

Connecticut Department of Public Health Student Inquiry Form for an Internship at DPH

Student Information:

Name: _____ Phone Number: _____

Current Address: _____ Email Address: _____

School:

Program:

Degree:

Area of Study:

Academic Advisor's Name:

Academic Advisor's Phone Number/Email:

Area of Interest: (Please Read Attached Descriptions Before Completing This Section)

<input type="checkbox"/> Research & Development	<input type="checkbox"/> Oral Health	<input type="checkbox"/> Communications
<input type="checkbox"/> Government Relations	<input type="checkbox"/> Local Health Administration Branch	<input type="checkbox"/> Multicultural Health/ Comprehensive Cancer
Administration Branch <input type="checkbox"/> Contracts and Grants Management <input type="checkbox"/> Fiscal Services <input type="checkbox"/> Human Resources <input type="checkbox"/> Public Health Hearing Office	Health Care Systems Branch <input type="checkbox"/> Legal Office <input type="checkbox"/> Facility Licensing & Investigation <input type="checkbox"/> Practitioner Licensing & Investigation	Regulatory Services Branch <input type="checkbox"/> Community Based Regulation Section <input type="checkbox"/> Environmental Health Section <input type="checkbox"/> Drinking Water Section
Operations Branch <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Informatics <input type="checkbox"/> Public Health Preparedness	Planning Branch <input type="checkbox"/> Epidemiologic Research <input type="checkbox"/> Health Information Systems and Reporting <input type="checkbox"/> State Health Planning <input type="checkbox"/> Workforce and Professional Development <input type="checkbox"/> Vital Records	Public Health Initiatives Branch <input type="checkbox"/> AIDS and Chronic Diseases <input type="checkbox"/> Family Health <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Health Education, Management and Surveillance

Please complete questions on next page.

Please return this form and a copy of your resume to Brandi Morrell at
Brandi.Morrell@po.state.ct.us.

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What previous course work or experiences qualify you for an internship in this area(s)?

What do you hope to achieve from an internship experience?

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