

**Macon County Health Department**  
**1221 E. Condit St., Decatur, IL 62521**



**Public Health**  
Prevent. Promote. Protect.

Macon County Health Department

**APPLICATION FOR INTERNSHIP POSITION**

THIS APPLICATION MUST BE SUBMITTED 30 DAYS PRIOR TO BEGINNING INTERNSHIP

**SECTION I (To be completed by student)**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_ Apt.

\_\_\_\_\_  
City

\_\_\_\_\_ State \_\_\_\_\_ Zip Code

(\_\_\_\_) \_\_\_\_\_  
Phone \_\_\_\_\_ Email

\_\_\_\_\_  
University/College

\_\_\_\_\_ Major

**To be completed by Administration**

\_\_\_ Internship approved

\_\_\_\_\_  
Preceptor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Division

\_\_\_ Internship not approved

\_\_\_\_\_  
College Class which requires Internship

\_\_\_\_\_ Course Instructor/Advisor overseeing internship

What type of Internship are you requesting:    \_\_\_ Health Promotion    \_\_\_ Environmental Health    \_\_\_ Nursing  
   \_\_\_ Social Service    \_\_\_ Senior Service    \_\_\_ Nutrition  
   \_\_\_ Public Health    \_\_\_ Family Case Management    \_\_\_ Dental  
   \_\_\_ Other (please specify: \_\_\_\_\_)

Number of internship hours required by the program: \_\_\_\_\_ hours

Tentative date to begin Internship: \_\_\_\_\_ Tentative date to complete Internship: \_\_\_\_\_

Days of the week you are available: (please circle)    M    TU    WED    TH    FR

Proposed hours per week you are available: (please check)    \_\_\_ < 10    \_\_\_ 10-20    \_\_\_ 20-30    \_\_\_ 30-40

Do you plan to receive college credit for this internship?    \_\_\_ YES    \_\_\_ NO    Number of credit hours: \_\_\_\_\_

Please list three specific objectives to be accomplished during your internship:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**SECTION II: To be completed by the student's internship instructor or advisor for the college/university**

This student is enrolled in an approved program at the university/college. I recommend this student for an internship at the Macon County Health Department and will be available to discuss student's internship requirements, activities, progress, and performance. I agree to forward an internship contract which identifies student goals, objectives, and liability. I also agree to at least one site visit to the Macon County Health Department.

\_\_\_\_\_  
Course Instructor/Advisor

\_\_\_\_\_ Phone

\_\_\_\_\_ Date