



**OHIO DEPARTMENT OF HEALTH
OFFICE OF HUMAN RESOURCES
PUBLIC HEALTH INTERNSHIP APPLICATION**

PLEASE TYPE OR COMPLETE IN INK

NAME (Last, First, M)		HOME PHONE	ALTERNATE PHONE
CURRENT ADDRESS (Street, City, State, Zip)		PERMANENT ADDRESS (Street, City, State, Zip)	
EMAIL ADDRESS		COLLEGE/UNIVERSITY	
DEGREE	MAJOR	MINOR	
SPECIALIZATION	EXPECTED GRADUATION DATE	CUMULATIVE GPA	
ACADEMIC LEVEL			
<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate		

INTERNSHIP AREAS OF INTEREST

Indicate program(s) of interest to you: Unpaid Internship Paid Internship (not receiving college credit)
 Practicum Career Exploration/ Job Shadowing

Indicate available quarter(s)/semester(s): Fall Winter Spring Summer Year: _____

SUPPORTING INFORMATION

How many hours are you available to work per week?

Provide a brief statement as to how the internship program will assist you in accomplishing your future professional goals:

SIGNATURE

I certify that my responses to all of the questions in this application are true and complete to the best of my knowledge. I also certify that I am 18 years of age or older and I understand that I am responsible for the accuracy of this application.

Signature of Applicant	Date

SUBMIT YOUR COMPLETED APPLICATION, ALONG WITH THE FOLLOWING DOCUMENTS TO:

PHIntern@odh.ohio.gov, or
Ohio Department of Health, Human Resources, 246 N. High Street, 8th Floor, Columbus, OH 43215

Current Resume
 Completed Public Health Internship Reference Form or letter of reference
 Verification of Enrollment (e.g., academic transcript, advising report)



**OHIO DEPARTMENT OF HEALTH
OFFICE OF HUMAN RESOURCES
PUBLIC HEALTH INTERN REFERENCE FORM**

PLEASE TYPE OR COMPLETE IN INK

STUDENT NAME (Last, First, M)

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SCHOOL NAME (College/University)

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THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY A PROFESSIONAL/BUSINESS REFERENCE

REFERENCE NAME	TITLE
COMPANY/SCHOOL	EMAIL ADDRESS

Your recommendation will be used to assist in evaluating the applicant’s academic and professional work experience during the selection process. The Ohio Department of Health (ODH) appreciates your time in completing this recommendation for the above referenced applicant. This program offers students the opportunity to gain practical experience and knowledge in public health, which will help to develop core public health competencies. Students will work under the mentorship and supervision of professional staff members in an ODH division or administrative office. The recommendation you provide will be critical in the selection process. Please respond to the questions below:

1. What is the relationship (e.g., supervisor, professor) to the applicant?

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2. How long have you known the applicant?

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3. How would you rate the applicant’s attendance/timely submission of assignments?

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4. Would you recommend this person for an internship position? Please explain how the applicant’s attributes (e.g., academic ability, work experience, professional potential, initiative/creativity, motivation, dependability) would contribute to the position.

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Signature of Reference	Date: