

## Monroe County Department of Public Health Application for Practical Learning Experience

## **Overview and Instructions**

The Monroe County Department of Public Health offers a limited number of unpaid practical learning experiences (PLEs) to undergraduate and graduate students, residents and fellows for the purpose of enhancing their education and training in public health and other health-related fields of study.

Interested candidates should submit the following documents as pdf attachments in one message to *mchealth@monroecounty.gov* with the subject line *PLE REQUEST*:

- Practical Learning Experience Application Form
- Cover Letter
- Resume/CV
- Proof of enrollment at stated College/University (such as a letter of recommendation from a professor or form from the school registrar
- Course description, syllabus, or requirements (if applicable)

Applications should be submitted by the deadline preceding the requested time period:

| Time Period of Requested Practical Learning Experience | Application Deadline               |
|--|------------------------------------|
| Spring   | 2 <sup>nd</sup> Friday of December |
| Summer   | 2 <sup>nd</sup> Friday of April    |
| Fall   | 2 <sup>nd</sup> Friday of August   |

Applications are considered as they are received. Interested candidates should submit their applications as early as possible prior to the deadline for best consideration.

Late or incomplete applications will not be considered.

Correspondence will be sent to you by e-mail regarding your request.

Questions should be e-mailed to *mchealth@monroecounty.gov* with the subject line *PLE REQUEST QUESTION*.



## Monroe County Department of Public Health Application for Practical Learning Experience

| Date of Application:       |                     |           |
|----------------------------|---------------------|-----------|
| Applicant Name:            |                     |           |
| E-mail:                    |                     | Phone:    |
| College/University Name    | 2:                  |           |
| Street:                    |                     |           |
| City:                      | State:              | Zip Code: |
| Degree level:              |                     | Major:    |
| Expected date of gradua    | ition:              |           |
| Advisor Name and Title:    |                     |           |
| E-mail:                    |                     | Phone:    |
| PLE is required for major  |                     |           |
| PLE is being completed f   | or academic credit: |           |
| Semester and year reque    | ested:              | Ϋ́^æ:     |
| Number of hours reques     | ted:                |           |
| Day(s) and Time(s) availa  | able:               |           |
| Select Area of Interest:   |                     |           |
| Briefly describe area(s) c | of interest:        |           |

## E-MAIL THIS COMPLETED FORM WITH MATERIALS LISTED ON THE INSTRUCTIONS AS PDF ATTACHMENTS TO MCHEALTH@MONROECOUNTY.GOV WITH THE SUBJECT LINE: PLE REQUEST BY THE APPLICABLE DEADLINE