



Department of Medical Informatics and
Clinical Epidemiology
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Internship Interest Form

Interest form should be typed and submitted to the OHSU Internship Coordinator
by the end of the 2nd week of the quarter prior to the start of the Internship.

Student Name: Date:

Location (City, State):

Phone:

Email address:

Organization with which you desire to work:

Term Internship
will begin:

Area(s) of interest for
Internship:

Specific
activities/tasks that
interest you:

Background
experience:

- Please be sure to submit résumé or CV (curriculum vitae) [via email](#) to DMICE Internship Coordinator.