

Student Inquiry Form



Thank you for your interest in the Allegheny County Health Department (ACHD). Please complete each question with as much detail as possible. After completing, send this form and a current resume (in Word or pdf) to Jennifer O'Toole, Workforce Development Coordinator at jennifer.otoole@alleghenycounty.us You will receive a response within two weeks.

1. First and Last Name: _____

2. Preferred Name: _____

3. Preferred Pronouns: _____

4. Email Address: _____

5. Name of College/University: _____

6. Degree

Bachelor Master PhD Medical Doctor Other: _____

7. Program of Study (include all Majors, Minors and Specializations):

8. What is your expected graduation date? List month and year

9. What type of experiential learning are you seeking? Choose One

Internship/Externship

Clinical Rotation

Practicum

Job Shadowing/Field Observation

Other: _____

10. Is this experience for academic credit?

Yes

No

Unsure

Other: _____

11. What is the minimum length of time required? List in hours, weeks, semester, etc.

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12. What are the deadlines to start and complete the experience?
(For example: Must be completed in 12 weeks between May 15 and Aug. 15, or hours can be started any time and must be completed by December 8)

13. Please select your areas of interest. Learn more about these programs here:
<https://www.alleghenycounty.us/healthdepartment/index.aspx>

- Air Quality
- Chronic Disease and Injury Prevention
- Clinical Services
- Epidemiology
- Family Child Health
- Food Safety
- Housing and Community Environment
- Human Resources
- Overdose Prevention
- Policy
- STI / HIV Clinic
- Other: _____

14. The majority of student learning experiences are performed in person at one of the ACHD locations. Are you able and willing to complete a learning experience in person?

- Yes No Other: _____

15. Do you possess any of the following clearances or certifications? These are only required for specific programs.

- PA Child Abuse (Act 33) Mandated Reporter
- PA Criminal History (Act 34) CPR/First Aid
- FBI Background Check (Act 73)

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16. Why you are interested in completing experiential learning with the Allegheny County Health Department and what are your specific areas of interest? Please provide a brief answer below:

17. What other information is important for ACHD to know about the request?

Details to include can be:

-Additional university/college requirements

-Required credentials or experience for the direct supervisor/preceptor

-If the university/college has an existing affiliation agreement with ACHD

-Additional specialized skills and experiences