
The Co-designed Community-based Internship (CCI) enables students to actively engage with domestic or international partners in interdisciplinary education, research, advocacy, or clinical opportunities that promote health equity in local and global environments. The goal of this internship is to help professional and graduate students gain a perspective of the health disparities that impact underserved populations and the care they receive.

Project Title: *

Project Location:*

Please list country, state/province, and city

Start of Project in country, *

Please select the date your proposed project will start in the Host location.

End of Project in country*

Please select the date your proposed project will end in the Host location.

First Name*

Last Name*

Email*

Graduation Year*

CV/Resume *

Upload your CV/Resume.

[Compatible File Types](#)

Upload File

Biographical Questions

Preferred Pronouns

Degree Program*

Are you a US Resident (PLEASE NOTE: U.S. residency or citizenship is not a requirement)*

Host or Site Sponsor Organization Information

Students MUST have a Site Sponsor from the country or community where their project will take place. They can have a Dartmouth faculty member in the host country serve as a secondary site sponsor.

Host or Site Sponsor Supervisor (Name and Title)*

Host or Site Sponsor Supervisor Address (*)*

Host or Site Sponsor Supervisor Email*

Host or Site Sponsor Supervisor Phone*

Host or Site Sponsor Supervisor Plans for Supervision*

Briefly explain how the Sponsor Site Supervisor will engage with your project and provide oversight.

Enter Host or Site Sponsor Supervisor Plans for Supervision

Plans for your Housing Accommodations *

Briefly explain what your living arrangements/accommodations will be abroad. Provide the address if known.

Enter Plans for your Housing Accommodations

Host or Site Sponsor's Statement*

Please enter your Site Sponsor's email address below to send them the Site Sponsor form to complete. Your Site Sponsor must complete the form by the application deadline. Please follow up with your Site Sponsor to ensure they have received the email to the form and can access the link. Additionally, please send early in the application process to ensure they can complete the form by the deadline.

Recommender's Email*

Send

Do you have an additional Site Sponsor/Host?

Select Do you have an additional Site Sponsor/Host?

Additional Site Sponsor's Statement

Please enter the additional Site Sponsor's email address below to send them the Site Sponsor form to complete.

Recommender's Email

Geisel Faculty Advising

Geisel Faculty Advisor (Name and Title)*

Geisel Faculty Advisor Department*

Geisel Faculty Advisor Email Address*

Geisel Faculty Advisor Telephone Number*

Plans for Geisel Faculty Advising*

Briefly explain how the Geisel Faculty Advisor will engage with your project and/or provide oversight.

Enter Plans for Geisel Faculty Advising

Geisel Faculty Advisor Statement*

Please enter your Geisel Faculty Advisor's email address below to send them the Faculty Advisor form to complete. Your Faculty Advisor must complete the form by the application deadline. Please follow up with your Faculty Advisor to ensure they have received the email to the form and can access the link. Additionally, please send early in the application process to ensure they can complete the form by the deadline.

Recommender's Email*

Do you have an additional Geisel Faculty Advisor to add?

Select Do you have an additional Geisel Faculty Advisor to add?

Additional Geisel Faculty Advisor Statement

Please enter the second Geisel Faculty Advisor's email address below to send them the Faculty Advisor form to complete.

Recommender's Email

Financial and Budget Details

Total Amount Requested*

Roundtrip Airfare (include source - i.e., Hotwire, Turkish Airlines, travel agent) *

Lodging*

Ground Transportation*

Visa Expenses*

Food Expenses *

Project Expenses (please itemize) *

Do you have any other expenses beyond what is listed above?*

Select Do you have any other expenses beyond what is listed above?

Geisel Codesigned, Community-Based Internship Project Information

Host organization where you will be working*

Exact location of Host*

Please provide, country, state/province, and city details.

Does your Host Country require a Travel Exception*

Please check [here](#) to see if you need an exception request.

If NO - Please know that the status of the country can change at any time. Please refer to the updated list before travel.

Select Does your Host Country require a Travel Exception

Project Description

Provide a project summary of the following in the spaces below:

- Specific community/target population your project activities and findings will serve
- Specific health inequity your project addresses
- Main goals and objectives (SMART objective guidance below)
- Proposed deliverables

Community/Target Population (10 words max) *

Identify the exact community or target population that will benefit from your project's activities and findings. Be as specific as possible, for example:

- Infants diagnosed with stunting or wasting from the X TRIBE.
- Indigenous women of child-bearing age living in X CITY.
- HIV-positive men who inject drugs, living in urban X COUNTRY.

