



Division of Consolidated Laboratory Services Internship Application: Summer 2023

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:** _____

Country of Citizenship: _____

College or University: _____

☐ **Currently attending – expected graduation date:** _____

☐ **Recently graduated – date:** _____

Degree program: _____

☐ **Undergraduate - current year:** _____ **Cumulative undergraduate GPA:** _____

☐ **Graduate - cumulative graduate GPA:** _____

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

***Note that work in certain areas may require a Bachelor's degree due to accreditation requirements.**

____ Laboratory Administration
____ Bioinformatics and Data Analytics
____ Clinical Microbiology
____ Emergency Preparedness
____ Environmental Microbiology and/or Chemistry
____ Food Microbiology/Food Safety
____ Immunology/Virology

____ Infectious Disease Pathogen Detection
____ Informatics
____ Genomic Epidemiology
____ Pathogen Genomic Sequencing
____ Newborn Screening
____ Quality Assurance/Safety/Auditing
____ Training/Communications/Media/Lab Systems

Applicant Name: _____



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Answer the following questions:

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

2. Provide a description of any independent undergraduate or graduate research projects that you have conducted or assisted with. Include the duration of work, the intent, and the outcomes of the project.

3. Describe your experience working in a laboratory or non-laboratory team environment. Please describe work assigned to the team and how you specifically contributed to meet work objectives.



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4. Describe your ultimate career goals.

5. List three things you hope to gain from completing an internship at DCLS.

6. 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?

Applicant Name: _____



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

Application Packet Checklist

☐ **DCLS Internship Application**

☐ **Current resume or CV**

☐ **Academic transcript(s)** (may be received separately from the institution, they do not have to be official)

☐ **DCLS Internship Reference form** (may be received separately from the reference)

Submit completed application packet ON OR BEFORE February 6, 2023 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 6, 2023 WILL NOT BE CONSIDERED.

Applicant Name: _____