

PRE-HEALTH PROFESSIONS INTERNSHIP OR JOB SHADOWING OPPORTUNITY

Date:	Organization name:			
Contact name:		Title:		
Address:			Phone:	
Email:				
Position (check all that ap	oply): internshi	p*	job shadowing*	either
Semester available (fall, s	pring, summer, school breaks):		
General description of du	ties (may include attachment):		
	evel, special requirements):			
Supervisor (if different fro	om contact name):			
Number of weeks (estima	ated):	Numbe	er of hours/week (estimated):	
Pay: unpaid	paid	i	if paid, amount:	
Application materials & p	rocess (i.e. resume, interview	, applicatio	n):	
Application doadling:				



*Definition of an Internship: According to the National Association of Colleges and Employers (NACE): Internships are typically one-time work or service experiences related to the student's major or career goal. The internship plan generally involves students working in professional settings under the supervision and monitoring of practicing professionals. Internships can be paid or unpaid and the student may or may not receive academic credit for performing the internship.

*Definition of Job shadowing: According to the National Association of Colleges and Employers (NACE): A learning experience that allows a student to spend between a day and several weeks observing a professional on the job.

For questions contact:

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Offering multiple positions? You may make copies of this form to list more than one shadowing/internship position within your organization.