



Kent County Health Department
Student Public Health Internship and Practicum



Please return this form to:
Kent County Health Department
Attn: Cheryl Clements
700 Fuller Ave NE, Grand Rapids, MI 49505
KCHD Admin@kentcountymi.gov

Name

Address

Home Phone

City/State/Zip

Cell Phone

Email

Academic Institution

Degree Program Undergraduate Graduate

Are you applying for this public health experience with the intention of receiving college or university credit?

Yes No

If you check No, you are not eligible for an internship with Kent County. You must arrange to receive internship credit with your University.

If yes, please answer the following:

Faculty Advisor at Academic Institution:

Name Phone Email

Faculty contact for Internship/Practicum if different than above:

Name Phone Email

Do you possess a valid Michigan driver's license? Yes No

Is your license currently or has it ever been revoked, suspended, or restricted? Yes No

If yes, please explain:

Have you ever been convicted of a crime? Yes No Yes No

If yes, state when, where, and nature of the offense.

**Applying for:**

**Term:**  Fall  Winter  Summer/Summer

Internship  Staff Interview  Capstone Project  Required Practicum

**Duration of Experience Requested:**

One semester  More than one semester  Other (Please specify): \_\_\_\_\_

**Please rank the top two posted internship opportunities you are applying for:**

1) \_\_\_\_\_ 2) \_\_\_\_\_

**Please provide a short description of what you hope to accomplish while participating in a public health internship or practicum at KCHD:**

\_\_\_\_\_  
**Major**

\_\_\_\_\_  
**Minor**

\_\_\_\_\_  
**Student Signature**

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

*Note: If you are applying to complete a public health internship or practicum experience at KCHD please be sure to include all additional required documentation as described in the application guidelines. This information is required for students to be considered for placement at KCHD.*