Erie County Department of Health (ECDOH)
Internships/Clinical Rotations Application - Advisor Form

Instructions: Complete all sections and upload to the application webform along with a cover letter, resume, and optional supplementary application materials. ECDOH internships and clinical rotations are not paid. Acceptance or denial is based on staff needs and availability. For questions or to renew/initiate an affiliation agreement, please email health@erie.gov with the subject "Internships, Volunteering and Clinical Rotations".

Name: **Graduation Date:**

College/University: **Major:**

Is this internship/rotation required for you to graduate? ☐ **Yes** ☐ **No**

Will you receive school credits for this internship/rotation? ☐ **Yes** ☐ **No**

Applying for Term(s): ☐ **Spring (Jan-May)** ☐ **Summer (June-Aug)** ☐ **Fall (Sept-Dec)** **Year:**

Total number of hours you are requesting:

What days & hours can you work?

☐ **Mon hrs:** ☐ **Tues hrs:** ☐ **Wed hrs:** ☐ **Thurs hrs:**

☐ **Fri hrs:** ☐ **Sat hrs:** ☐ **Sun hrs:**

Select the ECDOH program(s) you are applying for:

Internships:

☐ Community Wellness ☐ Family Planning Education ☐ Health Equity

☐ Environmental Health ☐ Harm Reduction ☐ Public Health Emergency Preparedness

☐ Epidemiology/Disease Control *(MPH students only)* ☐ Health Communications ☐ Sexual Health Education

☐ Other Program(s):

Clinical Rotations:

☐ Sexual Health Center ☐ TB Clinic ☐ Family Planning Center

This section must be completed by the student's advisor.

Advisor Name:

Advisor Title:

Advisor Mailing Address:

City: **State:** **Zip:**

Advisor Phone:

Advisor Email:

Will the College/University's liability insurance cover this student for this internship/clinical rotation? ☐ **Yes** ☐ **No**

Advisor Signature (sign or type): x _____