COLORADO
Department of Health Care Policy & Financing

HCPF Internship Program Application

APPLICATION AND SELECTION PROCESS

An application checklist is provided below to help you assemble the required information.

Recognizing that school schedules vary, we will work to accommodate individual scheduling constraints. Unless, otherwise noted, all internships are unpaid.

Applicants will be notified within two weeks after the Application deadline if they have been selected for an interview. After completion of candidate interviews, invitations to participate in the Internship Program may be extended.

The Colorado Department of Health Care Policy & Financing (HCPF) embraces diversity and does not discriminate on the basis of race, color, gender, national or ethnic origin, religious affiliation, sexual orientation, or physical ability.

APPLICATION CHECKLIST

Applications will be considered complete when all of the items in the application checklist are received. We recommend keeping a copy of your application materials and all materials submitted with it. Please do not submit any supplemental application materials other than those specifically requested in the application checklist.

- One copy of a fully completed application form
- Cover letter (no more than one page) including requested start date, end date, and availability (hours per week and length of placement)
- Resume (no more than two pages)

CONTACT INFORMATION

Please address all correspondence (e.g., completed applications or inquiries) to:

HCPF Internship Program
Attn: Internship Coordinator
naomi.gonzales@state.co.us
(Subject: Internship [Your Last Name] and requested start date)

Please send all materials electronically

PERSONAL AND CONTACT INFORMATION

Last Name _____ First Name _____ Middle Name _____

Current Street Address _____

City _____ State _____ 5 Digit Zip Code _____

Phone _____ Mobile Phone _____

Email Address _____

Date of Birth _____ Place of Birth _____

If Different from Above:

Permanent Street Address _____

City _____ State _____ 5 Digit Zip Code _____

Phone _____

EDUCATIONAL BACKGROUND

Name and Location of College or University in Attendance

Class Status

Cumulative GPA

Field(s) of Study

Degree Expected/Conferred

Date Expected/Conferred

Name and Location of Graduate or Professional School in Attendance

Field(s) of Study

Degree Expected

Date Expected

Do you intend to receive academic credit for this internship if available at your school?

REQUIREMENTS FOR PARTICIPATION

- Completion of active participation in undergraduate or graduate level studies; technical or trade schools will be considered on an individual basis only
- At least 18 years of age at time of application
- Commitment to a consistent weekly schedule (the minimum is 16 hours/week for a minimum of 8 weeks)
- 2.8 or higher GPA
- Two professional or academic references
- Interest in public service and a desire to be part of an efficient, hard-working state department who's commitment is to "improve health care access and outcomes for the people we serve."

REFERENCES

The Internship Program requires that you provide two references. References may be from community or volunteer colleagues, college faculty, and/or other personal references (excluding relatives).

Reference 1:

Name

Title/Organization

Telephone (day) | Email Address | Relationship to Applicant

Reference 2:

Name

Title/Organization

Telephone (day) | Email Address | Relationship to Applicant

DECLARATION OF CRIMINAL HISTORY

Have you ever been convicted of a felony or misdemeanor? (Yes or No) _____

If Yes, when? _____

Please Explain (use an additional page, if necessary):

Have you ever been convicted of a major traffic violation?
(Including reckless driving, DUI, DWAI, or a hit and run) (Yes or No) _____

If Yes, when? _____

Please Explain (use an additional page, if necessary):

DECLARATION ON APPLYING

By submitting this application, I affirm that I have reviewed the entire application, and that to the **best of my belief and knowledge, the information provided is true and accurate**. I further understand that:

- I may be required to submit proof of previous employment, education, military service or any other statements in this application or in any resume or other document submitted.
- My signature below authorizes the release of this and other information covering job related factors for purposes of verification and determination of suitability for participation in the Colorado Department of Health Care Policy & Financing's Internship Program.
- Except for circumstances beyond my control, if I am accepted into and choose to participate in the Colorado Department of Health Care Policy & Financing's Internship Program, I will complete the Program in its entirety.
- If I am receiving academic credit, I am responsible for ensuring that all requirements are met.
- Respect for and strict observance of confidences shared on assignment, in seminars, and over the course of the Program is absolutely essential. Any violation of confidence is grounds for dismissal from the program.
- I consent to HCPF contacting references and verifying information provided on this application or in any resume or other document submitted.
- As defined by HCPF policy, I consent to complete the background process.
- The State of Colorado assumes no obligation of employment subsequent to the Program.
- I release the State of Colorado and its agents and employees from all liability for any damage that may result from furnishing the information in this application or conducting any investigation authorized in this Declaration on Applying.
- I have reviewed the accompanying Confidentiality Agreement.

My signature below affirms my **Declaration on Applying**.

_____
Printed Name

_____
Signature

_____
Date

PLACEMENT AND LOCATION REQUESTS

Please indicate up to **three** preferred choices for placement next to the descriptions listed below. Please note that the number of internships is limited. If you are accepted but unable to be placed within any of your preferred requests, your placement will be based as much on your academic background as possible.

_____ Accounting/Payroll/Budget

This Division is accountable for the financial and risk management operations of the Department, and oversees control systems that report financial results and maintain Department compliance. It uses data analytics to define value and measure quality with regard to Department operations.

_____ External Relations

Our Communications section is responsible for all aspects of communications and marketing for HCPF both to external and internal stakeholders. Information is provided through the preparation and coordination of news and press releases. The team works with media and open records requests, website development and maintenance, social media posts, etc.

Our Government Relations section exists to provide a distinctive legislative and policy management program for the Department of Health Care Policy & Financing. It assists with the establishment and maintenance of lines of communications, understanding, acceptance, and cooperation between the department, elected officials, and constituents. This unit is also responsible for keeping the Executive Director, the Deputy Executive Directors and the Executive Management Team informed of concerns or issues related to policy and public opinion.

____ a. Communications ____ b. Government Relations

_____ Health Information

This Office develops, implements, and maintains the Department's Health Information Technology (HIT) and related Information Technology (IT) infrastructure, while coordinating with the Governor's Office of Information Technology and other stakeholders on HIT and IT projects that impact the Department.

_____ **Health Administration & Policy**

Internships in this category could be in either the Health Programs Office or Community Living Office.

Our Health Programs Office designs, implements, administers, monitors and improves Medicaid acute care and the Children's Basic Health Plan (CHP+) programs. The Office is made up of three divisions: Delivery System and Payment Innovation, Provider Relations and Dental Program, and Health Programs Benefits and Operations.

Our Community Living Office provides direction and strategic oversight of Colorado Medicaid's programs, services, and supports for older adults and persons with disabilities. The Office is made up of two division: Intellectual & Developmental Disabilities, and Long Term Services and Supports.

____ a. Health Programs ____ b. Community Living

_____ **Clinical expertise & consultation**

The Client & Clinical Care Office provides clinical expertise and advice regarding Department services, programs, policy, client and provider relations, and performance. The office focuses on preventing the onset of disease and helping the Department's clients manage chronic diseases in such a way that their health improves.

_____ **Human Resources**

The Human Resources Section provides technical services and consultation in the areas of personnel management, benefits and compensations, investigation of employment - related civil rights issues and conducts background checks of state or contracting employees.

_____ **General Business/Office Administration (Professional Services)**

Internships in this category could be in a variety of programs and could include client services, legal affairs and internal operations. If you are looking for a general internship opportunity where you can gain professional experience to various programs, this would be the opportunity for you.