



Division of Consolidated Laboratory Services Internship Application: Summer 2020

Complete the following application information. Provide the email address where you wish to receive communications from DCLS about the Internship program.

Date: _____

Name: _____

Date of Birth: _____

Permanent address: _____

City: _____ **State:** _____ **Zip code:** _____

Phone number: (____) _____ Email address: _____

College or University: _____

Currently attending – expected graduation date: _____

Recently graduated – date: _____

Degree program: _____

Undergraduate - current grade level: _____ **Cumulative undergraduate GPA:** _____

Graduate - cumulative graduate GPA: _____

Possible internship project areas at DCLS are below. Please select your top three interests.

- | | |
|---|---|
| <input type="checkbox"/> <i>Biomonitoring</i> | <input type="checkbox"/> <i>Infectious Disease Pathogen Detection</i> |
| <input type="checkbox"/> <i>Clinical Microbiology</i> | <input type="checkbox"/> <i>Informatics</i> |
| <input type="checkbox"/> <i>Emergency Preparedness</i> | <input type="checkbox"/> <i>Molecular Subtyping</i> |
| <input type="checkbox"/> <i>Environmental Microbiology and/or Chemistry</i> | <input type="checkbox"/> <i>Newborn Screening</i> |
| <input type="checkbox"/> <i>Food Microbiology/Food Safety</i> | <input type="checkbox"/> <i>Quality Assurance/Safety/Auditing</i> |
| <input type="checkbox"/> <i>Immunology/Virology</i> | <input type="checkbox"/> <i>Training/Communications/Media/Lab Systems Improvement</i> |

Answer the following questions:

1. **Specifically describe any *relevant laboratory experiences or trainings* you have participated in that would benefit your performance during this internship (i.e. laboratory rotations, field work, or specialized trainings).**



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2. *Describe how an internship at DCLS will help to advance your career goals.*

3. *If you could make a significant contribution to any area of Public Health, what would it be, who would it benefit, and why would this be your choice?*

4. *There are many exceptional candidates applying for this internship. In 150 words or less, tell us why we should select you.*



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Application Packet Checklist

- DCLS Internship Application***
- Current resume or CV***
- Academic transcript(s) (may be received separately from the institution)***
- DCLS Internship Reference form (may be received separately from the reference)***

Submit completed application packet ON OR BEFORE **February 7, 2020 to:**

***Division of Consolidated Laboratory Services
Attn: Internship Committee
600 North 5th Street,
Richmond, VA 23219***

OR

Email: DCLSinternship@dgs.virginia.gov

Applications emailed or postmarked after February 7, 2020 WILL NOT BE CONSIDERED.

Applicant Name: _____