

**ERIE COUNTY DEPARTMENT OF HEALTH (ECDOH)**  
**DIVISION OF MEDICAL EXAMINER**  
**INTERNSHIP APPLICATION**

Contact Person: **Janinne Blank**  
**Director**  
**501 Kensington Avenue**  
**Buffalo, New York 14214**  
**(Office) 961-7525, (Fax) 961-7581, (E-mail) [janinne.blank@erie.gov](mailto:janinne.blank@erie.gov)**

Applicant's Name: \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_ Fax \_\_\_\_\_

School Name: \_\_\_\_\_

Internship Advisor: \_\_\_\_\_ Advisor Phone \_\_\_\_\_

Advisor E-mail \_\_\_\_\_

**Today's date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Academic Department:** \_\_\_\_\_

**Anticipated date of graduation (month & year):** \_\_\_\_/\_\_\_\_

**Will you receive school credits for this internship?** Yes  No

**Number of hours you are requesting to complete with the ECDOH:** \_\_\_\_\_

**Days & hours you can work:** \_\_\_\_\_

**Requested semester & year:**

Spring (Jan-May) \_\_\_\_\_  Summer (June-Aug) \_\_\_\_\_  Fall (Sept-Dec) \_\_\_\_\_  Other: \_\_\_\_\_

**Please ATTACH RESUMÉ, COVER LETTER AND TWO (2) PROFESSIONAL/ACADEMIC LETTERS OF REFERENCE**

**\*\*Note: Effective 5/2009, all accepted interns will be required to complete a minimum of 120 hours regardless of school requirements. Erie County Department of Health internships are not paid.**

Applicants should contact our office to ensure all application materials are received. A letter stating acceptance or denial will be mailed. Accepted applicants will be contacted by phone or e-mail to set up an orientation date. All applications are reviewed and accepted/denied on a case by case basis. Acceptance is dependent on our office needs, the number of students applying for the particular semester, the presentation of your resume, and your letters of recommendation.