



INTERNSHIP APPLICATION

Thank you for your interest in the Park Equine Hospital Internship program!

*A complete application packet includes the following: **this form, curriculum vitae, a letter of intent, and letters from three professional references.** (Upon acceptance, the applicant must provide **ORIGINAL OFFICIAL TRANSCRIPTS from the veterinary school from which their degree was obtained.**) 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: _____

School/University Address: _____

Our internship program has a flexible start date and will be for a period of one (1) year. Please fill in your requested start date: _____

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

RESIDENCY & CITIZENSHIP INFORMATION

City and State (or country if not USA) of birth: _____

(International Applicants will be required to apply for and obtain a J-1 Visa, at their own expense, to participate in the course)

5455 Lexington Road • Lexington, KY 40511

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REFERENCES

List three references who will be submitting a letter of recommendation on your behalf.

1. Name: _____ Relationship & Length: _____
Company: _____ Phone Number: _____
Address: _____ Email Address: _____

2. Name: _____ Relationship & Length: _____
Company: _____ Phone Number: _____
Address: _____ Email Address: _____

3. Name: _____ Relationship & Length: _____
Company: _____ Phone Number: _____
Address: _____ Email Address: _____

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 within 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 all information pertinent to my application.

Signature of Applicant: _____ Date: _____

Application packets may be mailed to:
Park Equine Hospital
Attn: Internship Applications
5455 Lexington Road
Lexington, KY 40511

OR

Emailed in PDF format to Internship Applications:
applications@parkequinehospital.com