

**Bronx-Westchester and Manhattan-Staten Island  
Area Health Education Centers  
2010 Health Careers Internship Program  
Application Form  
Application Deadline: May 4<sup>th</sup>, 2010**

The Bronx-Westchester (BW) and Manhattan- Staten Island (MSI) Area Health Education Centers (AHEC) are committed to improving the health and health care outcomes of underserved communities in Manhattan, Staten Island, Bronx and Westchester through the recruitment, retention and enrichment of the healthcare workforce. One of our recruitment programs is the Health Careers Internship Program (HCIP). The Internship allows students aspiring toward a career in the health professions the opportunity to work in a health care setting and interact regularly with health professionals.

Please read all instructions and questions carefully before you start.

Eligibility Criteria and Guidelines:

- **Must** be a college Junior, Senior as of Fall 2010 with a GPA of 2.9 or higher.
- Student **must** have a strong interest in pursuing a health/medical career
- Students must live or attend school in Manhattan, Staten Island, Bronx or Westchester County
- Must be a United States Citizen or have Permanent Resident Status

**\*\*\* Please note:** If selected to participate in the Health Careers Internship Program each student must provide proof of PPD 2010 and MMR Vaccination



Applications deadline is May 4<sup>th</sup>, 2010

## Application Checklist

Name of Applicant	____ / ____ / ____ day/ month/ year
School Name	Applicant Phone Number

The following items **MUST** be submitted prior to start of the internship.  
 Please complete all sections of this application. Incomplete applications will not be reviewed.

	Documents Required	Initial	Date
1	Fully completed application		
2	Essay		
3	Current Resume		
4	Unofficial Transcript		
5	Two Letters of recommendation		
6	Signed Media Release Form		
7	Emergency Contact Sheet		





2010 Internship Application

Check the Health Careers that interest you?

- Audiologist/ Hearing Specialist
- Alternative Medicine
- Cardiovascular Technologist
- Certified Nurse Assistant
- Clinical Laboratory Services
- Chiropractic
- Dental Hygienist
- Dental Laboratory Technician
- Dentist
- Dermatologist
- Dietitian
- Epidemiology
- Emergency Medicine Technician (EMT)
- Forensic Specialist
- Geriatric Specialist
- Genetic Counseling
- Health Administrator
- Health Education/ Promotion
- Health/ Medical Information Technologist
- Medical Laboratory Technician
- Medical Illustrator
- Medical Health
- Neurologist
- Nurse Practitioner
- Orthopedic Medicine
- Occupational Therapist
- Physician
- Physician Assistant
- Psychologist
- Public Health
- Radiology
- Registered Nurse
- Social Worker
- Speech Pathologist
- Sports Medicine
- Other: \_\_\_\_\_

What health issues are you interested learning about?

- Asthma
- Cancer
- Diabetes
- Drug Abuse/alcoholism
- Domestic Violence
- Environmental Health
- Health Disparities
- Heart Disease
- Hypertension
- HIV/AIDS
- Mental health
- STD's
- Teen Pregnancy
- Other

Do you have any family members who are healthcare professionals? If yes, what? \_\_\_\_\_

How did you hear about the program?

- Family
- Advertising
- School
- Website
- Health/Career Fair
- Friend
- Other

**ESSAY QUESTION:** On a separate document, please discuss your health career goals and the importance of diversity in the health professions. Also, indicate any unique qualities, experiences and other relevant information that makes you a strong candidate for this program.

**Resume:** Please attach a copy of your resume

**Recommendation:** Please provide two letters of recommendation at least one from a professor. Another recommendation should be from a professor, employer, supervisor or non family member.

**Transcripts:** Please provide a current copy of unofficial transcript from the college you last attended.



Bronx-Westchester and Manhattan- Staten Island AHEC  
Health Careers Internship Program  
Letter of Recommendation Form  
Application deadline May 4<sup>th</sup>, 2010

Applicant's name: \_\_\_\_\_

Dear Recommender,

This student has applied to the Bronx- Westchester and Manhattan-Staten Island Area Health Education Centers Health Career Internship Program. The AHEC internship program offers students an in depth look at various health careers through interaction with health professionals. Students also learn about important health issues affecting the community. AHEC encourages students to practice in underserved areas of Manhattan, Staten Island, Bronx and Westchester County. (Please return your recommendation in a sealed envelope).

