

## **Onondaga County Health Department**

J. Ryan McMahon II, County Executive Kathryn Anderson, MD, PhD, MSPH, Commissioner of Health



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## Institutional Application for Internships with Onondaga County Health Department

Name of Institution:	
Purpose of Internship/Rotation at Onondaga County Health Department (OCHD):	
What type of student:	
☐ Undergraduate ☐ Graduate ☐ Medical – what year?	Resident – what specialty? Other –
Specify:	
How long is the internship/rotation?	Estimated number of students:
☐ Fall semester ☐ Spring semester ☐ Other – Specify:	
Who will provide the grade:	
Is this a credit course? Yes No Other:	If so, how many credits:
Will this be for a degree or certificate? Yes No	Name of degree/certificate:
Name of the faculty member teaching the course (provide cont	act information, including phone & email):
What are the learning objectives of this course?	
What is the responsibility of OCUD?	
What is the responsibility of OCHD?	

Do we have a current MOU & liability coverage with the organization?	
When is your proposed start date?	