



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): _____

Current School/University: _____

Current Year & Program: _____

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**

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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