

Center for Healthcare Innovation Internship Application

**PLEASE TYPE OR PRINT**. Please complete the entire application. In addition, a résumé is **required**.

##  PERSONAL INFORMATION

|  |  |
| --- | --- |
| Internship Position Applying For: | Name:  |
| Street Address:  | City, State & Zip:  |
| Home Phone: | Work Phone: | Other Phone:  |
| **Are you eligible to work in the United States?****(for an UNPAID internship)** | [ ] Yes  [ ] No(In order to advance in the application/interview process, you must be eligible to work in the U.S. for the CHI internship) | If NO, when will you be approved? |
| **Does this internship need to be approved by a university advisor or practicum professor?** (to ensure the focus of the internship aligns with your coursework and degree program) | [ ] Yes  [ ]  No(If yes, in order to advance in the application/interview process, you must be pre-approved from your advisor/professor for the CHI internship) | If YES, what is the name and email of the approving advisor? |
| How many hours per week can you work? | What days each week are you available to work? How many hours are you available to work each day? | [ ]  Monday, Hours (\_\_\_) [ ]  Thursday, Hours (\_\_\_)[ ]  Tuesday, Hours (\_\_\_) [ ]  Friday, Hours (\_\_\_)[ ]  Wednesday, Hours (\_\_\_) |
| What date are you available to start? |   | For how many weeks will you be available ? |  |

 **EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| University Attended: | Dates Attended: | Expected Graduation Date: | GPA:  |
| Relevant Coursework: |
| University Attended: | Dates Attended: | Expected Graduation Date: | GPA:  |
| Relevant Coursework: |

 **WORK & PRIOR INTERNSHIP EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Date Started: | Date Ended: | Job or Internship? |
| Responsibilities, Duties, & Achievements: |
| Name: | Date Started: | Date Ended: | Job or Internship? |
| Responsibilities, Duties, & Achievements: |

##  REFERENCES (Please include phone numbers if possible)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | Employer/Title | Email: | Phone: | Relationship: |
| Name: | Employer/Title | Email: | Phone: | Relationship: |
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QUESTIONS (May be answered in the space provided or an attached document)

I. Why are you interested in the Center for Healthcare Innovation’s Internship Program? Please be specific.

II. Why do you think you would be a good fit for this position? Please be specific.

III. Looking at the Center for Healthcare Innovation’s mission, why do you think it is important to have an organization like CHI? Please be specific.

The Center for Healthcare Innovation (CHI) is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Internship offers are made on the basis of qualifications, without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation. The Center for Healthcare Innovation, an equal opportunity employer, does not discriminate in employment on any basis that is prohibited by federal, state, or local laws, and is aware of and in full compliance with DOL requirements for internship programs.

**PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.**

 I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully

complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for the internship, or termination after

selection if discovered at a later date. I authorize Center for Healthcare Innovation to investigate, without liability, all statements contained in this

application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection

with this application for this internship. I understand that this internship is an unpaid internship. I understand that this document is NOT an offer of employment,

and that if I am selected for an internship position, it does NOT constitute a contract for continued guaranteed employment.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_