



2010 MHIF Research Internship Application

Thank you for your interest in the Minneapolis Heart Institute Foundation Research Internship Program! Please visit our website to review the details about the program before you complete this application.

NOTE: You will NOT be able to save your answers and then complete the application at a later time. Review the application questions on our website and prepare your answers so that you are able to complete the application in one sitting. You will not be able to change your application after it has been submitted.

Please follow directions. Consider this part of the selection process.

The application deadline is Sunday, February 7, 2010. Incomplete applications and applications received after the deadline will not be considered.

If you do not meet the recommended application criteria below and would like feedback on whether you should take the time to complete the application, email the following information to ResearchIntern@mhif.org:

1. Details about what application criteria you do not meet.
2. Your response to question 20 in this application (skip ahead to see that question).

1 Application Criteria

In order to be successful, we strongly recommend that applicants for the 2010 program meet the following criteria:

1. Enrolled in an accredited degree program in a health care or related discipline.
2. Intend to graduate on/before the end of the 2010-2011 academic year.
3. Have a GPA of 3.50 or above, as verified by a transcript.
4. Available to attend three days of orientation from Tuesday, June 1, through Thursday, June 3.
5. Available to work a minimum of 400 hours (up to 40 hours/week) from June 7 to August 20.

Do you meet ALL of the above criteria?

If no, please describe below:

**2 Your name and CURRENT address:**

Full Name:	<input type="text"/>
Preferred Name:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Email:	<input type="text"/>
Phone:	<input type="text"/>

3 School informationDirections:

Formal name of your school (University of Minnesota, not U of MN)

Date in this format MM/YYYY (05/2010, not 5/16/10 or May 2010)

Use the acronyms for your degree (BA, BS, BBS, BSc, etc.)

GPA rounded to two decimal places (3.86, not 3.8647 or 3.8)

College/university	<input type="text"/>
Expected graduation	<input type="text"/>
Degree	<input type="text"/>
Major(s)	<input type="text"/>
Minor(s)	<input type="text"/>
Undergrad GPA	<input type="text"/>

4 What professional degree is your goal? (If uncertain, choose the one you are leaning towards right now.)

- Physician - MD or DO
- Midlevel provider - NP or PA

- Nurse - RN or BSN
- Public health practitioner - MPH
- Pharmacist - RPh
- Other, please specify

5 Do you expect to enroll in medical school?

- No, I am pursuing another career path
- Yes, in the year listed below (YYYY format)

6 Describe your academic or extracurricular activities, specific accomplishments, skills, interests, certifications, etc. that are MOST relevant to this internship application. (1,000 character limit)

 SUBMIT

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Short Essay Questions: The questions below do not have specific "right" or "wrong" answers. Use these questions as an opportunity to demonstrate your approach to solving problems. Plan on answering using four to six sentences. (1,000 character limit per question)

7 You will be assigned to work with a physician and a staff mentor who will direct your day-to-day work. You will also interact with a section manager, other research staff who may be working on similar projects, and your fellow interns. Imagine that you have been given work direction by both the physician and your staff mentor. From what you understand, the directions don't seem to match up with

each other. How would you handle this situation?



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- 8 You will have the opportunity to shadow and observe staff in a variety of settings. Describe what you think are important guidelines for interns to keep in mind when they are in settings with both health professionals and patients.



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- 9 In your interactions with patients and staff, you will encounter people from many different backgrounds. Describe how you think diversity impacts the interaction between health care professionals and patients.



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- 10 We have designed the structure of the internship program to afford a wide variety of learning opportunities. What approaches will you take to maximize your learning during the internship?



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- 11 Please describe a difficult or challenging situation that you have encountered and how you dealt with it. In your response, identify both the coping skills that you called upon to resolve the dilemma and the support person(s) from whom you sought advice.





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12 Motivation Statement: Please address the topics below.
(3,500 character limit)

1. Education and career goals
2. Motivation for a career in health care
3. Experiences that have helped confirm these goals
4. Evidence that you possess the qualities and aptitudes for success in your goals
5. Distinguishable characteristics you would bring to the internship program



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Legal Statements

13 Have you ever been convicted, pleaded guilty or "no contest" (nolo contendere) to a petty misdemeanor, misdemeanor, gross misdemeanor or felony? If yes, please disclose any and all convictions, pleas of guilty or pleas of nolo contendere.

YES NO

Additional information:

14 Are you eligible to accept permanent employment or to be a student in this country?

YES NO

If applicable, enter visa type here:

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- 15 I certify that I have given true, accurate and complete information in this application to the best of my knowledge. I understand that any false information or omissions may be grounds for rejection of my application or dismissal if I am accepted for this internship program.

I understand that if I am offered an internship, I will be required to produce original documents verifying my identity and authorization to work in the United States, in compliance with federal law.

Upon acceptance of an internship offer, I will also submit documentation to verify that I have met the immunization requirements established by Abbott Northwestern Hospital.

I authorize previous employers, education institutions, professional certification boards and others to provide any information, including otherwise confidential or privileged information, requested by Minneapolis Heart Institute Foundation in its evaluation and verification of this application and of my credentials and qualifications for this internship.

YES NO



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Voluntary Self-Identification Information

Minneapolis Heart Institute Foundation affirms our social, moral and legal commitment to non-discrimination through equal employment opportunity.

We comply with the letter and spirit of applicable laws prohibiting employment discrimination on the basis of race, color, religion, sex, age, national origin, sexual orientation, disability or other such protected classes as may be defined by law.

We regard diversity in the internship program as an important factor in providing a rich learning environment for participants. Some information may be used to report on the applicant pool overall for grant proposals we submit to fund the program.

Providing the information below is optional. All information will be considered confidential.

16 Gender:

- Female
- Male

17 Race/ethnic origin (you may choose more than one):

- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand And Vietnam.
- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Black or African American:** A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin, regardless of race.
- Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

18 PARENT name(s) and your PERMANENT address:

Parent(s): _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Email: _____
Phone: _____
Alt. Phone: _____

19 High school information:

School Name: _____
City and State: _____
Graduation Year: _____
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: _____
: _____
: _____
: _____
: _____

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- 20 Diversity:** We value diversity in the internship program. We encourage you to share exceptional, personally important and/or challenging factors in your background. Please relate how such factors have influenced your goals and preparation for a career in health care.



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- 21 Optional:** Some funding for the internship program comes from grants that ask us to confirm that some applicants meet the criteria below. Please check all of the statements below that are true for you:

- I received need-based financial aid (including work-study) for my college education.
- I received merit-based financial aid for my college education.
- I was eligible for free or reduced-price lunches in high school.
- I am a military veteran.

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- 22 Area of Interest in Cardiology:** If you have a specific area of interest in adult cardiology (i.e., due to family health history or prior shadowing/research experience), please

briefly describe that here.

MHIF Interns from Previous Summers: Include here the year you interned and the MD or other staff people you worked most closely with.



23 Optional: If someone affiliated with MHIF has referred you to this program, provide his/her contact information below. The information will be used to facilitate communication. Be prudent about whether you should use this person to provide a reference. Only one reference is permitted per applicant; in most cases, your reference should be an academic reference who can objectively evaluate your qualifications.

Name: _____

Organization: _____

Title: _____

Email: _____

How this person knows you:

: _____
: _____
: _____
: _____

