



Cohen Children's Medical Center

Northwell HealthSM

Research Internship Application for Summer 2019

Please type all answers on this application form and then 'save'.

Students must have completed at least one year of college prior to start of the program.

Post-baccalaureate students may also apply.

Last Name: _____ First Name: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Permanent Address Phone: _____ Cell Phone: _____ Email: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female Skype ID: _____

Name of Current School: _____

College Level: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Post-Bacc ☐

Major: _____ 2nd Major: _____

Minor / Concentration: _____ 2nd Minor / Concentration: _____

How many college-level statistics classes have you taken? None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

Do you have additional statistics experience/expertise? (If yes, specify) n/a ☐ No ☐ Yes: _____

With which statistical software application are you experienced: n/a ☐ SPSS ☐ SAS ☐ R ☐ Other: _____

GPA (cumulative): _____ Graduation Date: _____ Comment/Other: _____

What graduate degree do you plan to pursue after college: n/a ☐ MD ☐ Other (specify): _____

Do you currently plan to take a "gap year" between college and graduate school? n/a ☐ No ☐ Yes ☐ Maybe ☐

When is the first and last day you can work (month/day)? First: _____ Last: _____

Emergency Contact #1: _____

Name	Phone	Relationship
Emergency Contact #2: _____	_____	_____
_____	_____	_____



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What are your interests and what do you hope to accomplish during this summer internship? Please be as specific as possible with your expectations of what sorts of experience you want to have this summer. You may include information about relevant past experiences (research, academic, or personal). Though not required or expected, feel free to include ideas about research questions or potential projects based on the Division's recent research activities. Please limit your response to the space below (Please limit your response to 550 words).



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Federal, state and local law prohibit discrimination because of age, race, creed, color, religion, sex, national origin, citizenship status, disability or sexual preference.

I certify that all matters contained in this application are true, authorize their investigation and agree that any misleading or false statements would render this application void and would be sufficient cause for immediate dismissal from the Program. I understand that acceptance into the Program is subject to a satisfactory completion of a medical examination and receipt by CCMCNY of two satisfactory references.

I acknowledge that I will treat as confidential all information that I may read or hear, directly or indirectly. If accepted for the Program, I agree to conform to the rules and regulations of the North Shore-LIJ Health System. I understand that I will be required to attend an Orientation Program and participate in any training specific to my assignment. I acknowledge that the Health System may discontinue my status at any time and for any reason.

Signature of Applicant: _____ Date: _____

In addition to this application, the following materials are also required for all internships:

Résumé or CV

- Unofficial college transcript. (An official transcript will be required prior to hire.) Writing
- Sample (for Pulmonology, Nephrology, and Infectious Disease internships)

Note:

- Letters of recommendation are not required at this time; however, promising candidates may be asked to submit letters by 2 faculty members. These will need to be sent directly via e-mail by the authors, not by you.
- A writing sample is not required at this time (except Pulmonology internship) but may be requested for consideration for some programs.
- Students with the strongest application will be invited for an interview (either in person or by telephone or Skype).

Contact Info: All correspondence, including application materials, should be sent by e-mail to the individual identified below; the subject line should specify "Summer Research Internship Application - [Last Name, First Name]"

- **Pediatric Nephrology:** Application deadline: 3/4/19. Contact Kalliopi Grammatikopoulos (kgrammatik@northwell.edu) AND Rachel Odusanya (rodusanya@northwell.edu)
- **Pediatric Pulmonology & Cystic Fibrosis:** Application deadline: 3/4/19. Contact Dr. Maria Santiago (MSantiago@northwell.edu)
- **Hospital Medicine:** Application deadline: 3/4/19. Contact Arlene Guastella (aguastel@northwell.edu)
- **Pediatric Infectious Disease:** Application deadline: 3/4/19. Contact Nancy Stellato, RN (nstellat@northwell.edu)
- **Allergy & Immunology:** Application deadline: 3/4/19.
 - Last Names A-M: Contact Mrs. Patricia Bittner (PBittner@northwell.edu)
 - Last Names N-Z: Contact Nicole Stile (nstile@northwell.edu)
- **Pediatric Cardiology:** Application deadline: 3/4/19. Contact Dr. Richard Feldman (RFeldman4@northwell.edu)
- **Early submittal of applications is strongly encouraged. Although students may apply for an internship in more than one division, they may not accept more than one internship position.**