

**Bronx-Westchester and Manhattan-Staten Island
Area Health Education Centers
2017 Health Careers Internship Program (HCIP)
Application Form
Application Deadline: Friday, March 31st, 2017**

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 2017 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 2017 and MMR Vaccination



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		



Applications deadline is Friday, March 31st, 2017

2017 Health Careers Internship Program APPLICATION

Please print the requested information in the allotted space. If additional space is necessary, please use a separate sheet.

APPLICANT MUST BE A U.S. CITIZEN OR PERMANENT RESIDENT

Date:	Check One: <input type="checkbox"/> Female <input type="checkbox"/> Male	
First Name	Middle Initial	Last Name
Current Address:		
Street		Apt.
City:	State:	Zip
Home Phone#	Cell Phone#	
Date of Birth: ____ / ____ / ____ Day Month Year	Email Address:	
Social Security Number: ____ / ____ / ____		
US Citizen/ Permanent Resident: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Languages Spoken other than English:	Ethnicity : Check One	
	<input type="checkbox"/> African American <input type="checkbox"/> Latino	
	<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian	
	<input type="checkbox"/> Native American <input type="checkbox"/> Other	
<input type="checkbox"/> College		
Major: _____		
Expected graduation Date: ____ / ____ / ____		
Advisor:		



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2017 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
- STDs
- 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 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 March 31st, 2017

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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Health Careers Internship Program
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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 March 31st, 2017

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 2017 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 Friday, March 31st, 2017

All Mailed applications must be postmarked by March 31st, 2017 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.**

APPLICATIONS DEADLINE is March 31st, 2017



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