



## Application for Student Placement

### STUDENT CONTACT INFORMATION

Student name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (best number for contact): \_\_\_\_\_ Email: \_\_\_\_\_

### ACADEMIC PROGRAM

Name of university and department/program  
(Example: University of Tenn. Dept. of Public Health): \_\_\_\_\_

Faculty advisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree/major (Example: BS Kinesiology, BS Child & Family Studies, MPH Community Health Education, etc.): \_\_\_\_\_

Will you receive course credit for this field placement? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there qualification requirements for your field supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are the requirements of the supervisor (e.g., MPH required, NP required, etc)?  
\_\_\_\_\_

Bilingual: Yes \_\_\_\_\_ No \_\_\_\_\_ Language(s): \_\_\_\_\_ Proficiency: \_\_\_\_\_

### SCHEDULE

How many total hours are you seeking? \_\_\_\_\_

How many weeks? \_\_\_\_\_ Average hours per week? \_\_\_\_\_

Preferred dates for field placement (be specific): Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Can you commit to a regular weekly schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

Hours of operation: Monday-Friday, 8 a.m. – 4:30 p.m.

What is your preferred work schedule? Please list specific times beside days of the week.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Anything else we need to know about your schedule?



1. Briefly explain why you would like to be placed with Knox County Health Department (Please indicate which specific knowledge and/or skills you want to develop):

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2. Which program areas and/or populations are you most interested in gaining experience during your student placement? Review our website to get an idea of our programs and services <http://www.knoxcounty.org/health/>.

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3. What are your plans after graduation (*i.e., career goals, further education, etc*)?

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4. What special skills do you have (*i.e., computer skills, languages, writing skills, certifications, nursing experience, etc*)?

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Signature: \_\_\_\_\_  
Type name

Date: \_\_\_\_\_

## SUBMISSION INSTRUCTIONS

Email your completed student application and resume to *Jennifer Robbins*, at [jennifer.robbins@knoxcounty.org](mailto:jennifer.robbins@knoxcounty.org).

**Important:** Please name the file as your name, major, school, semester and year of student request (*Example: Joe Smith\_MPH\_UTK\_Spring\_2022*). This naming system allows us to track your request better, and also shows that you are detail oriented enough to read instructions. Student applications must also include a resume.

Questions? Call Jennifer at 865-215-5284.