OSUWMC Cardiac Resuscitation Internship Application

Ohio State University Wexner Medical: Center for EMS

Name & OSU dot number: ___________________________________________

Email address: ___________________ Phone number: ___________________

Standing for the 2016/17 school year: _______________________________

Major/minor: _________________________ GPA: ______________

Are you legally eligible to work in the U.S.? Yes No

Please list any organizations, honors, and awards:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Please list any activities that are relevant to this internship:
________________________________________________________________
________________________________________________________________
________________________________________________________________

Do you speak more than 1 language? Yes No

If yes, please list what languages: ___________________________________

Are you currently CPR certified? Yes No

Have you ever been CPR certified? Yes No

If yes, for what? ___________________________________________________
Professional References

1) Name: __________________________________________________________
   Telephone number: _____________________________________________
   Email Address: ________________________________________________
   Company/ School: _____________________________________________
   Relationship: _________________________________________________
   Known for how long: ___________________________________________

2) Name: __________________________________________________________
   Telephone number: _____________________________________________
   Email Address: ________________________________________________
   Company/ School: _____________________________________________
   Relationship: _________________________________________________
   Known for how long: ___________________________________________
Employment history (labs, internships, jobs):

Most recent employer: ____________________________________________________________

Position title: ___________________________ Start/end dates: ________/__________

Direct supervisor (name & title): ________________________________________________

Telephone number: ________________ Email address: ____________________________

Reason for leaving: ____________________________________________________________

Description of duties: __________________________________________________________


Employer: _____________________________________________________________________

Position title: ___________________________ Start/end dates: ________/__________

Direct supervisor (name & title): ________________________________________________

Telephone number: ________________ Email address: ____________________________

Reason for leaving: ____________________________________________________________

Description of duties: __________________________________________________________


Employer: _____________________________________________________________________

Position title: ___________________________ Start/end dates: ________/__________

Direct supervisor (name & title): ________________________________________________

Telephone number: ________________ Email address: ____________________________
Reason for leaving: ____________________________________________

Description of duties: _______________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Please answer the following question in no more than 250 words:

Why do you believe you would be a good internship candidate, and why are you interested in teaching community CPR?