

Fall (August - December)

## STUDENT ROTATION INTEREST FORM

Thank you for your interest in Horizon Public Health. For your convenience, please complete the Interest Form below. You will be contacted within two weeks of submission.

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Contact Kayla Nelson, PHN for	any questions – <u>kaylan@horizonp</u>	h.org.
Today's Date		
Your Name (required)		
Your Email (required)		
Subject:		
Student Rotation		
Your Academic Institution (req	uired)	
Degree In-Progress (required)		
Is an internship, service learnir	ng experience, observation or rota	tion required for your degree? (required)
Yes No		
Public Health Areas of Interest	(required)	
Accreditation	Administration	Health Promotion/Health Education
Environmental Health	Disease Prevention & Control	Emergency Preparedness
Case Management	Family Health Nursing	Hospice
Practicum Semester (required)		

Spring (January – May)

Summer (May – August)

Anticipated Start Date (required)			
Anticipated End Date (required)			
Total Practicum Hours Required (required)			
Why are you interested in Horizon Public Health?			
Skills/Training/Abilities:			
What are your professional objectives for this practicum?			

My future career aspirations include	
Academic Advisor's Name:	
Academic Advisor's Email:	
Additional Comments:	