



NMDOH INTERNSHIP APPLICATION

General Information

Name: _____
(last) (first) (m)

Mailing Address: _____
(street) (city) (state) (zip)

Email: _____ Phone: _____

High School/University Information

Name of School: _____ School city/state: _____

Graduate Program: _____ Major or Discipline: _____

When is your anticipated date of completion for this program? _____

NMDOH Internship Information

Interested Area of Internship within the New Mexico Department of Health (Select all divisions of interest)

Divisions within NMDOH:

- Public Health Division
- Epidemiology and Response Division
- Scientific Laboratory Division
- Facilities Management Division
- Developmental Disabilities Supports Division
- Health Certification Licensing and Oversight
- Medical Cannabis Program
- Office of Health Equity

Availability for internship:

Semester: _____ Months: _____

Hours per week: _____ Days per week: _____

If only available certain timeframe, please indicate: _____



Please answer the following questions completely.

1) Why are you interested in working at New Mexico Department of Health as an intern?

2) What skills or experience do you expect to gain from this internship?

3) Where do you see yourself professionally in 5 years? How can the New Mexico Department of Health help you get there?

During the internship which part of the state do you intent to reside in?

What is it you require from the preceptor?

If available, please attach a resume when returning your resume.
Please submit the Internship Application to nmdoh.internship@state.nm.us.