



# EXTERNSHIP APPLICATION

*Thank you for your interest in the PEH Externship Program! Please tell us about yourself...*

## **IDENTIFICATION INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Current School/University: \_\_\_\_\_

Current Year & Program: \_\_\_\_\_

Emergency Contact (Name & Phone) \_\_\_\_\_

Do you need onsite housing?      **Yes**      **No**      (Note: Onsite housing is not guaranteed)

Please specify dates of availability (you may list multiple blocks of time):

\_\_\_\_\_

Please describe your horse handling experience:

\_\_\_\_\_

Please list any current university program requirements that need to be fulfilled during this externship:

\_\_\_\_\_

Please briefly describe what you hope to experience and achieve during an externship at Park Equine Hospital:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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

### **EXTERNSHIP APPLICATION PACKET**

The Externship Application Packet includes:

- Externship Application (this form)
- Letter of Interest
- Curriculum Vitae

Please submit all three documents to: [applications@parkequinehospital.com](mailto:applications@parkequinehospital.com)

### **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 Selection Committee. I grant permission to Park Equine Hospital to verify any and all information pertinent to my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_