



APPLICATION FOR CLINICAL INTERNSHIP

Thank you for your interest in a clinical internship with the Florida Department of Health in Seminole County. Clinical internships are offered in the following clinical areas: Advanced Nurse Practitioner Program (ARNP), Women, Infants and Children Program (WIC) and Dental Services. Our hours of operation are Monday through Friday from 8 a.m. to 5 p.m.

Please note that no weekend hours are available.

Please also note that Preceptor for Nurse Practitioner is MD only.

SECTION 1: CONTACT INFORMATION

Name _____ Age _____ Today's Date _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone _____ Email _____

Professional License Number _____

SECTION 2: COLLEGE/CLINICAL/ INTERN EDUCATION:

Nursing Practicum ☐ Nurse Practitioner ☐ Dental ☐

Women, Infants and Children Program ☐

College/University _____ Address _____

Graduate Degree ☐ Baccalaureate Degree ☐ Vocational ☐

Major _____ Specialty _____

Semester Hours Completed _____

School Intern Coordinator _____ Phone Number _____

Email _____ Start Date _____ End Date _____

Number of Hours Required for Internship _____

SECTION 3: AVAILABILITY

Clinic hours are Monday, Tuesday, Wednesday, Thursday, and Friday, 8 a.m. – 5 p.m. Please indicate below the dates you are requesting.

Please note that requested days cannot be guaranteed.

Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

SECTION 4: BACKGROUND INFORMATION

Please note that we are required to perform a level two background screening on all interns. Previous screenings are not accepted, unless from another Florida health department within one year. **There is a \$37.25 fee for this screening.**

Have you ever been convicted of or plead “nolo contendere” to a driving or criminal offense?

Yes ☐

No ☐

If yes, please explain (including types of offences and dates):

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it relates to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

Signature _____

Date _____