



Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

INTERNSHIP OPPORTUNITIES

The NPAIHB is a nonprofit tribal advisory organization serving the 43 Tribes of Washington, Oregon, and Idaho. The Board represents tribal interests in state and national decision-making, facilitates health-related capacity development, and provides prevention and education technical assistance to the Tribes.

We are seeking qualified **American Indian** students in a Public Health (or related field) Master's or Doctorate program to pursue an internship with the **NPAIHB Epidemiology Center**. The mission of the EpiCenter is to collaborate with the Northwest Tribes to provide health-related research, surveillance, and training to improve the quality of the life of American Indians and Alaskan Natives (AI/AN).

Internship Training

Interns are trained by NPAIHB staff on study design, human subjects' protection, and intervention development, among other things. They are involved in a wide range of tasks, including determining the effectiveness of protocols and therapies, coding, sorting records, observing, describing projects, analyzing data, and preparing case reports. The internship position is a highly independent, self-motivated position with responsibility for participation in the overall study analysis of key quantitative and qualitative data used for community intervention development.

Qualifications

Qualified candidates must be American Indian enrolled in a master or doctorate level program, and highly organized, professional, reliable, hard-working, and self-motivated. American Indian candidates with tribal affiliation and relevant experience will be given preference.

How to Apply

Fill out an Application for Internship and submit it to the Human Resources Coordinator. Some intern positions are paid, and some are not. All are available for practicum credit with the intern's respective university department.

If interested, please fill out the attached Application for Internship and fax, email, or bring it to the Human Resources Coordinator at NPAIHB.



Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

2121 SW Broadway, Suite 300 – Portland, Oregon 97201

Office: (503) 416-3297 Fax: (503) 228-8182

APPLICATION FOR INTERNSHIP

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EDUCATION -- An attached copy of degree or certificates earned is required.

College or University	From	To	Credits earned	Major/minor	Degree earned	Year

REFERENCES: List 3 persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Please ensure that telephone numbers are current.

Name	Phone Number	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Indian Heritage: This information is essential if you wish consideration under the Indian Preference Act. **Verification of blood quantum, enrollment number, tribe, and reservation should accompany this application.**

TRIBE

RESERVATION

Enrollment Number/Blood Quantum

**NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
APPLICATION FOR INTERNSHIP**

PLEASE EXPLAIN YOUR PARTICULAR AREA OF INTEREST OR STUDY, AND WHY YOU SHOULD BE CONSIDERED FOR AN INTERNSHIP WITH NPAIHB.

YOU MUST SIGN AND DATE THIS APPLICATION. Read the following carefully before you sign:

- A false statement on any part of this application may be grounds for not considering me for internship, or releasing me after I begin my internship.
- In consideration of NPAIHB's review of my application for internship, I hereby authorize NPAIHB and its agents to investigate my background as it pertains to internship considerations. This may include, but is not necessarily limited to, investigation of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to NPAIHB, by all persons and sources of information and their agents, relative to such investigation. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the NPAIHB, and release the NPAIHB and its agents from any liability or damages on account of having conducted the investigation.
- I certify that, to the best of my knowledge and belief, all of my statements contained in my internship application and any attached documentation are true, correct, complete and made in good faith.

SIGNATURE

DATE

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference, the NPAIHB does not discriminate on the basis of race, color, national origin, sex, creed, age, physical or mental handicap, marital status, sexual orientation, politics, membership or non-membership in an employee organization.

Please submit your completed form to:

**Human Resources Coordinator
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Or FAX to: 503-228-8182
Or e-mail to: HR@npaihb.org**