



Region 1: New England

**PEHSU**

Pediatric Environmental Health  
Specialty Unit

## Region 1 New England PEHSU EJCC Scholars Application

### APPLICANT INFORMATION

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

Is the applicant under the age of 18? Yes or no \_\_\_\_\_

Applicant's School Name: \_\_\_\_\_

Academic Advisor Contact Information:

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

Phone: \_\_\_\_\_

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

### DOCUMENTATION REQUIRED

**1. Registrar's letter (*Student*)**

Student Intern is enrolled in an academic program in which the Department has a signed Educational Program Agreement OR the Student Intern has obtained a letter from the Registrar's Office or Academic Advisor on school letterhead stating he or she is not on academic probation and in good standing.

**2. Proof of academic enrollment and internship credit. (*Student*)**

The student internship must be related to a bonafide educational opportunity. Please provide the Degree and Class for which the Student Intern will earn academic credit through this internship. If the internship will not result in academic credit toward a Degree, please provide a letter from the teacher or academic advisor, on school letterhead, detailing how the internship will be beneficial for the Student Intern's studies. Please submit a statement in writing if the Student Intern is not receiving academic credit.

### 3. Acknowledgements

- A. The Student Intern understands he or she will not be paid for the internship nor has the Student Intern been promised any job at the end of the internship by any department staff?
- B. The length of the internship will not exceed the time needed for the Student Intern to benefit from the learning experience?
- C. The Student Intern will attend all required safety training for the department?

Please sign that you understand and agree to the acknowledgements stated above.

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

PEH Staff: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed upon acceptance into the EJCC Program by PEH Staff**

**Start Date:** \_\_\_\_\_

**End Date:** \_\_\_\_\_

Reports to (PI): **Alan Woolf, MD, MPH**

Will they need a badge: **YES**

If Yes, Location: **333 Longwood Ave**

Patient Contact: **YES**

Research animal contact: **NO**

Human blood, body fluid, and/or tissue contact: **NO**

### **Description of the Project (PEH Staff)**

Describe the Student Intern's assignment and how the Student Intern's work will not displace the work of paid employees.