



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary
Robert A. Myers, Ph.D. Director, Laboratories Administration

DHMH Laboratories Administration Internship/Shadow Program Application Instructions

Required Application Materials:

- Application form.
- Current resume or CV.
- Unofficial transcript or grade report. (An official transcript is required upon acceptance into the program.)
- A letter of recommendation
- **Letter of Interest:** Describe your interest in public health issue that interests you and what you hope to learn and take away from the internship.
- **Essay:** What makes you a strong candidate for this internship program? Include extracurricular activities, leadership activities, awards and honors, travel, and past internships or fellowships.

Submit all application materials via e-mail to rachel.vmichael@maryland.gov

For further information please email (rachel.vmichael@maryland.gov)
or visit our Web site (<http://dhmh.maryland.gov/laboratories/>)

Application Form

Name: _____
(Last name) (First name) (Middle initial)

Current mailing address:

Street Address or P.O. Box, Apartment #, campus address, etc.

City State Postal/Zip

Telephone: _____
Mobile Home

Email: _____
Primary email address Secondary email address

Date of birth: _____

Citizenship: _____
(Only U.S. citizens and permanent residents are eligible, please list green card # if US permanent resident): _____

Education: *(Note: an official transcript will be required upon acceptance into the program.)*

Institution where currently enrolled: _____

Student status (junior, senior, etc.): _____ **Graduation date:** _____

Major: _____ **Minor:** _____

Overall GPA: _____ (3.0 minimum required) **GPA in Major:** _____

Internship Semester (spring, fall, etc.): _____
(Minimally internship length is one semester.)

Number of Semester Hours Completed in Public Health/Science Courses: _____

Please list any courses that you feel have been helpful in preparing you for an internship at DHMH, including current courses:

References (please list the names of the people preparing your letters of recommendation):

- 1. Name** _____ **Organization/Institution** _____
Email _____ **Phone Number** _____
- 2. Name** _____ **Organization/Institution** _____
Email _____ **Phone Number** _____