



Southern New Jersey Perinatal Cooperative
2500 McClellan Ave, Suite 250
Pennsauken, NJ 08109
856-665-6000 **main**
856-203-6957 **fax**
www.snjpc.org

Student Practice Experience Application Form

The Southern New Jersey Perinatal Cooperative is an affirmative action/equal employment opportunity employer. Discrimination based on race, color, religion, gender, handicap, sexual orientation or national origin is prohibited. The Cooperative improves the health of pregnant women, infants and children in South Jersey. The Cooperative educates the community, advocates for system improvements, and engages with stakeholders to strengthen families. The Cooperative focuses on every element of care, from the individual to the health care system to policymakers. For over 30 years, The Cooperative has been at the forefront of innovative strategies, serving as a trusted resource and authority in maternal and child health care. The Cooperative is the state licensed Maternal and Child Health Consortium for Southern New Jersey.

Eligibility: A candidate must be a graduate student; an undergraduate student; or have graduated from college within 12 months of beginning the internship.

General Information: Student Practice Experience are unpaid and offered all year if there is an opening. All interns are subject to the applicable Cooperative employee policies and regulations.

Required Documentation: In order to be considered for a Student Practice Experience; submit the following documents as a complete package. An incomplete package will not be reviewed.

- Signed Application
- Cover letter
- Resume
- A letter of academic standing from your advisor

Send, fax or email your application to: Human Resources Department – Student Practice Experience
Southern New Jersey Perinatal Cooperative
2500 McClellan Avenue – Suite 250
Pennsauken, NJ 08109
Fax – 856-203-6957
hr@snjpc.org

SECTION I

Biographical Information

Name:		
Address:		
City:	State:	Zip:
Home Phone:	Mobile Phone:	Email:

SECTION II

Education

Complete Name of Institution:		
Address:		
City:	State:	Zip:
School Phone:	Expected Date of Graduation:	
Major:	Type of Degree: <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate	

SECTION III

Relevant Experience - Please include any experience relevant to this Student Practice

Company/Organization:
Dates: to
Description of Duties:

Company/Organization:
Dates: to
Description of Duties:

Company/Organization:
Dates: to
Description of Duties:

SECTION IV

Interests/Skills

1. What type of work would you be most interested in doing during your Student Practice Experience?
2. List any qualification or skills that would be relevant to this Student Practice Experience (e.g., skills with computers, public speaking, languages).

SECTION V

Student Practice Expectations

1. Have you applied for an Student Practice Experience with The Cooperative before? If so, provide dates and brief description
2. What are the number of required hours for your Student Practice Experience?
3. What are your start and end dates for your Student Practice Experience?
4. What dates are you available for your Student Practice Experience?
5. What are the course goals and objectives?
6. Is the Student Practice Experience clinical?
7. What draws you to have your Student Practice Experience with Southern New Jersey Perinatal Cooperative?