

# **IDPH Internship Project Description**

## **Organization Information**

**Name of Organization:** Iowa Dept. of Public Health  
**Type of Organization:** State Public Health Dept.  
**Street Address:** 321 E. 12<sup>th</sup> Street  
**City, State, Zip Code:** Des Moines, IA 50319  
**County:** Polk

## **Preceptor Contact Information**

**Name:** Shawnice Cameron  
**Title:** Administrative Assistant  
**Bureau:** Center for Acute Disease  
Epidemiology (CADE)  
**Phone:** 515-242-5935  
**Fax:**  
**Email:** [scameron@idph.state.ia.us](mailto:scameron@idph.state.ia.us)

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**Position Title:** Epi Surveillance and Outbreak Management of Acute Diseases

## **Brief Description of Project:**

Projects vary depending on current needs. Projects will be discussed with prospective interns during interview.

## **Responsibilities (project objectives):**

To be established at the beginning of the internship.

## **Specify any skills needed/required for this project:**

Intern needs to review Epi (Acute disease) manual on the CADE webpage on the IDPH website.

Internship Start/End Date: **Ongoing**

Application Deadline: **Ongoing**

Project identified for an:

Undergraduate student

Graduate student

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## **Materials Student Must Submit to Preceptor at IDPH**

Cover Letter	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Resume	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Writing Sample	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
IDOP Application Required, if paid	<input type="checkbox"/> Yes	<input type="checkbox"/> No (submit with required letter to DAS/HRE)
IDPH Application completed and on file:	<input type="checkbox"/> Yes	<input type="checkbox"/> No (submit to Internship Coordinator at IDPH)

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**Interview Information (IDPH preceptor decision)**

Advance Interview Questions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Essay to Submit Prior to Interview	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Phone Interview	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Interview at IDPH	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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**Term(s) of experience**

Average hours/week desired: Established prior to acceptance of internship

Compensation: Subject to funding

Benefits: Subject to funding

Mileage Reimbursement: Subject to funding

On-site:  Yes  No

Off-site:  Yes  No

Computer provided:  Yes  No

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