



# 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 yes, 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 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](mailto:applications@parkequinehospital.com)