

INTERNSHIP PROGRAM INFORMATION

The Connecticut Oral Health Initiative (COHI) offers internships at its office in Hartford, Connecticut, or remotely. The internship program is designed to provide students and recent graduates with an opportunity to learn about health equity and advocacy.

Internship Positions Available:

- Health Promotion and Advocacy
- Communications
- Research to support oral health policy

Eligibility:

A candidate must be a graduate student; an undergraduate student; or have graduated from college within 12 months of beginning the internship.

General Information:

Interns are expected to work between 10 and 40 hours a week during a 4 to 12 week internship period, though other arrangements can be made. Internships are offered during the Summer, Fall and Winter/Spring semesters.

Interns may receive academic credit if an agreement is made between the COHI and the intern's college or university. All interns are subject to the applicable COHI employee rules.

At this time, COHI does not have funding to provide a stipend to the intern at this time.

Application Procedures:

Candidates must complete an application form and submit it with their resume. Some internship positions require additional application items, such as a writing sample.

All application items must be submitted as a complete package. Incomplete applications will not be reviewed.

Email the completed Application to:

gary@ctoralhealth.org and info@ctoralhealth.org

For further information:

COHI's website – www.ctoralhealth.org

COHI – 860-246-2644

Email – gary@ctoralhealth.org

INTERNSHIP APPLICATION FORM

The Connecticut Oral Health Initiative is an affirmative action/equal employment opportunity employer. Discrimination because of race, color, religion, sex, handicap, sexual orientation or national origin is prohibited. In order to be considered for an internship, you must submit a signed and completed application form along with a cover letter, your resume and an unofficial college transcript. All application items must be submitted as a complete package.

Name:

School Address:

Permanent Address:

School Telephone Number:

Permanent Telephone Number:

Email Address:

Internship:

Are you requesting that your college grant you credit hours for your internship?

Dates available to perform internship: Starting date _____ Ending Date _____

Length of internship: _____ hours

Area(s) of Interest or description of expectations you have for your internship?

Why you would like to work as a COHI intern?

Education: Complete this section if not included in resume

College name and location:

Degree/date:

Major:

Scholastic Honors and/or Licenses:

Employment History (Includes paid, volunteer, and intern positions)

Complete this section if not included in resume

Most Recent Employer:

Address:

Telephone Number:

Supervisor (Name & Title):

Position Title:

Start Date:

End Date:

Description of duties:

Previous Employers:

Address:

Telephone Number:

Supervisor (Name & Title):

Position Title:

Start Date:

End Date:

Description of duties:

Professional Reference

Name:

Telephone Number:

Company/School:

Relationship:

Known how long:

Personal Reference

Name:

Telephone Number:

Company/School:

Relationship:

Known how long:

Other Reference

Name:

Telephone Number:

Company/School:

Relationship:

Known how long:

Oral Health for All



Publications and Articles:

Community/professional organizations, honors and awards:

Activities relevant to the internship(s) for which you are applying:

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me or for my dismissal.

Signature:

Date: