

**Cincinnati Children's Hospital Medical Center
Cardiopulmonary Exercise Physiology Laboratory
Clinical Exercise Physiology**

Internship Application

Intern Name: _____

Institution/ College: _____

Program/ Major: _____

Projected Graduation Date: _____

Internship Location: **Cincinnati Children's Hospital Medical Center:
Cardiopulmonary Exercise Physiology Lab**

Internship in Clinical Testing Lab and Cardiopulmonary Rehabilitation

Job Shadow

(less than 3 days in both Testing/ Rehab)

Number of hours needed _____

Beginning: _____

Ending: _____

Please provide a brief description on why you are interested in this internship experience and what are your plans post-graduation plans (grad school, career goals, etc.)

Once selected for an internship position, the following documentation must be submitted:

Vaccination record (2-step TB test, MMR x, Varicella, HepB x 3, Tdap dated 2005 or later and current seasonal flu vaccine), Copy of valid CPR card, internship advisor's contact information if affiliation agreement not already on file.