Thank you for your cooperation.

Evaluator's Name: \_\_\_\_\_

Title: \_\_\_\_\_

School Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Letter of Recommendation: In a separate letter, please describe the capacity in which you know the applicant. Also, discuss the applicant's level of maturity, motivation toward a career in the health field, intellectual ability and any other information you deem relevant.

Instructions: Please return the signed letter of recommendation and form in a sealed envelope to the applicant. Also, please sign the envelope across the seal to ensure confidentiality.

Please check selection to indicate your recommendation for the applicant:

Highly recommended

Recommendation with reservations

Recommended

Not Recommended

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Student: \_\_\_\_\_

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Relationship to Student: \_\_\_\_\_

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## EMERGENCY CONTACT SHEET

Emergency Contact  
Relationship To Applicant:

Phone:

Permanent Address(If different from above)

Street:

Apt:

City:

State:

Zip

Emergency Contact  
Relationship To Applicant:

Phone:

Permanent Address(If different from above)

Street:

Apt:

City:

State:

Zip



**Bronx- Westchester and Manhattan-Staten Island AHEC**  
**Health Careers Internship Program**  
**Application Consent Form**  
Application Deadline May 4<sup>th</sup>, 2010

I understand that only **completed** applications returned to AHEC by 5:00PM mailed applications (11:59 PM- Electronic applications) will be reviewed.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Applicant**                      **day    month    year**

I understand that there are limited internship positions available and that a completed application does not guarantee an interview.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Applicant**                      **day    month    year**

I understand that, if selected to participate in the internship, I must receive a PPD test in 2010 and show proof of an MMR vaccination.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Applicant**                      **day    month    year**



**Bronx- Westchester and Manhattan-Staten AHEC  
Health Careers Internship Program  
Media Release Form**

The New York Metropolitan AHEC will frequently release materials to promote our activities through various media. In order to assist the AHEC in furthering its mission, we kindly ask you to complete the following release form.

Consent and permission are hereby granted to the Manhattan-Staten Island AHEC (MSI-AHEC), Bronx-Westchester Area Health Education Center (BW AHEC) and its agents and employees, and to any person, firm, or organization that the AHEC may designate or authorize to interview/photograph me.

This consent includes the use of such printed forms, tape recordings, press releases, and/or photographs with or without my name and biographical data concerning me by AHEC or anyone else on its behalf, without limitation as to time or frequency of use, for any or all of the following purposes:

1. Newspaper article or release
2. Release to other media (television and radio)
3. Video or film
4. Educational, instructional, or teaching purposes
5. Research activities
6. Other publicity, fund raising, and promoting for the AHEC

Note: The signer may strike out any of the forgoing purposes not desired.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Applications deadline is May 4<sup>th</sup>, 2010

All Mailed applications must be postmarked by May 4<sup>th</sup>, 2010 and all emailed must be placed in the inbox by 11:59PM on due date.

If you have any questions please contact Fabricio Caro, Director of Center Programs at:

Bronx-Westchester Area Health Education Center  
250 Bedford Park Boulevard West  
Room C-241  
Bronx, NY 10468  
Tel: 718-590-1110  
Fax: 718-590-4300  
[fabricio.caro@lehman.cuny.edu](mailto:fabricio.caro@lehman.cuny.edu)

Or

Francisco Lucio, Program Director at:

Manhattan-Staten Island Area Health Education Center  
43 Central Park North  
Suite 1A  
New York, NY 10026  
Tel: 212-534-2432  
Fax: 212-534-2478  
[flucio@institute2000.org](mailto:flucio@institute2000.org)

**\*\*\* Please note receipt of this application does not guarantee a placement.**

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