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| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | |  | | | | Date: |  |
|  | | | |  | |  | |
| Location (City, State): | | | |  | | | |
|  |  | | | | | | |
| Phone: |  | | | | | | |
|  | |  | | | | | |
| Email address: | |  | | | | | |
|  | | | | |  | | |
| Organization with which you desire to work: | | | | |  | | |
|  | | | | |  | | |
| Term Practicum  will begin: | | |  | | | | |
|  | | |  | | | | |
| Area(s) of interest for practicum: | | |  | | | | |
|  | | |  | | | | |
| Specific activities/tasks that interest you: | | |  | | | | |
|  | | |  | | | | |
| Background experience: | | |  | | | | |
|  | | | | | | | |
| * Please be sure to submit résumé or CV (curriculum vitae) [**via email**](mailto:doctord@ohsu.edu) to DMICE Internship Coordinator. | | | | | | | |