



Public Health
Prevent. Promote. Protect.

INTERNSHIP APPLICATION

First Name: _____ Last Name: _____

Time period available: From _____ to _____

Total number of hours required: _____

Application Review Checklist

Please attach the following documents to your application:

- Complete and sign application
- Attach resume/curriculum vitae
- Include 3 letters of reference, at least 1 of these should be a faculty member
- Additional information may be requested, depending on position requested

I attest that the information in this application is true and accurate to the best of my knowledge.

Name

Date

Forward completed application to:

Robyn Fosnaugh, MPH, RN

intern@gcph.info

Fax: (937) 374-5692



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PERSONAL INFORMATION

Present Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Cell Phone: _____

Email address: _____

EMERGENCY INFORMATION

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

Country: _____

Home phone: _____ Work phone: _____

APPLICATION CATEGORY

Please Check appropriate category

- University affiliated (intern hours will count toward course credit)
- Independent (hours will NOT count toward course credit)

If university affiliated:

University: _____ Department: _____

University supervisor/advisor name: _____

Phone: _____ Email: _____



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ACADEMIC INFORMATION

University: _____ City/State: _____

Major: _____

Graduation Date (include anticipated as well as official): _____

Level:

____ Bachelor ____ Master ____ BSN ____ MD/DO ____ Clinical ____ Other

University Contact (who will supervise this internship):

Name: _____ Dept.: _____

Phone: _____ Email: _____

PUBLIC HEALTH RELATED EXPERIENCE

Please briefly explain any public health related employment, internships, or volunteer experiences. Include the agency, supervisor's name and title, and dates of the experience, along with a brief description of your responsibilities and the population served.