Please describe the population using clear demographic, geographic, and condition-based identifiers (e.g., age range, health status, ethnicity, location, socioeconomic group, etc.).

Health Inequity(ies) Your Project Targets (15 words max)*

State the exact health inequity that your project aims to reduce or eliminate. (e.g., higher maternal mortality among rural Indigenous women, limited access to clean water in rural towns, disproportionate rates of diabetes in Black elderly residents, etc.)

Community Engagement and Needs Assessment (75 words max)*

Provide a concise overview of the community your project will serve and explain how your project meets their needs. In your response, be sure to address the following points:

1. **Evidence of need** – Summarize the data or information that shows a need exists (health statistics; historical context; barriers to care; impacts of conflicts, natural disasters, political unrest, etc.).
2. **Needs-assessment findings** – If you have already conducted a needs assessment, present the key results. If not, describe the methods you will use to assess needs (focus groups, surveys, interviews, community advisory board, etc.)
3. **Community-driven priority** – Explain how the community communicated this need as a priority to you or your host organization (e.g., community meetings, formal requests, partnership agreements).

Use concrete numbers or examples where possible to illustrate the community's health status and the gaps your project intends to fill.

Enter Community Engagement and Needs Assessment (75 words max)

Main Goals and Objectives (20 words max)*

What are the main goals and objectives (SMART objective guidance below)?

SMART objective guidance, see following:

- [Writing meaningful goals and SMART objectives](#)

Proposed deliverables and expected completion date(s) (30 words max) *

Provide a list of the project's deliverables, and for each one include a short description of what it entails.

Enter Proposed deliverables and expected completion date(s) (30 words max)

Statement of Motivation and Interest (100 words max) *

Describe your motivation for and interest in the proposed health equity health experience. Explain how this project fits with your personal and professional goals.

Enter Statement of Motivation and Interest (100 words max)

Qualifications (100 words max) *

Describe your qualifications, including language ability, to fulfill the responsibilities and requirements of the proposed project. Explain how your past work, education, and community service experiences have prepared you for this experience.

Enter Qualifications (100 words max)

Project Implementation Plan (300 words max) *

Explain how you plan to implement your project. Your plan could include the following:

- Your strategies for background research
- Project planning including who from the community you worked with to co-design your project
- Other community partners or organizations besides your host who you worked with (or plan to work with), if applicable
- Participant outreach/recruitment and selection processes
- Maintaining participant confidentiality and/or HIPAA compliance with Protected Health Information (PHI), both technical and non-technical, if applicable (for research studies)
- Data collection, protection, analysis, validation, reporting, and interpretation processes, if applicable
- Research tool development and validation (e.g. questionnaires, surveys, interview questions, etc.), if applicable
- Project evaluation plan and tool
- Plans to present/share your project results with community/target population

In addition, please describe specific expertise and the individual(s) needed over the course of your project to successfully implement your plans. This could be your Dartmouth and/or host supervisors and/or individuals external to your project.

Enter Project Implementation Plan (300 words max)

Project Timeline (200 words max) *

Include proposed weekly timelines that encompass pre-departure preparation, major milestone achievements, final deliverable(s), and post-return follow-up.

Please consider submitting a [Gantt Chart](#) to capture these activities.

Enter Project Timeline (200 words max)

Project Timeline

Upload any attachments needed to document project timeline.

[Compatible File Types](#)

Upload File

Project Sustainability (100 words max) *

Describe the project's sustainability. What will change or be carried forward as a new activity based on the project? Explain the long-term benefits of the project to the community and the knowledge that will be gleaned from the project.

Enter Project Sustainability (100 words max)

Human Subject Involvement *

Does your project involve interviews and/or other human subject data collection?

Select Human Subject Involvement

Dartmouth Institutional Review Board (IRB)

While many student-projects do not require IRB review/approval, a communication stating such or exemption from the IRB is required.

If you are unsure if your project requires IRB review/approval, please work with your Dartmouth faculty advisor or visit [Dartmouth's Committee for the Protection of Human Subjects](#).

Status of Dartmouth IRB Review*

Select Status of Dartmouth IRB Review

Dartmouth's IRB Review Documentation

If you have selected Review completed; determination made please upload the associated documentation.

[Compatible File Types](#)

Upload File

Host Institution IRB review

Host IRB review process*

Please describe the IRB approval process from your host institution abroad and/or provide IRB approval/exemption below.

If your project is connected to an academic institution, IRB approval should come from that entity. If not, please work with any national and/or local IRB entity in the geographical location of project, such as the Ministry of Health or Ministry of Education to ensure the minimum IRB requirements are met.

