



FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE COUNTY
Internship Application

1. Student Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

List any accommodations or special needs: \_\_\_\_\_

2. Interest areas at DOH Miami-Dade County. Indicate top 3 from 1-3. (1 Represents first choice)

- Health Promotion, Environmental Health, Immunizations, Nursing, Nutrition, Public Health Preparedness / Emergency Management / Disaster Response, Sexually Transmitted Disease Prevention and Treatment / HIV, Other - Please Specify
Community Health, Epidemiology, Management Information Systems, Tuberculosis Control, Legal

3. School Information:

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

Period Requesting Internship: From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours needed: \_\_\_\_\_

Intern Coordinator/Professor Name: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

4. Interests / Area of Study

Major: \_\_\_\_\_ Specialty Area: \_\_\_\_\_

5. Degree Sought:

- BA/BS, RN, MSPH, MD, AA, MPH, BSN, MBA/MPA, ARNP, DNP, PhD, Other

# of semesters completed toward degree: \_\_\_\_\_

Name the course you are seeking a rotation for: \_\_\_\_\_

6. Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes \_\_\_\_ No \_\_\_\_ If answer is yes, explain. (Please include types of offenses and dates)

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**7. In two or three sentences, explain why you are seeking an internship opportunity with the DOH in Miami Dade County?**

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**8. List any professional license, registration or certificate you currently possess (include certificate/license number)**

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**9.- Specify the days and time frames you are available**

Monday	Tuesday	Wednesday	Thursday	Friday

**10.- Are you currently employed with the Florida Department of Health?**

Yes \_\_\_\_ No \_\_\_\_ If answer yes, please list position and program \_\_\_\_\_

**Please Note:** Nursing students will be required to provide proof of immunizations, passing physical examination and TB. (This information will be collected once availability has been confirmed)

\*Nursing students **are not allowed** to complete their required clinic hours in their place of employment.

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all intern positions; however, certain convictions will exclude me from intern in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from intern for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please send a copy of this form, syllabus and your current resume to the attention of **Intern Coordinator** to [contact.miamidade@flhealth.gov](mailto:contact.miamidade@flhealth.gov).

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

**Internal Use Only**

Form Received date: \_\_\_\_|\_\_\_\_|\_\_\_\_

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