

**Bronx-Westchester and Manhattan-Staten Island
Area Health Education Centers
2011 Health Careers Internship Program
Application Form
Application Deadline: April 6th, 2011**

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 2011 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 2011 and MMR Vaccination



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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		



2011 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"/> STDs |
| <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 | |

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 and another from either employer or supervisor.

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 April 6th, 2011

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.

Recommender'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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Signature: _____ Date: ____/____/____

Relationship to Student: _____

Applications deadline is April 6th, 2011

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 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 April 6th, 2011

All Mailed applications must be postmarked by April 6th, 2011 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

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

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

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