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TARRANT COUNTY PUBLIC HEALTH

*Information Needed from Students Requesting Internship Placement*

E-MAIL BELOW INFORMATION TO: dpfisher@tarrantcounty.com

* **NAME**
* **COLLEGE**
* **MAJOR**
* **YEAR IN PROGRAM**
* **START DATE**
* **END DATE**
* **TOTAL HOURS NEEDED**
* **DAYS OF THE WEEK YOU ARE AVAILABLE**
* **HOURS OF THE DAY YOU ARE AVAILABLE**
* **AREA OF INTEREST:**
* EPIDEMIOLOGY
* BIOSTATISTICS
* ENVIRONMENTAL HEALTH
* HEALTH PLANNING & POLICY
* COMMUNITY HEALTH
* **ATTACH RESUME**