



Oklahoma State Department of Health
Creating a State of Health

Health Promotion Internship Program

How to Apply:

Students who are interested in participating in a public health internship with the Health Promotion Division of OSDH should apply via email. The subject line of the email should read "**Health Promotion Internship**", and the email should include the following:

- Application (attached)
- Resume
- Brief personal statement (350 words or less) addressing:
 1. Goals for the internship
 2. Area(s) of interest
 3. Competencies you wish to develop or that are required by your program

Compensation:

Please note the Health Promotion Division of OSDH is unable to provide compensation for internships.

Working Hours:

Standard operating hours are Monday-Friday from 8:00 a.m. to 5:00 p.m. However, after hours and/or weekend hours may be requested, or made available depending on program needs.

Applicants will be notified via email as to whether or not opportunities are available during designated time requested. In addition to the application process, interns are subject to an interview process. All internship requests will be processed using the outlined application materials and must be submitted via email as indicated above to:

Health Promotion Manager

Amanda James, MCHES
amandac@health.ok.gov
Office: (405) 271-9444 ext. 56507

Or

Health Promotion Program Coordinator

Ericka Johnson, MBA, CHES
erickaw@health.ok.gov
Office: (405) 271-9444 ext. 56550

OSDH is an Affirmative Action/Equal Opportunity Employer.

Terry L Cline, PhD
Commissioner of Health
Secretary of Health
and Human Services

Ronald Woodson, MD
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Board of Health
Martha A Burger, MBA
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Charles W Grim, DDS, MHSA
R Murali Krishna, MD

Cris Hart-Wolfe, MBA
Secretary-Treasurer
Timothy E Starkey, MBA
Robert S Stewart, MD

1000 NE 10TH Street
Oklahoma City, OK 73117-1299
www.health.ok.gov
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Health Promotion Internship Application

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

University: _____

Degree Program: _____

Advisor: _____

Advisor Email: _____

Advisory Phone: _____

Total Number of Hours Required: _____

Proposed Start Date: _____

Proposed End Date: _____

Semester(s)/Year Requested: Fall 20__ Spring 20__ Summer 20__

Proposed weekly schedule:

Monday – _____

Tuesday – _____

Wednesday – _____

Thursday – _____

Friday – _____

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