



Kanawha-Charleston Health Department Internship Application

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. **Please include two letters for reference from instructors. Applications without references will not be accepted.**

PERSONAL INFORMATION

Last _____ First _____ Middle Initial _____

Address _____
Number/Street _____

_____ City _____ State _____ Zip Code _____

_____ Preferred Telephone Number _____ Preferred Email Address _____

EDUCATION INFORMATION

College/University Attending:		Current Year in School:	
Major		Total Credit Hours Completed:	
Degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Masters			

Why are you interested in participating in the Kanawha-Charleston Health Department's Internship program?	
What skills will you bring to an internship program?	

INTERNSHIP POSITION SELECTION

The Kanawha-Charleston Health Department has internships available in the following areas:

- Environmental Health Services
- Epidemiology
- Prevention & Wellness
- Public Health Emergency Preparedness

Clinical Services:

- Medical Coding/Billing
- Medical Practice Management
- Nursing

Please list your position choices in order of preference

#1 _____ #2 _____ #3 _____

GENERAL INFORMATION

Dates you are available From _____ To: _____

Are there any reporting requirements for your school regarding internships? Yes No

If yes, what is the frequency of the reporting? Weekly Monthly Beginning/End

Are you at least 18 years of age? Yes No

If hired, can you provide written evidence that you are authorized to work in the United States? Yes No

Have you been convicted of a felony within the last 7 years? A conviction may not disqualify you, but a false statement will. Yes No

If yes, please explain:	
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CERTIFICATION AND SIGNATURE

By signing below I certify that all information is accurate and complete and may be shared with prospective site intern supervisors.

Signature

Date

RETURN APPLICATION AND TWO LETTERS OF REFERENCE TO:

**Kanawha-Charleston Health Department
Attention: Intern Coordinator
PO Box 927
Charleston, WV 25323**

or

e-mail to kanawhalhd@wv.gov

If submitting electronically, be sure to attach letters of references

APPLICATION DEADLINE – May 5, 2017