



OFFICE OF THE CHIEF MEDICAL EXAMINER
Government of the District of Columbia
401 E Street, SW
Washington, D.C. 20024



INTERNSHIP APPLICATION

Name _____ Date _____

Email address _____

Mailing address _____

Phone number _____

University/college currently enrolled: _____

Academic program currently enrolled: _____

Name and email of Academic

Program Department Head: _____

Current academic level (Freshman, sophomore, etc.) _____

Internship Program of Interest (Choose only one)

Anthropology

Epidemiology

Fatality Review

Death Investigations

Toxicology

Signature

Date

Return completed application to Jennifer.love@dc.gov along with a 1) letter of interest; 2) two letters of recommendation from an instructor, professor and/or academic advisor; 3) current resume or *curriculum vitae* and, 4) current official transcripts. **Prior to participation in the Anthropology, Investigations or Toxicology internship program a current and signed interagency agreement between DC OCME and your academic institution must be in place. OCME staff will work with your academic institution to establish an interagency agreement.**