



Application for Internship

The Laurel County Health Department works with both Bachelor's and Master's students in placing them in our agency for internships. All interns must complete an application and may be interviewed prior to being accepted.

Application Deadlines

Semester	Application Due Date
Spring	November 30
Summer	March 31
Fall	June 30

Completed applications and all accompanying documentation may be mailed, emailed or faxed.

Laurel County Health Department

Attention: Stephanie Martin

525 Whitley Street

London, Kentucky 40741

Phone: 606-878-7754

Fax: 606-864-8295

Email: stephanien.martin@ky.gov

Applicant Information

First Name:

Last Name:

Preferred Mailing Address:

City:

State:

Zip Code:

Preferred Phone Number:

Home

Cell

Alternate Phone Number:

Home

Cell

Email:

Gender: Male

Female

Driver's License #

If required, are you able to be present in the evenings or on weekends?

Have you ever been convicted of any crime, adjudicated guilty of any crime or pleaded guilty to any crime (including traffic offenses)?

Yes

No

If you answered yes, please explain the offenses you were convicted of:

Faculty Advisor/University Contact Information

Contact Name:

Phone:

Email:

Address:

City:

State:

Zip Code:

Academic Institution Information

Academic Institution attending:

School/college of: (ex: College of Health Sciences)

Degree working on/program:

Year in program: Junior Doctoral

 Senior Other

 Graduate Student (Masters)

Is an internship, service learning experience, observation or rotation required for your degree?

Yes No

Please select the type of learning experience for which you are applying:

Internship

Service Learning Experience

Observation/Rotation

Capstone Project

Total # of hours required:

Anticipated start date:

Anticipated ending date:

Program(s) of interest:

General Public Health

Accounting/Financial

Clinical Services

Home Visiting Services/HANDS

Community Health Planning

Human Resources

Diabetes

Immunizations

Disaster Preparedness

Leadership and Management

Nutrition Services/WIC

Environmental Health

Epidemiology/Communicable Disease

Family Planning

Health Education/Promotion

Support Services (Clerical, medical records)

Tobacco Education

Computer Skills – include programs you are proficient in:

Other special skills/training/abilities

What do you hope to gain from this opportunity?

Why do you feel you are a great candidate for this opportunity?

Current degrees/licensures (mark N/A if none)

(Please include a copy of your transcript with this application)

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from an internship consideration and, if I am selected, may be grounds for termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to the local health department for which I am applying and authorized individuals in the Department for Public Health. This consent shall continue to be effective during my internship if I am selected. I certify to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, and complete, and made in good faith.

Signature _____

Date: _____