _____

5. Are you fluent in a language(s) other than English? No Yes

If yes, please specify language and indicate if oral/written or both:

IV. RELEVANT COURSEWORK

- 1.
- 2.
- 3.
- 4.
- 5.

V: OPTIONAL INFORMATION - We request that you voluntarily supply the following information:

1. Gender: Male Female Other, specify
2. Race: White Black Hispanic Asian or Pacific Islander
 American Indian or Native Alaskan Other
3. Ethnicity: Hispanic or Latino Not Hispanic or Latino
4. How did you learn about our internship/job shadowing opportunities?

VI. APPLICATION CERTIFICATION

Applicant **must** sign the application via typed electronic signature.

By signing/typing my name on the signature line below, I certify that the information on this application is correct. I authorize the Connecticut Department of Public Health to call my Academic Advisor to obtain information pertinent to my responsibilities as an intern at the Department of Public Health. I agree to abide by the policies, directives and laws of the Department of Public Health.

Signature of Applicant (Required)

Date

Name of Applicant (print or type)

VII. APPLICATION SUBMISSION – There are two ways to submit your application. Please read the following instructions closely.

1. **For Students that have web-based or internet email (e.g., Gmail, Yahoo):**
 - Complete the Internship Application and save to your desktop/device
 - Access your email and create a new message to: dph.internshipapplications@ct.gov
 - Attach the **saved** Internship Application **AND** your Resume to the email and click Send.
 - You will receive an automated message indicating receipt of your application.
2. For Students who have a desktop email application (e.g., Outlook Express):
 - Complete the Internship Application and Click the button below. **PLEASE NOTE: save it to your desktop/ device before clicking the Submit Application button.**
 - Your email application will generate a new email message and automatically address the email to dph.internshipapplications@ct.gov . It will also automatically attach a copy of the completed Internship Application.
 - Now **Attach Your Resume** to the same email and click Send.
 - You will receive an automated email message indicating receipt of your application.
 - **PLEASE NOTE:** If your desktop email application does not function as noted above, or you do not receive an automated email receipt, resubmit using option #1 above.