

Gwinnett, Newton, & Rockdale County Health Departments



Internship Interest Application

Please complete the form below to express interest in an internship, practicum, or other applied learning experience with the Gwinnett, Newton and Rockdale County Health Departments. In addition to the required questions, please provide as much information as possible to increase the chances of us being able to work with you. Not all requests can be honored, as staff and projects change over time.

| Important Notice: We constudents. | urrently cannot accept med | dical assistant, lab technician, or nurse practitioner |
|---|----------------------------|--|
| Name: | | |
| Email: | | |
| Phone Number: | | |
| Mailing Address: | | |
| | | |
| Academic Information | | |
| What degree level will this experience be applied to? | | |
| Undergraduate | Major/Program | |
| Master's Degree | Program | |
| Doctorate | Program Consideration | |
| | | |

School/College

Additional Comments