

Southern Nevada Health District INTERN APPLICATION

Personal Information Full Name: Today's Date: Mailing Address: Phone number(s) (including area code) Home: _____ Cell: _____ Email address: Date of Birth: **Academic Level** ☐ Freshman ■ Sophomore ■ Junior □ Senior ■ Graduate Professional **Academic Institution Information** Name of Institution _____ Institution Address: Major _____ Degree____ Date of Anticipated Graduation _____

No

Does your school have an existing affiliation agreement? Yes

If you are unsure if your school has an existing affiliation agreement, refer to the SNHD internship web page under current affiliation agreements. *Please note that new affiliation agreements may take several months to be finalized.

Internship Division Preferences

Which	division	of the	Southern N	Nevada l	Health	n District	woul	d you	like to)
intern?	Please re	efer to	the SNHD	website	e for d	lepartmen	its in	each d	livisio	n.

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- Clinical Services
- Community Health
- Environmental Health

Intern Information

How many hours are you available for an internship/job shadowing? How many hours per week are you available? When are you available (AM, PM, or both?)
Are you applying for academic credit or to fulfill practicum requirements? No Yes Total hours needed?
Does your academic program require a preceptor with specific credentials (e.g., MPH, LCSW)? No Yes Specify
When will you be available to start? (MM/DD/YYYY):
Start Date: End Date:
Are you fluent in a language(s) other than English? No Yes If yes, please specify language and indicate if oral/written or both:

Eligibility Requirements

Students must be enrolled at an accredited institution of higher learning throughout the duration of the internship to qualify to participate in the Southern Nevada Health District Internship Program. Specifically, undergraduate students must be enrolled at least one semester or quarter prior to the submission of his or her application; be currently enrolled and in good standing throughout the duration of the internship at an accredited college, university, trade/vocational school, or business school that offers a degree, diploma, or certificate at the time of your application submission; undergraduate students must maintain a "C" average or above under the system of grading used by the institution. (Official school documentation is required). Graduate students must maintain enrollment status throughout the duration of the internship. (Official school documentation is required.) College seniors must be enrolled in a graduate program beginning in the fall. Proof of enrollment (letter of acceptance) will be required if accepted into the internship program

Required Documents:

- Completed Intern Application
- Letter of Interest Addressing: Course work, work experience, volunteer experience, and/or life experience that has prepared you for an internship at SNHD, future plans following your internship, career goals, and the area(s) or topic(s) of health which you are most interested in.
- Unofficial Transcripts
- Current Resume or CV (include any honors/awards and volunteer service if applicable).
- One (1) letter of recommendation for undergraduate students/Two (2) letters of recommendation for graduate/professional students. Recommendations should come from a professor, college advisor, or supervisor. Recommendation letters must be sent from the professor, advisor, or supervisor to internships@snhdmail.com