



EXTERNSHIP APPLICATION

*Thank you for your interest in the Park Equine Hospital Externship program! A complete application packet includes the following: **this form, curriculum vitae, and a letter of intent.** Applications that are missing information or the required supporting documentation are deemed incomplete and will not be considered.*

IDENTIFICATION INFORMATION

Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Phone Number: _____

Email Address: _____

Date of Birth (MM/DD/YYYY): _____ Circle One: MALE FEMALE

Current School/University: _____

Current Year & Program: _____

Have you been injured or do you have any injuries (hip, back, knee, wrist, etc.) that would hinder your participation in this program? Do you have any allergies (hay, straw, animals, dust, etc.) If so, please describe:

Please specify dates of availability (you may list multiple blocks of time for us to choose from):

Please rank your interest in the following rotations: 1 being your favorite and 3 being your least favorite.

Ambulatory **Surgery** **Internal Medicine**

Please rank your interest in the following subjects: 1 being your favorite and 8 being your least favorite.

Podiatry **Reproduction** **Neonatal** **Diagnostics/Imaging**
 Dentistry **Practice Management** **Anesthesia** **Sports Medicine**

ACADEMIC HISTORY

List all Post-Secondary institutions you have attended **beginning with the most recent.**

| <u>School Name</u> | <u>City/State</u> | <u>Major</u> | <u>Dates Attended</u> | <u>Degree Awarded</u> |
|--------------------|-------------------|--------------|-----------------------|-----------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

AUTHORIZATION AND SIGNATURE

I certify that all the information provided on and with this application is complete and accurate to the best of my knowledge. I understand that all information will be available to the Review & Selection Committee. I grant permission to Park Equine Hospital to verify any and all information pertinent to my application.

Signature of Applicant: _____ Date: _____

Application packets may be mailed to:

OR

Emailed in PDF format to Admissions Committee:

Park Equine Hospital
Attn: Admissions Committee
5455 Lexington Road
Lexington, KY 40511

applications@parkequinehospital.com