

Applicant Information

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|--|------------------|--------------------------|---|
| Name: (Last, First) | | Email: | Gender: |
| Race/ ethnicity: (check all that apply) <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White | | Primary language: | Other languages: |
| Mailing Address: (Street) | | | How did you hear about the internship? |
| City, State: | Zip Code: | Telephone No.: | |

Academic Information

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|--|-----------------------|---|--------------|
| Academic Status: (check one) <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Post-graduate | | Internship Semester : (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | Year: |
| Highest level of education completed: <input type="checkbox"/> High School/ GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Non-medical Doctoral Degree <input type="checkbox"/> Medical Degree <input type="checkbox"/> Other: _____ | | | |
| Major: | Concentration: | Specialization: | |
| Name of Institution: | | | |
| Name of the institution you are currently enrolled in: | | | |
| Campus Address: (Street) | | | |
| City, State: | Zip Code: | Telephone No.: | |
| Degree Type: | | | |
| Major: | Concentration: | Specialization: | |
| Academic Level: (check one) <input type="checkbox"/> 1 st yr. <input type="checkbox"/> 2 nd yr. <input type="checkbox"/> 3 rd yr. <input type="checkbox"/> 4 th yr. <input type="checkbox"/> Final year | | Is this internship required? <input type="checkbox"/> Yes, _____ hours <input type="checkbox"/> No | |

Preceptor Information

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|----------------------------------|------------------|-----------------------|
| Name: (Last, First) | | Title: |
| Mailing Address: (Street) | | Email: |
| City, State: | Zip Code: | Telephone No.: |

Internship Availability

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|---|-----------------------|
| Dates available to participate in the internship: Start date: _____ End date: _____ | |
| No. of hours per week: | Days per week: |

Employment History

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| Are you currently employed? <input type="checkbox"/> Yes, I work _____ hours a week. <input type="checkbox"/> No |
| Have you been employed or performed an internship UHS? <input type="checkbox"/> Yes, at _____ department from (dates) _____ to _____ . <input type="checkbox"/> No |

References

| Name | Email | Telephone No. |
|-------------|--------------|----------------------|
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Emergency Contact

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| In case of an emergency, please contact: | |
| Contact 1: (Name) | Relationship: |
| Address: | Telephone No.: |
| Contact 2: (Name) | Relationship: |
| Address: | Telephone No.: |

Please attach the following documents with your internship application:

1. Resume
2. Letter of Interest explaining why you are interested in the internship, your qualifications, and how the internship will help you meet your professional goals.
3. Two letters of recommendation (3rd letter for those who do not meet the GPA requirement)

Intern Agreement

The information provided in this document is true and correct to the best of my knowledge. I agree to abide by University Health System, TDI, and the Diabetes Education Department's rules and regulations. I also agree to respect patient confidentiality. I understand that any violation to the terms and conditions of my internship will result in the termination of my internship experience and no credit, if any, will be received. I also understand that this internship provides no promise of future employment.

Signature

Date: