

The Animal Medical Center

Externship Application

510 E. 62nd Street, New York, New York 10021-8314

Phone (212) 329-8614 Fax (212) 308-2358

continuing.education@amcny.org

Please email, mail or fax completed applications to the attention of the Continuing Education Department

Name _____ Gender F ___ M ___
(Last/Surname) (First) (Middle Initial)

Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone _____ E-mail Address _____

Emergency Contact _____

Relationship of Contact _____ Phone _____

Address _____

Veterinary Institution Currently Attending _____ Graduating Class of 20 _____

Name of Program Coordinator or Dean _____ Phone _____

Program Coordinator or Dean's Signature _____ Date _____

E-mail Address _____ Fax Number _____

h h o # Dates " † - " h - Please format Month/Date/Year

*******We Do Not Take Any Students From June 1 To July 20*******

Total Number of Weeks Requested _____

1st Choice From _____ To _____ **3rd Choice** From _____ To _____

2nd Choice From _____ To _____ **4th Choice** From _____ To _____

..... h h o # **Preferred Clinical Rotation Services**

(You will be scheduled in each service for 2 weeks, based upon availability)

1st Choice

2nd Choice

3rd Choice

4th Choice