

**Mission:**

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



**Rick Scott**  
Governor

**Celeste Philip, MD, MPH**  
Interim State Surgeon General

**Vision:** To be the Healthiest State in the Nation

## MIAMI-DADE COUNTY HEALTH DEPARTMENT Internship Application

**Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Number, Street, Apt., etc)  
\_\_\_\_\_  
(City) (State) (ZIP)

**Home Phone** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Emergency Contact/Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**School/University** \_\_\_\_\_

**Degree Seeking** \_\_\_\_\_

**Internship Period/Duration** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Number of Hours Required** \_\_\_\_\_

**Professor/School contact** \_\_\_\_\_ **Telephone** (\_\_\_\_) \_\_\_\_\_

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

- AIDS/HIV
- Community Health
- 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** \_\_\_\_\_

Please attach your resume to this application.

*\*Interns will be required to pay for Background check and TB test\**

**Signature:** \_\_\_\_\_

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**For Office Use Only**

**Date application received:** \_\_\_\_\_

**Availability:** Yes \_\_\_\_ No \_\_\_\_

**Background Check Date:** \_\_\_\_\_

**T.B. Test Date:** \_\_\_\_\_

**Direct Client Services:** Yes \_\_\_\_ No \_\_\_\_

**Information Security Training Date:** \_\_\_\_\_

**Placement Date:** \_\_\_\_\_ **Preceptor/Program:** \_\_\_\_\_ / \_\_\_\_\_