Riley County Health Department Shadowing Experience

How to Apply:

Students who are interested in shadowing programs and staff at the Riley County Health Department must complete the application and email it to RCHDInternship@rileycountyks.gov. The subject line should read "Shadowing Experience".

In addition to the application, please include the following items as an attachment within your message:

- Résumé/CV
- Description of project/internship goals (500 words or less)

All internship requests will be processed based on completeness of application, résumé/CV and description. A response will be garnered as time permits, but within a two (2) week timeframe after submission of appropriate documentation.

Special considerations will be taken for large groups or classes that request to shadow a program. One application is necessary for the group.

Program Areas:

- Administration
- Childcare Licensing
- Family Connections
- Health Education
- Public Health Clinic
- Public Health Emergency Preparedness
- Raising Riley
- Women, Infants and Children (WIC) Program

Hours of Operation			
	General Services	**Clinical Services**	**Administration**
Monday	0800-1700	0800-1700	0800-1700
Tuesday	0800-1700	0800-1700	0800-1700
Wednesday	0800-1700	0800-1700	0800-1700
Thursday	0800-1900	0900-1830	0800-1700
Friday	0800-1500	0800-1430	0800-1700

Health Department Clinics
2030 Tecumseh Road
Manhattan KS 66502
P: 785-776-4779
F: 785-565-6565

Family & Child Resource Center
2101 Claflin Road
Manhattan KS 66502
P: 785-776-4779
F: 785-587-2879

✓ if completed	Requirements to Begin Shadowing
❑	**Shadowing Application** (to be sent to Public Health Emergency Preparedness Coordinator: RCHDInternship@rileycountyks.gov upon completion)
❑	**HIPAA Training** (to be sent to Public Health Emergency Preparedness Coordinator: aadams@rileycountyks.gov upon completion)
❑	**Confidentiality Form** (to be sent to Administrative Assistant: mmarkvicka@rileycountyks.gov upon completion)
❑	Complete ***Shadowing Agreement*** (this form)

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Riley County Health Department Shadowing Application

Contact Information

Name: _____ D.O.B: _____

(Last) (First) (MI) (MM/DD/YY)

Current Address: _____

_____

_____

Phone: _____ E-mail: _____

IN CASE OF EMERGENCY CONTACT

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Hours required: _____ **Approximate hours per week**: _____

Start date:_____ **End date:**_____

Education Information

Institution: _____

Department: _____ Graduate or Undergraduate: _____

Year: _____ Degree: _____

Professor/Faculty Name: _____

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RILEY COUNTY HEALTH DEPARTMENT

Public Health
Prevent. Promote. Protect.

Program of Interest

Please select the program area for which you are interested in shadowing:

- Administration
- Childcare Licensing
- Family Connections
- Health Education
- Public Health Clinic
- Public Health Emergency Preparedness
- Raising Riley
- Women, Infants and Children (WIC) Program

In a short paragraph, explain your interest, why you've chosen that particular program and shadowing goals and expectations:

_____

_____

_____

_____

_____

_____

Student: _____

(Signature) *(Date)*

By submitting this application, I affirm the facts set forth are true and complete.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

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Riley County Health Department Shadowing Agreement

Student Name: _____

Student E-mail: _____ Area of Study: _____

Address: _____

_____

Professor/Faculty Advisor: _____

Phone: _____ E-mail: _____

Health Department Program: _____

Hours Requested: _____ Approximate hours per week: _____

Start date: _____ **End date:** _____

Signatures Required for Approval:

Student: _____

(Signature) *(Date)*

Professor/Faculty Advisor: _____

(Signature) *(Date)*

Preceptor: _____

(Signature) *(Date)*[i]

[i] This document was developed with permissions from and in collaboration with Saint Louis University College for Public Health & Social Justice. 3545 Lafayette Ave St. Louis, MO 63104

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