**HEALTH CARE MANAGEMENT**

**INTERNSHIP SITE REQUEST FORM**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA: \_\_3.55\_\_\_\_\_

Intended semester/year for Internship: \_\_\_\_Spring 2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_X\_\_ HCMN OR \_\_\_\_\_\_\_\_\_\_LTC track

### Choice #1: \_\_[Sheppard Pratt Health System](https://blackboard.towson.edu/webapps/blackboard/content/listContent.jsp?course_id=_203568_1&content_id=_5489338_1)

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* Rationale:

### Choice #2: \_\_University of Maryland Medical System Health Plans

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* Rationale:

### Choice #3: \_[Greater Baltimore Medical Center (GMBC)](https://blackboard.towson.edu/webapps/blackboard/content/listContent.jsp?course_id=_203568_1&content_id=_5489182_1)

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* Rationale:

### Choice #4: \_\_[Institute for Well Being (IWB)](https://blackboard.towson.edu/webapps/blackboard/content/listContent.jsp?course_id=_203568_1&content_id=_5489211_1)

Towson university \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Rationale:

Include recent copy of resume and cover letters for each site selected.