



4451 South 2700 West  
Taylorsville, Utah 84129  
Phone (801) 816-3850  
Fax (801) 964-1240

# Office of the Medical Examiner

**Erik D. Christensen, M.D.**, Chief Medical Examiner  
**Brent Davis, M.D.**, Deputy Chief Medical Examiner

Assistant Medical Examiners  
**Pamela S. Ulmer, D.O.**  
**Michael Belenky, M.D.**  
**Jason Lozano, M.D.**  
**Kacy Krehbiel, M.D.**  
**Andrew Guajardo, M.D.**  
**Jamie Kallan, M.D.**  
**Lily Marsden, M.D.**  
**Amanda Ho, M.D.**

## UTAH STATE OFFICE OF THE MEDICAL EXAMINER

### STUDENT INTERNSHIP PROGRAM

- General Information
- Student Intern Job Specifications
- Internship Application Form

### GENERAL INFORMATION

***Note: This is a volunteer position, it is unpaid and non-benefited. The Utah State Office of the Medical Examiner will accept one intern at a time. The desired volunteer is available Monday-Friday, or on a pre-set approved schedule. The office hours are from 8:00 am - 5:00 pm.***

#### **Qualifications:**

- 1) Proof of current health insurance.
- 2) Graduation from or Enrollment in an undergraduate or graduate level program for criminal justice, forensic science, or a related field desiring a “hands on” experience at a Medical Examiner’s Office.
- 3) Assignments will vary, but will include a variety of work focusing on the operations of the Utah State Office of the Medical Examiner
  - a) Ride along with Medicolegal Death Investigators as calls are received.
  - b) View autopsies and learn morgue operations.
  - c) Have the opportunity for internship coordinator assigned research and writing projects.
  - d) Special projects as directed by the internship coordinator.
- 4) Customer service skills.

#### **Who We Are:**

The Office of the Medical Examiner (OME) was established in 1972 as a division of the Utah Department of Health. Our current location serves the entire state of Utah. The central office staff is comprised of forensic pathologists,

investigative staff, autopsy technicians and office support staff. Determining cause and manner of death for any death that falls within OME jurisdiction is one of the main roles of this office.

### **What We Offer:**

- 1) Exposure to the operations of the Utah State Office of the Medical Examiner
- 2) Hands-on training with the department.
- 3) Valuable addition of knowledge and skills to your resume and a potential job reference in the criminal justice/forensic science career path.
- 4) Credit for college classes.

### **How to Apply:**

- 1) Review the qualifications for the internship position.
- 2) Complete the application form (enclosed) and mail to:

**Utah State Office of the Medical Examiner  
ATTN: Cory Russo, F-ABMDI  
4451 South 2700 West  
Taylorsville, Utah 84129**

Or email the completed application to: [jcoryrusso@utah.gov](mailto:jcoryrusso@utah.gov)

- 3) When the application is received it will be reviewed by the committee and an interview will be granted based on qualifications.

### **Expectations**

- 1) Regular attendance.  
*If unable to work the scheduled times, a phone call is expected prior to start time.*
- 2) Excellent work ethics.
- 3) Interest in the field and the desire to learn.
- 4) Good customer service skills.
- 5) Willing to accept supervision and constructive feedback.

*Note: Your internship will be reviewed periodically. This will be done to make sure we are meeting your goals and you are meeting our expectations. If the internship should fail to meet your goals or our expectations, the internship will be terminated.*

**UTAH STATE OFFICE OF THE MEDICAL EXAMINER**

**INTERNSHIP APPLICATION**

The Office of the Medical Examiner is an agency that handles confidential documents. Please provide the following information to enable the Utah State Office of the Medical Examiner to conduct a background check.

**Please print and provide all information below.**

**Student's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**EDUCATION**

**High School Name:** \_\_\_\_\_

**College Name:** \_\_\_\_\_ **Student's ID Number:** \_\_\_\_\_

**What is your current major/area of study?** \_\_\_\_\_

**How many years completed?** \_\_\_\_\_

**WORK EXPERIENCE**

**1) Employer:** \_\_\_\_\_ **Dates employed:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

\_\_\_\_\_

2) Employer: \_\_\_\_\_ Dates employed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Position: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

### REFERENCES

1) Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

### SCHEDULE

#### Anticipated Hours Available

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Availability on Weekends? Yes or No

Earliest Start Date: \_\_\_\_\_

# of Hours Required by School: \_\_\_\_\_

**Describe any student organizations, additional course work (undergraduate or graduate), skills, degrees, certifications, or licenses that you have that will help you with this internship.**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_