Enter Host IRB review process

Status of Host Institution IRB review*

Select Status of Host Institution IRB review

Host Institutions IRB Review Documentation

If you have selected Review completed , determination made please upload the associated documentation.

[Compatible File Types](#)

Upload File

Research Ethics (100 words max)

If your project will involve human subjects research, then describe any training related to [Responsible and Ethical Conduct of Research \(RCR\)](#) that you have completed. Please submit any certificates or documentation of your training.

This may be training provided by [CITI](#) or another entity.

Enter Research Ethics (100 words max)

Responsible and Ethical Conduct of Research training completion certificate(s)

Upload your Responsible and Ethical Conduct of Research training completion certificate(s).

[Compatible File Types](#)

Upload File

Conflict of Interest *

Will your project involve working with any family members?

Select Conflict of Interest

Signature*

By digitally signing this document I agree that the information provide is accurate and I have fully read all details.

Center for Global Health Equity (CGHE) Global and Domestic Health Equity Internships

Responsibilities of Geisel Faculty Advisor/Sponsor

Preparation of application:

1. Advise applicant on finding a suitable site and preceptor.
2. Assist applicant in developing the project proposal.
3. Approve application for submission to CGHE by signing sponsor's statement.
4. Assist applicant in revising application if resubmission is requested.

For a successful application, before the internship is initiated:

1. Help awardee fine tune project.
2. Review cultural, political, safety and personal health issues with awardee.
3. When necessary, assist awardee in finalizing plans with site preceptor.

During internship:

1. Help awardee resolve problems if help is requested.
2. Monitor political, safety and cultural issues in the project country and advise awardee of changes that may affect his/her personal safety or outcome of his/her project (if applicable).

After completion of internship:

1. Hold a debriefing meeting with student upon his/her return.
2. Assist student in developing and submitting a 3–5-page written report of his/her experience.
3. Assist student in preparation of a public presentation or poster.
4. Attend the student's public presentation.
5. Submit an evaluation of the student's performance. If academic credit is requested, approve the award of credit.

Center for Global Health Equity (CGHE) Global and Domestic Health Equity Internships

Geisel Faculty Sponsor's Statement

The student indicated below is applying for funding through a CGHE Global or Domestic Health Equity Internship, which supports temporary, full-time work/learning activities. This document is used internally and is not forwarded to any public agencies. Its purpose is to provide a work agreement for our mutual understanding.

I will serve as Advisor/Sponsor for _____'s Health Equity Internship with _____ from _____ to _____.

By agreeing to be a Faculty Advisor/Sponsor, I acknowledge that I have read the CGHE handout entitled "Responsibilities of Geisel Faculty Advisor/Sponsor" and will be able to fully perform those responsibilities. If I have any questions about that role, I will contact CGHE.

Advisor/Sponsor: _____

Department: _____

Email Address: _____

Student's Research/Service Project & Elective/Experience Descriptions and My Plans for Advising/Sponsorship (please use reverse side of this sheet, or attach a separate statement, if necessary):

Please discuss the applicant's interest in community health/primary care, leadership potential, flexibility, personal initiative, ability to adjust to new settings and sensitivity to others (please use reverse side of this sheet, or attach a separate statement, if necessary):

Advisor/Sponsor's Signature _____ Date _____

Please email your completed form to Center.for.Health.Equity@Dartmouth.edu by the date specified on the CGHE website: <http://geiselmed.dartmouth.edu/students/programs/global-health/dihg-application/>

Center for Global Health Equity (CGHE) Global and Domestic Health Equity Internships

Site Sponsor's Statement

The student indicated below is applying for funding through a CGHE Health Equity Internship, which supports temporary, full-time work/learning activities. This document is used internally and is not forwarded to any public agencies. Its purpose is to provide a work agreement for our mutual understanding.

I will take _____ into my institution/organization as an unpaid clinical clerk/volunteer to provide 30-40 hours or the agreed upon hours of meaningful elective or experiential work per week from _____ to _____. I will supervise this work as well as this student's independent research/service project to the degree that I can complete a brief evaluation form at the end of the elective/experience term.

Supervisor/Sponsor: _____

Department & Institution: _____

Address: _____

Telephone (as dialed from USA): _____

Email address: _____

Student's Elective/Experience Job Description & My Plans for Supervision (please use reverse side of this sheet, or attach a separate statement, if necessary):

Supervisor/Sponsor's Signature _____ **Date** _____

Please email your completed form to Center.for.Health.Equity@Dartmouth.edu by the date specified on the CGHE website: <http://geiselmed.dartmouth.edu/students/programs/global-health/dihg-application/>