



ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

(/sp/amchp\_host)

## Profile ▾

Save Changes

**What type of organization is your site? \***

State/Territory/Freely Associated State health department ▾

**Do you receive Title V funds or provide technical assistance to a Title V program? \***

Yes ▾

### Site information

**Organization name \***

Test Org

**City/Town \***

Washington

**State \***

DC

**Website address \***

www.amchp.org

## Contact information for the person submitting this application

**Name \***

Jane Martin

**Title \***

President

**Email Address \***

workforce@amchp.org

**Phone Number \***

9999999999

**Does your organization/team have the capability to make the internship(s) a fully remote experience this year? \***

Yes 

**Once the internship(s) conclude, will there be a pipeline for the intern(s) for continued paid work with your organization? \***

Yes 