

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the Healthiest State in the Nation

Internship Application

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (Apt., Suite, Etc.)

(City) (State) (Zip Code)

Home Phone: (____) ____ - ____ **Alternate/Cell:** (____) ____ - ____

E-mail address: _____

EDUCATION INFORMATION

School: _____ **Division:** _____

Degree Seeking: _____

Internship Period/Duration: From: ____/____/____ To: ____/____/____

Professor/School contact: _____ **Telephone:** (____) _____

Select the department(s) of interest to you (check all that apply):

- ☐ AIDS/HIV
- ☐ Community Health
- ☐ Dental
- ☐ Environmental Health
- ☐ Epidemiology
- ☐ Immunizations
- ☐ Management Information Systems
- ☐ Nursing
- ☐ Nutrition
- ☐ Organizational Development
- ☐ Pharmacy
- ☐ Public Health Preparedness / Emergency Management / Disaster Response
- ☐ Sexually Transmitted Disease Prevention and Treatment
- ☐ Tuberculosis Control
- ☐ **Other - Please Specify:** _____

Comment: _____

Please **attach your resume** and any related documents, if applicable, to this application. You should expect a response within two weeks. If you have not heard from us, please contact the Student Intern Coordinator at (954) 467-4700 ext.5263.

For Office Use Only

Date application received: _____

Approved: _____ **Preceptor/Program:** _____/_____

Date: _____

Denied: _____ **Reason:** _____ **Date:** _____