Nationwide Children's Hospital Play Strong Internship Application Form

		Contact Information
Name		(last, first)
Address		(street, city, state, zip)
Phone		(home, cell)
Email		
		I Iniversity Information
17::4		University Information (name, address)
University		
Program		(name, title)
Phone, E	mail	
Year in P	rogram	
		Coursework
		re taken the following courses by listing the grade you received in that course. If you work is appropriate, please list it below.
	uman Ana	
Ph	ysiology	·
En	nergency S	Skills/First Aid
Ex	ercise Scie	ence or Kinesiology
M	usculoskel	etal Evaluation
Ex	ercise Phy	rsiology
school have please list b	e specific i pelow: all previou	you <u>must</u> take this internship for credit toward graduation; does your nternship stipulations? Such as <u>hours</u> or <u>weeks</u> completed? If so,

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

Emailed to:

PlayStrongIntern@NationwideChildrens.org