



Central District Health Department  
 707 North Armstrong Place  
 Boise ID 83704  
 Phone: 208-327-8625 Fax: 208-327-7100

### Internship Program Application

**Applications must be submitted 60 days prior to requested start date.**

If you are interested in being considered as an intern in the Communicable Disease Control Program, please provide the following:

#### STUDENT INFORMATION

Name: <i>(Last, First)</i>	DOB:	Gender: M / F	
Current Address:	City	State	Zip Code
Permanent Address:	City	State	Zip Code
Home Phone:	Work Phone:		

#### College or University

Name\*: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

Sophomore    Junior    Senior    Recent Graduate    Graduate

Approximate Date(s) of Availability for Internship: \_\_\_\_\_

Requested number of hours: \_\_\_\_\_

*(If 80+ hours please include two letters of recommendation using the **Intern Recommendation Form**)*

Licenses/Certifications Held: \_\_\_\_\_

Instructor/Academic Advisor: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

*\* If you attend one of the following institutions/department then you do **not** need to initiate a Memorandum of Agreement (MOA) between your institution and CDHD.*

Institution	Department/Program
Apollo College	Dental
Boise State University	Health Sciences
Boise State University	Kinesiology
Boise State University	Sponsored Programs

Family Medicine Residency of Idaho  
 Frontier School of Midwifery & Nursing  
 Idaho Department of Health and Welfare  
 Idaho Department of Health and Welfare  
 Idaho Migrant Council  
 Idaho Power  
 Idaho State University  
 Idaho State University  
 Idaho State University  
 Oregon Health Sciences University  
 Rocky Mountain College of Allied Health  
 St. Alphonsus Regional Medical Center  
 University of Utah  
 University of Washington  
 Walden University

Clinical  
 Nursing  
 Division of Health  
 Office of Epidemiology and Food Protection  
 Dental  
  
 Dietetic  
 Nursing  
 Physician Assistant  
 Physician Assistant  
 Physician Assistant  
 Clinical  
 Physician Assistant  
 STD/HIV  
 Master of Public Health

### Placement Options

Please identify your area(s) of interest.

- Assessment
- Biostatistics
- Community education, website development, marketing
- Epidemiology
- Management (available to graduate level students only)
- Workforce development

### Work Experience

Employer 1

Name:	Phone Number:
Address:	Date of employment:
Job Title and Duties:	

Employer 2

Name:	Phone Number:
Address:	Date of employment:
Job Title and Duties:	

Employer 3

Name:	Phone Number:
Address:	Date of employment:
Job Title and Duties:	

**Special Skills**

**Languages Spoken/Written:** Indicate competency level in each area (Minimal, Adequate, Fluent)

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Computer Skills:

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Office Skills:

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Other Skills:

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### Other Documentation

Please provide proof of the following items from your records or institution. (*Not applicable if your institution has a standing MOA with CDHD*)

- Statement of philosophy, learning objectives or curriculum, and evaluation forms for progress
- Professional malpractice and liability insurance coverage (*applicable to nursing/medical students*)
- Liability insurance for the student/intern to cover damage or harm caused by the student/intern
- Health insurance
- Training for blood and body fluid exposure and/or HIPAA as necessary for placement
- Workers' Compensation Insurance coverage