

**HEALTH CAREER CONNECTION**  
**2004 SUMMER INTERNSHIP APPLICATION**  
**APPLICATION DEADLINE FEBRUARY 19<sup>TH</sup>, 2004**

**Health Career Connection (HCC)** is a non-profit organization that provides **paid internship opportunities to undergraduate students** interested in pursuing **careers in Public Health; primarily Health Policy and Management, Community Health and Health Education**. We also offer a limited number of **Boston-based internships in the Nursing, Speech Pathology, Physical Therapy and Clinical Investigation fields**. While all students are eligible, **we strongly encourage students of color to apply** as HCC has a commitment to increasing the number of healthcare leaders and professionals from all ethnic groups.

***Guidelines for this internship are:***

- ☐ Internships are **full time (40 hours/week)** positions that last **10 weeks** (from mid-June through mid- August). All candidates must be able to commit to this time frame.
- ☐ Attending Summer School while pursuing this internship is strongly discouraged.
- ☐ Internships are in **Eastern Massachusetts, Northern California** (Sacramento/San Francisco/Bay Area/San Jose) and **Southern California**. We may offer a limited number of internships in New York City.
- ☐ HCC does **not cover** relocation costs, housing, or transportation.
- ☐ Payments to interns average \$4000 per internship.
- ☐ Based on applicant's interests and skills set, selected finalists will be placed within **prominent healthcare/public health organizations (hospitals, academic medical centers, community clinics, medical groups, health plans, health departments, & advocacy groups)**
- ☐ Through an **apprenticeship model**, each student is paired with a preceptor who will serve as a **mentor** and guide, sharing their experience and wisdom.
- ☐ Interns will have the invaluable opportunity to participate in **seminars and workshops** that are incorporated in the summer schedule as well as other important networking events.

**Students from ALL fields including *but not limited to* Health Sciences, Healthcare Policy and Management, Community Health, Business, Political Science, Sociology, Public Health, Biology, Biochemistry and Pre-Med (with a strong interest in public health or administration) are welcome to apply.**

**INSTRUCTIONS**

Your complete application package should include the following:

1. Completed application form
2. Current resume (please refer to item III in this form)
3. Statement of purpose (please refer to item IV in this form)

By Feb. 19, 2004, completed packages should be sent via e-mail to [applications@healthcareers.org](mailto:applications@healthcareers.org), faxed to the number below, or mailed to:

**Jeff Oxendine**  
**School of Public Health**  
**140 Warren Hall #7360**  
**Berkeley, CA 94720-7360**  
**Fax: 510-642-9891**

For additional copies of this application form or more information please go to [www.healthcareers.org](http://www.healthcareers.org).

**NAME:**

\_\_\_\_\_  
Last Name First Name MI

**CURRENT ADDRESS:**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP

**PERMANENT ADDRESS (if different than above)**

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP

Home Phone:

E-Mail Address:

Home Phone:

Email Address:

**I. EDUCATION: Please list information about your current program**

Name and Location of School/Institution	Dates (From-To)	Major	Diploma or Degree	Date Degree Awarded or Expected
	To			
	To			

**II. GRADE POINT AVERAGE:**

Please calculate your grade point average as follows:

1. Based on all undergraduate course work: \_\_\_\_\_
2. For undergraduate courses in your major: \_\_\_\_\_
3. For graduate work (if applicable): \_\_\_\_\_

**III. RESUME:** Please attach a current resume which should include your education, a brief description of your work experience with particular emphasis on any paid or voluntary experience related to your career goals; membership affiliation in any student or professional organizations; personal interest, names, contact information, and titles of two references. Letters of recommendation are not required but can be submitted. References may be contacted as part of the selection process.

**IV. STATEMENT OF PURPOSE:** Please state your reasons for wanting to pursue this healthcare internship. Your statement should address the following: **(Please limit statement to one page)**

- ✓ Your Career Objectives
- ✓ Future Professional and educational plans
- ✓ What is motivating you towards your objective
- ✓ How this internship will help you in pursuing your objectives/plans
- ✓ Briefly describe your ideal internship experience
- ✓ Why you feel you should be selected
- ✓ Other information that would help HCC evaluate you as a candidate

## V. HEALTH-CARE RELATED COURSE WORK:

Please indicate any health-care related course work completed:

Course Title	Institution	Grade

## VI. PREFERENCES AND CONSTRAINTS:

1. Will you be available to work full time during your ten-week internship?  
(i.e. 8am or 9am-5pm)  
☐ YES ☐ NO

If NO please explain: \_\_\_\_\_

2. Are you considering attending Summer School?  
☐ YES ☐ NO

3. Do you have access to a car?  
☐ YES ☐ NO

4. Would you be willing to volunteer if paid position is not available?  
☐ YES ☐ NO

5. Please indicate your preferences for the type of internship organization (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Hospitals (academic, community or private) | <input type="checkbox"/> HMOs and other health plans              |
| <input type="checkbox"/> Community Clinics                          | <input type="checkbox"/> Health Departments                       |
| <input type="checkbox"/> Medical Groups                             | <input type="checkbox"/> Vender of Healthcare products/technology |
| <input type="checkbox"/> Policy or advocacy organization            | <input type="checkbox"/> Other:                                   |

6. Please rank the types of internship experience you are applying for (rank only types that apply). Rank them in priority order by placing a number in the box (1 being the highest).
- |   |  |
|---|--|
| <input type="checkbox"/> Health Policy and Management | <input type="checkbox"/> Community Health                  |
| <input type="checkbox"/> Health Education             | <input type="checkbox"/> Pre-Medicine(not solely clinical) |
| <input type="checkbox"/> Other Public Health _____    |  |

The Following internships are available **only in Boston**

- |   |   |
|---|---|
| <input type="checkbox"/> Nursing          | <input type="checkbox"/> Physical Therapy       |
| <input type="checkbox"/> Speech Pathology | <input type="checkbox"/> Clinical Investigation |

7. Given that HCC does not offer relocation assistance, transportation or housing, please specify your geographical preferences and constraints regarding your internship placement site. Indicate the regions where you can do a summer internship. Rank your top two choices in order of priority with "1" being the highest priority. Place the number in the long text box next to the region. Also list any preferred specific regions, if applicable (Sacramento, Brooklyn, etc.)

☐ Northern California:

\_\_\_\_\_  
*Please specify all that apply (e.g. East Bay, SF, Peninsula, Sacramento)*

☐ Southern California:

\_\_\_\_\_  
*Please specify all that apply (San Diego, LA, Orange Co, Inland Empire, Other)*

☐ Eastern  
Massachusetts:

\_\_\_\_\_  
*Please specify*

☐ New York:

\_\_\_\_\_  
*Please specify*

### VIII. STATISTICAL INFORMATION (OPTIONAL)

☐ Black/ African American/African Descent

☐ Latino/ Latina

☐ Native American/ Alaskan Native

☐ White/ Caucasian

☐ Two or more ethnicities (please specify):

☐ East Indian/ Pakistani

☐ Chinese/ Chinese-American

☐ Vietnamese

☐ Filipino

☐ Other

☐ Male ☐ Female

### VIII. REFERRAL SOURCE (How did you hear about HCC?)

Name and email

Address

☐ From presentation on my campus

☐ From a Professor:

☐ From a posting at the campus career center

☐ From a posting on a List-serve

☐ From Alumni

☐ From website:

☐ From our booth during campus career fair

☐ Other: