

Bronx Westchester Area Health Education Center
2010 Summer Health Internship Program
Application Form
Application Deadline: April 16th, 2010

The Bronx Westchester Area Health Education Center (BW-AHEC) is committed to improving the health and health care outcomes of underserved communities in the Bronx and Westchester through the recruitment, retention and enrichment of the healthcare workforce. One of our main recruitment programs is the Summer Health Internship Program (SHIP). 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 High School Junior, Senior or College Freshman or Sophomore as of Fall 2009
- Student **must** have a strong interest in pursuing a health/medical career
- Students must live or attend school in the Bronx or Westchester
- Students must be available and committed to participate in the program on the following dates/time:
 - Orientation day July 1, 2009 10:00-1:00PM
 - July 6- August 12, 2010 Monday-Thursday 9:00AM- 3:00PM

Must be a United States Citizen or have Permanent Resident Status

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

Please mail application:

BW-AHEC
Lehman College
City University of New York
250 Bedford Park Boulevard West
Carman Hall Rm. 241
Bronx, NY 10468
Attention: Fabricio Caro
Fax: 718-590-4300
Email: fabricio.caro@lehman.cuny.edu



Applications deadline is April 16th, 2010

Application Checklist

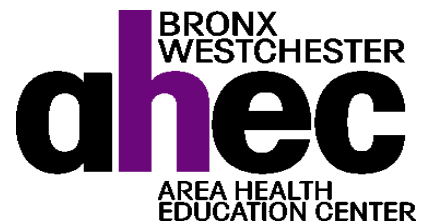
_____	____/____/____
Name of Applicant	day/ month/ year
_____	_____
School Name	Applicant Phone Number

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	1-2 page Essay		
3	Current Resume		
4	Transcript		
5	Letter of recommendation		
6	Signed application consent form		
7	Completed Data Sheet		

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One of our main recruitment programs is the Summer Health Internship Program (SHIP). The internship allows students with an interest in pursuing a health-related career the opportunity to shadow health professionals and work in a hospital or healthcare setting.

Please answer all the questions in complete sentences:

What are your future career plans?

Why are you interested in participating in the BW AHEC Internship Program?

Describe your interest in healthcare?

What hospital departments are you most interested in being placed?

What area(s) of healthcare are you most interested in learning about?

How did you learn about this program?

**If selected for the program, in which county would you prefer to be placed during your internship
(Please check one) Bronx Westchester**

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2010 Internship Application

Check the Health Careers that interest you?

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

What health issues are you interested learning about?

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Drug Abuse/alcoholism | <input type="checkbox"/> STD's |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Health Disparities | |
| <input type="checkbox"/> Heart Disease | |

Please list any activities or organizations you have been involved in. (Describe your Involvement on back of sheet)

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

Applications deadline is April 16th, 2010

ESSAY QUESTION: On a separate sheet of paper, please write an essay describing your motivation and interest in health careers? Please limit your essay to two pages in length (typed and double-spaced). Hand written essays will not be accepted

Your essay should include the following:

- Your career goals
- How participation in this program will help you achieve your career goals
- Your ideal experience
- Why you feel you should be selected
- The health area in which you would like to be placed

Resume: Please attach a copy of your resume

Recommendation: Please provide one letter of recommendation from a non-family member who will confirm your interest in health careers.

Transcripts: Please provide a current copy of official transcript from the high school and/ or college you last attended.

Bronx-Westchester AHEC Summer Health Internship Program
Letter of Recommendation
Application deadline April 16th, 2010

Applicant's name: _____

Dear Evaluator,

This student has applied to the Bronx- Westchester Area Health Education Center Summer Health Internship Program. The BW 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. BW AHEC encourages students to practice in underserved areas of the Bronx and Westchester counties. (Please return your recommendation in a sealed envelope).

Thank you for your cooperation.

Evaluator's Name: _____

Title: _____

School Agency: _____

Address: _____

Phone: (____) _____

Email Address: _____

Please answer the following questions about the applicant:

1. Explain why you feel this student would benefit from this opportunity?

2. In what ways does the student strive to meet responsibilities?

3. In what capacity have you known the applicant?

Please check selection to indicate your recommendation for the applicant:

Highly recommended

Recommendation with reservations

Recommended

Not Recommended

Signature: _____ Date: ____/____/____

Relationship to Student: _____



2010 Summer Health Internship Program

APPLICATION DATA SHEET

Date:	Check One: <input type="checkbox"/> Female <input type="checkbox"/> Male	
First Name	Middle name	Last Name
Current Address:		
Street:	Apt:	
City	State	Zip
Borough/County of Residence		Neighborhood
Home Phone:	Cell Phone:	
Email	Alternate Email	
Emergency Contact		Phone:
Relationship To Applicant:		
Permanent Address(If different from above)		
Street:	Apt:	
City:	State:	Zip
Name of School:		
School Address		
Street:	Apt:	
City:	State:	Zip:
Current Grade Level:		
Major:	Current GPA: _____	
Advisor:		

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Electronic applications are permissible

All Mailed applications must be postmarked by April 16th, 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 Programs at: fabricio.caro@lehman.cuny.edu

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

APPLICATIONS DEADLINE is APRIL 5th, 2009

