



INTERNSHIP APPLICATION

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

IDENTIFICATION INFORMATION

Name: _____

Mailing Address: _____

City, State, & Zip Code: _____

Phone: _____

Email: _____

Current School/University: _____

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

Please briefly describe what you hope to experience and achieve during an Internship at PEH:

Please briefly describe your short term and long-term career goals: _____



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

INTERNSHIP APPLICATION PACKET

The Internship Application Packet includes:

- Internship Application (this form)
- Letter of Interest
- Curriculum Vitae
- Three (3) professional Letters of Recommendation (preferably sent directly by the referral source).

Please ensure all requested documents are submitted to: applications@parkequinehospital.com

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: _____