

**INTERNSHIP MEETING FORM: This form is helpful when meeting for the first time with the Internship Coordinator, please complete this before the scheduled meeting.**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Track (HMP, HPHB, ESH)\_\_\_\_\_\_\_\_\_**

**Term/Year of Internship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Where would you like to do your internship?**

* Geographic location (city, region, state, country)?
* Population, is there a specific population you want to work with?
* Organization, is there a specific organization you want to be with (hospital, non-profit, etc)?
* Specific health issues, skills, etc, are you passionate about?

**If you haven’t had much professional experience, below are some suggested actions to take:**

* **Job Shadow**
* **Conduct informational interviews**
* **Take Projects (H506) credits to gain experience prior to your internship**
* **Take a Career Assessment**
  + **SIGI3: available through Beaver Job Net**
* **Go to networking opportunities**
* **Talk to health professionals**
* **Volunteer NEXT PAGE**

**2. What actions have you already taken in finding an internship?**

* Contacting organizations: Please list organizations below:
* Setting up informational interviews: Please describe below:
* Job shadowing: Please describe below:
* Researching organizations on internet: Please describe below:
* Talking to professionals: Please describe below:

**3. Other helpful information? Please list any other information that would be helpful.**