



# SAGINAW COUNTY DEPARTMENT OF PUBLIC HEALTH

protecting and promoting the public's health since 1928

## STUDENT PUBLIC HEALTH INTERNSHIP AND PRACTICUM APPLICATION

Please return this completed form to:

[scdph@saginawcounty.com](mailto:scdph@saginawcounty.com) (Please put "Internship Application" in the Subject Line)

**Name** **Address**

**Phone** **City/State/Zip**

**Email**

**Academic Institution** **Degree Program**

Are you applying for this public health experience with the intention of receiving college or university credit?  Yes  No

**Faculty Contact Name for Internship/Practicum** **Phone** **Email**

**Applying for:**

\_\_\_\_\_  Spring/Summer  Fall  Winter  
Term                      Year  
 Internship  Staff Interview  Capstone Project  Required Practicum

**Duration of Experience Requested:**

One Semester  More than one semester  Other  
(Please specify): \_\_\_\_\_

**Which Division(s)/Program(s) are you interested in working with?**

- Administrative Services
- Immunizations
- Home Visiting
- Disease Surveillance
- Health Promotion/Communications
- Food Safety
- Nutrition/WIC
- Public Health Preparedness
- STI/HIV
- Laboratory
- General Nursing
- General Environmental Health
- Water Quality
- Other:



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**Please provide a short description of what you hope to accomplish while participating in a public health internship or practicum at SCDPH:**

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**Major**

**Minor**

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**Student Signature**

**Date**

*Note: If you are applying to complete a public health internship or practicum experience at SCDPH, please be sure to include all additional required documentation as described in the application guidelines. This information is required for students to be considered for placement at SCDPH.*