



Internships 4 Kidney Care(I4KC)

E-mail completed application to learn@internships4kidneycare.org

Application Information

Demographics

Name: _____
 Preferred Name/Nickname: _____ Preferred Pronouns: _____
 Birthdate: _____ Age: _____ Race: _____
 Gender at Birth: _____ Gender Identity: _____
 Country of Birth: _____ Citizenship: _____
 Religious Affiliation (if any): _____
 Current Address: _____
 Permanent Address: _____
 Phone #: _____ E-mail Address: _____
 Preferred method of contact: Phone Call Text Message E-mail

Health Insurance, Name of Provider: _____
 Policy #: _____ Phone #: _____
 Shirt or Lab Coat Size: _____ (i.e. small, medium, large)

Emergency Contacts

Primary:
 Name: _____ Relationship: _____
 Phone #: _____ E-mail address: _____
Secondary:
 Name: _____ Relationship: _____
 Phone #: _____ E-mail address: _____

Educational Institution

Highest Degree Obtained: _____ In What Area of Study? _____
 Current Degree Pursuing: _____ In What Area of Study? _____
 College Status: Freshman Sophomore Junior Senior Graduate PhD/Doctorate
 Name of Education Institution: _____
 Department/Program Director: _____
 Phone #: _____ E-mail: _____

Professional Recommendations

Please provide the name of two professors or instructors that have worked with you for at least one semester or two quarters. The professors will be contacted via email and provided with an evaluation for.

Recommendation #1

Name: _____ Course Taught _____
 Phone #: _____ E-mail: _____

Recommendation #2

Name: _____ Course Taught _____
 Phone #: _____ E-mail: _____



Program Selection 2026

1. Which Internship would you like to complete? ___ Renal ___ Research ___ Community Health
2. What mode would you like to complete? ___ Telehealth ___ In-Person
3. What country would you like to complete in-person internship? ___ Barbados ___ Uganda (*27)
4. What month (s) would you like to complete your internship? (Excluding April and September for all study abroad internships. Community Health are only offered in July/August and for two weeks only rotation in March or December. _____)
5. What year would you like to complete your internship: _____
6. How many weeks would you like your internship to be? ___ 2 weeks ___ 3 weeks ___ 4 weeks
Long-Term: ___ Quarter ___ Semester ___ Year
7. How many in-clinic hours do you need or would like to obtain for your internship? _____
8. What knowledge or skills were you hoping to gain during this internship?

Non-Resident/Study Abroad Selections

Choose which of the following you would like us to include in your package.

1. Would you like I4KC to make your reservations for your accommodation? ___ No ___ Yes
2. State the type of room you prefer? ___ Single occupancy ___ Shared occupancy ___ Disability
3. Do you need to bring an assistance/service animal or to travel with another person? ___ No ___ Yes
4. Would you like I4KC to include meals in your cost? ___ No ___ Yes
5. Would you like I4KC to include the cost of air travel to Barbados? (Note: We only include up to \$400 for travel to Barbados. ___ No ___ Yes)
6. Would you like I4KC to include any of the following items in your package?
___ Passport ___ Vaccinations ___ Medical Travel Insurance

Funding/Financials

1. How do you plan to pay for your internship package? ___ Self-Pay ___ Financial Aid ___ Scholarship ___ Award ___ Grant ___ Other: _____
2. Would you like us to provide a list of potential scholarships/grants/awards? These are mostly for dietetic interns. ___ No ___ Yes
3. Will you need a payment plan? ___ No ___ Yes
4. Would you like the course and internship billed separately? ___ No ___ Yes

How Did You Hear About This Program?

Please Specify: _____
 If someone referred you to this program, please provide their name and email address.
 Name: _____ Email: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to acceptance, I understand that false or misleading information in my application and/or interview may result in my release.

Signature: _____ Date: _____