

Nationwide Children's Hospital  
New U / Play Strong  
Patient Care Internship Application Form

<b>Contact Information</b>	
<b>Name</b>	<i>(last, first)</i>
<b>Address</b>	<i>(street, city, state, zip)</i>
<b>Phone</b>	<i>(home, cell)</i>
<b>Email</b>	

<b>University Information</b>	
<b>University</b>	<i>(name, address)</i>
<b>Program Director</b>	<i>(name, title)</i>
<b>Phone, Email</b>	
<b>Year in Program</b>	

<b>Coursework</b>	
Please indicate if you have taken the following courses by listing the grade you received in that course. If you feel other related coursework is appropriate, please list it below.	
	Human Anatomy
	Physiology
	Emergency Skills/First Aid
	Exercise Science or Kinesiology
	Musculoskeletal Evaluation
	Exercise Physiology

Does your school have specific internship stipulations? Such as hours or weeks completed? If so, please list below:

Please list all previous health care/fitness/hands on experiences that you have been exposed to and your specific role(s):

**Please give a brief explanation as to why you are interested in the CHWN New U Internship at Nationwide Children's Hospital and what you hope to learn from us:**

**Please list any related areas of interest and potential career paths that you are considering:**

**List all Certifications/Memberships:**

**Your Intern application is NOT complete without the following:**

- Resume listing 3 references
- 2 letters of recommendation
  - One letter must be from a clinical instructor, supervisor, or instructor in a related professional field.

These items can be mailed to:  
584 County Line Road West  
Westerville, OH 43082

Faxed to:  
614-355-6072  
ATTN: New U Internship

Emailed to:  
[NewUIntern@NationwideChildrens.org](mailto:NewUIntern@NationwideChildrens.org)