



Application for the Mount Sinai Public Health and Environmental Medicine Internship Program for Minority Students

PLEASE TYPE OR PRINT LEGIBLY IN INK.

1. LAST NAME FIRST NAME MIDDLE

2. DATE OF BIRTH M D Y PLACE OF BIRTH

3. PLEASE CHECK ONE OF THE FOLLOWING (Please check all that apply)

- African American Hispanic American Native American
- Alaskan Native Native Hawaiian or Pacific Islander Rural Appalachian

4. RESIDENCY STATUS

- US Citizen Non-Citizen National Permanent Resident

5. THE ACADEMIC DEGREE YOU ARE CURRENTLY PURSUING OR RECENTLY GRADUATED FROM (If you're a recent graduate, your graduation date must be within the last 24 months.)

- Bachelor's Master's Doctorate

IF A RECENT GRADUATE, PLEASE PROVIDE MONTH AND YEAR OF GRADUATION _____

6. CURRENT MAILING ADDRESS (Valid until: _____)

7. PERMANENT MAILING ADDRESS

8. PHONE NUMBER (Please list a number at which you can be reached for a phone interview)

9. EMAIL ADDRESS 10. SECONDARY EMAIL ADDRESS (IF APPLICABLE)

11. ACADEMIC DEGREES (BA, MD, MPH, PhD, etc.) – EARNED OR IN PROGRESS - AND THE AREA OF STUDY (toxicology, epidemiology, etc.).

School Attended	Degree Pursued	Date Awarded / Expected	Area of Study

12. CONFERENCE PRESENTATIONS, INCLUDING POSTER PRESENTATIONS, YOU HAVE GIVEN SO FAR. INCLUDE NAME OF CONFERENCE, SPONSORING INSTITUTION AND TITLE OF WORK PRESENTED AT THE CONFERENCE (if applicable).

Name of Conference	Title of Work Presented At Conference

13. PLEASE PROVIDE A BRIEF LIST OF YOUR RESEARCH AREAS OF INTEREST

14. PLEASE PROVIDE A LIST OF PUBLICATIONS YOU HAVE AUTHORED (if applicable).

15. PLEASE PROVIDE A LIST OF YOUR RESEARCH SKILLS (EXAMPLES: PCR, STATISTICAL PROGRAMS, SCIENTIFIC WRITING, MICROSCOPY, CLINICAL TRAINING, ETC.)

15. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON THAT COULD PROVIDE RECOMMENDATION ON YOUR BEHALF. PLEASE NOTIFY EACH PERSON THAT S/HE MAY RECEIVE A TELEPHONE CALL FROM THE PROGRAM.

REFERENCE 1

NAME AND TITLE: _____

POSITION: _____

INSTITUTION: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

REFERENCE 2

NAME AND TITLE: _____

POSITION: _____

INSTITUTION: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

Application Checklist

Completed Application Form

Current Resume or CV

Personal Statement (1 page maximum): How will this internship enhance your career? Include a description of your current research interests and professional goals after completion of the program.

Statement of Past Research Experience (1 page maximum): Please submit a brief description of past research experience, including the subject of the research project, dates conducted and your role and duties.

Transcripts (Optional)

Please submit your application form and your statements to ITPApplications@mssm.edu with "Environmental Medicine Internship Program" in the subject line.