

**The Animal Medical Center
Externship Application**

510 E. 62nd Street, New York, New York 10065-8314
(Phone 212 329-8614) (Fax 212 753-9821)

Please send completed applications to the attention of CONTINUING EDUCATION.
Please bring a passport size photo upon arrival.

Name _____
(Last/Surname) (First) (Middle)

Address _____

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

Daytime Telephone _____ Home Telephone _____

Mobile Number _____ E-mail Address _____

Your Signature _____ Date _____

Emergency Contact _____

Relationship of Contact _____ Telephone _____

Address _____

Veterinary Institution You Are Currently Enrolled _____

Graduating Class Of (please specify year) _____

Name of Program Coordinator or Dean _____

Telephone Number _____ Fax Number _____

Signature _____ Date _____

Clinical Rotations Information

Dates of availability (Indicate month, day and year – e.g. From 1/15/00 To 1/31/00): **We do not take any students from June 1 to July 20.**

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

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

Total # of weeks requested _____ *You will be scheduled in each service in 2 week blocks (based upon availability)

Preferred Services (Please rank your choices 1, 2, 3, 4):

_____ Internal Medicine – Cardiology (Mon- Sat) _____ Internal Medicine Service A (Mon-Fri)

_____ Neurology (Mon-Fri) _____ Internal Medicine Service B (Mon-Fri)

_____ Orthopedics A (Mon-Fri) _____ Soft-Tissue Surgery Service (Mon-Fri)

_____ Orthopedics B (Mon-Fri) _____ Interventional Radiology and Endoscopy (Mon-Fri) *need approval

_____ Avian & Exotics (Mon start – Fri) _____ Dermatology (Tue-Sat)

_____ Oncology (Mon-Fri) _____ Critical Care and Emergency Service (Noon-8pm)

----- Diagnostic Imaging Service(Mon-Fri) _____ Ophthalmology Service (Mon-Fri)

_____ K-9 Physical Therapy and Rehab Unit (Mon-Fri) _____ Pathology Service (Mon-Fr) *need approval