



Internship Application Form

About Community Healthcare Network: Community Healthcare Network is a not-for-profit network of 14 Federally-Qualified Health Centers (FQHCs), including two school-based health centers and a fleet of medical mobile vans. We offer free and low-cost primary care to 85,000 New Yorkers annually in underserved communities in the Bronx, Brooklyn, Manhattan, and Queens. As a certified Patient-Centered Medical Home, we offer patients a specialized care team, including primary care physicians, nurse practitioners, nurses, nutritionists, dentists, gynecologists, psychiatrists, mental health therapists, social workers, podiatrists, and health educators.

Internships at CHN: The Community Health Internship Program offers experiential learning opportunities for students, graduates, and/or mid-level professionals interested in training in specific areas of nonprofit health care. Interns will be paired with a mentor based on their area of interest and work on existing and/or newly-identified projects within their chosen Department.

Please submit your *resume* and *application* to internship@chnnyc.org.

Personal Details	Last Name:	_____
	First Name:	_____
	Middle Name / Initial:	_____
Mailing Address	Street Address:	_____
	Apartment # (if applicable):	_____
	City:	_____
	State:	_____
	Zip Code:	_____
	Telephone:	_____
	Mobile:	_____
Internship Details	E-mail:	_____
	Internship Area/Department:	_____
	Specific Areas of Interest:	_____
	Internship Length:	<input type="checkbox"/> Academic Year (<i>Beginning of September – End of May</i>) <input type="checkbox"/> Summer (<i>Beginning of June – End of July</i>) <input type="checkbox"/> Other (<i>indicate dates</i>): ___/___/___ to ___/___/___
	Week Availability:	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <i>e.g. Mon., 9am-5pm</i> _____ _____ _____ _____ _____

Location Preference(s)

- Administrative Office**
60 Madison Avenue, Manhattan
- Crown Heights**
1167 Nostrand Avenue, Brooklyn
- East New York Health Hub**
2581 Atlantic Avenue, Brooklyn
- Harlem**
81 West 115th Street, Manhattan
- Jamaica**
90-04 161st Street, Queens
- Long Island City**
36-11 21st Street, Queens
- Lower East Side**
150 Essex Street, Manhattan
- Sutphin Boulevard**
97-04 Sutphin Boulevard, Queens
- South Bronx**
975 Westchester Avenue, Bronx
- Tremont**
4215 Third Avenue, Bronx
- Washington Heights**
511 West 157th Street, Manhattan
- Williamsburg**
94-98 Manhattan Avenue

Statement of Interest

Please describe why you are interested in an internship at Community Healthcare Network, with specific reference to your chosen internship area:

Education History

*Please describe your education history, beginning with the most recent degree.
If included on resume, please check here*

Year	Institution	Degree	Major(s)

Please describe your employment history, beginning with most recent position.

If included on resume, please check here

**Professional
Experience**

Organization:

Position Title:

Start Date:

End Date:

Employer Name:

Employer Address:

Employer Telephone:

Employer Email:

Organization:

Position Title:

Start Date:

End Date:

Employer Name:

Employer Address:

Employer Telephone:

Employer Email:

Organization:

Position Title:

Start Date:

End Date:

Employer Name:

Employer Address:

Employer Telephone:

Employer Email:

Organization:

Position Title:

Start Date:

End Date:

Employer Name:

Employer Address:

Employer Telephone:

Employer Email:

Organization:

Position Title:

Start Date:

End Date:

Employer Name:

Employer Address:

Employer Telephone:

Employer Email:

Please describe any published works, other recognized achievements and/or any previous practical experience you may have, giving details of your duties.

Additional Information

Technical Proficiency

	None	Basic	Intermediate	Advanced
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web/Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____				

Language Proficiency

	N/A	Elementary	Intermediate	Advanced	Fluent/Native
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____					

References	<i>Please list 3 references, not related to you, who are familiar with your character and qualifications.</i>
	Name:
	Occupation/Business, Title:
	Phone:
	Email:
	Name:
	Occupation/Business, Title:
	Phone:
	Email:
	Name:
	Occupation/Business, Title:
	Phone:
Email:	
Compensation	<p><i>Please indicate how you will be compensated for this internship:</i></p> <p><input type="checkbox"/> I will be compensated by an external party (e.g. scholarship, grant, university)</p> <p><input type="checkbox"/> I am receiving course credit for this internship</p> <p><input type="checkbox"/> I am applying to a CHN-paid position (as explicitly stated in the job description)</p>

I certify that my answers to the above questions are true, complete and correct to the best of my knowledge and belief.

Signature

Date