

Nationwide Children's Hospital Sports Performance Internship Application Form

Contact Information	
Name	(last, first)
Address	(street, city, state, zip)
Phone	(home, cell)
Email	

University Information	
University	(name, address)
Program Director	(name, title)
Phone, Email	
Year in Program	

Coursework	
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.	
	Health Administration or Policy
	Health Behavior & Promotion
	Program Planning & Implementation
	Exercise Science or Kinesiology
	Emergency Skills & First Aid

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 Sports Performance 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
- 3 professional references

These items can be emailed to:

Coach Britton

andy.britton@nationwidechildrens.org