

## INTERNSHIP INSTRUCTIONS

1. Choose the desired internship from list and please note the availability for each semester.
2. Please complete the Marion County Health & Human Services Department's Internship Placement Form.
3. Send the completed form to Shannon Laseter at [SLaseter@co.marion.or.us](mailto:SLaseter@co.marion.or.us).

\*Exact assignment or experience is dependent upon opportunities at the time of placement. Please inquire for further details.

<b>TERMS</b>	Please note: opportunities are limited and may fill up fast! Apply ahead of the start of each "term" at the left.
<b>Winter</b> (January to March)	
<b>Spring</b> (March to May)	
<b>Summer</b> (June to August)	
<b>Fall</b> (September to December)	

### HOW THE PROCESS WORKS:

1. After you email the Internship Placement Form, the clerical support staff will inquire among the supervisors about placement availability. Even though an internship may be listed as available, programs sometimes don't have the capacity to take an intern.
2. The clerical staff support will contact you about your placement. If accepted, you will be put in touch with the program supervisor that will oversee your internship.
3. You will need to complete certain portions of the county's New Employee Orientation, as well as Volunteer Orientation. The clerical support staff will be in contact with you to schedule these dates.
4. During your internship, please keep track of your hours. At the conclusion of your internship, please submit the Total number of hours to the clerical support staff.



## INTERNSHIP PLACEMENT INFORMATION FORM

(ONE FORM PER STUDENT)

### Student Information

NAME	
EMAIL	PHONE
ADDRESS, CITY, STATE, ZIP	
COLLEGE/UNIVERSITY	
MAJOR	CONCENTRATION
LANGUAGES SPOKEN OTHER THAN ENGLISH	
YEAR <input type="checkbox"/> JUNIOR <input type="checkbox"/> SENIOR <input type="checkbox"/> GRADUATE STUDENT	
DO YOU HOLD A CURRENT R.N. LICENSE IN OREGON? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HOLD ANOTHER LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO      TYPE	

### Placement Details

START DATE	END DATE
NUMBER OF WEEKS	TOTAL NUMBER OF HOURS ON SITE*
DO YOU NEED A NURSE AS PRECEPTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO DEGREE REQUIRED OF PRECEPTOR	WHAT IS THE NAME & FOCUS ON YOUR CURRENT COURSE?
IS THE PRACTICUM INTENDED TO PROVIDE ACTUAL HANDS-ON PATIENT CARE EXPERIENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STATE CLASS OBJECTIVES OR ATTACH SYLLABUS	
<b>*PLEASE NOTE, INCLUDE ONLY THE NUMBER OF HOURS THE STUDENT CAN COMMIT TO WHILE SERVING AS AN INTERN AT THE HEALTH DEPARTMENT. MARION COUNTY HEALTH DEPARTMENT ORIENTATION WILL REQUIRE ADDITIONAL HOURS.</b>	

### Desired Focus/Placement

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| <input type="checkbox"/> ENVIRONMENTAL HEALTH<br><input type="checkbox"/> MATERNAL-CHILD HEALTH<br><input type="checkbox"/> WOMEN, INFANTS, CHILDREN (WIC)<br><input type="checkbox"/> WOMEN'S REPRODUCTIVE HEALTH<br><input type="checkbox"/> HIV PREVENTION<br><input type="checkbox"/> PUBLIC HEALTH PREPAREDNESS | <input type="checkbox"/> CHRONIC DISEASE PREVENTION<br><input type="checkbox"/> ALCOHOL, DRUG, & GAMBLING PREVENTION<br><input type="checkbox"/> TEEN PREGNANCY PREVENTION<br><input type="checkbox"/> COMMUNICABLE DISEASE CONTROL/PREVENTION<br><input type="checkbox"/> TOBACCO PREVENTION<br><input type="checkbox"/> PUBLIC HEALTH SYSTEMS/PLANNING |
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**PRIOR TO PLACEMENT, STUDENT'S IMMUNIZATIONS NEED TO BE CURRENT: HEPATITIS B, MMR, SEASONAL FLU VACCINE, TDAP, AND A MANTOUX TB TEST.**