

RESOURCES FOR MEDICAL EDUCATION & COLLABORATION

INTERNSHIP APPLICATION

Date: _____

Last Name: _____ First Name: _____ M/I: _____

Street Address: _____ City: _____

State: _____ ZIP: _____ Telephone No.: _____

Education	Name and Location of Schools	Did You Graduate?	Subjects Studied
High School	_____	Y/N	
College/s	_____	Y/N	
Trade, Business, Corresp. School	_____	Y/N	
Continuing education or special training (please specify) _____			

Experience:
Indicate Years

<input type="checkbox"/> PowerPoint <input type="checkbox"/> Filing <input type="checkbox"/> Phones <input type="checkbox"/> Excel <input type="checkbox"/> Editing <input type="checkbox"/> Literature Search <input type="checkbox"/> Clinical Care	<input type="checkbox"/> Patient Care <input type="checkbox"/> EMT <input type="checkbox"/> Clinical Trials <input type="checkbox"/> Grant Writing <input type="checkbox"/> Paper Writing <input type="checkbox"/> Supervision <input type="checkbox"/> Back Office
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Employers

List most current one first

From	To	Employer	City	Position
		Phone No.		Reason for leaving

References (Name, Address, and Phone No.)	Business Name	Years Acquainted

Have you ever been convicted of a felony? If yes, please explain. (Use the back of this sheet if necessary.)

I authorize all persons and companies named above and others determined appropriate, excepting my present employer if so noted, to furnish any information regarding me whether or not it is on their records and hereby release them from all liability for damage for providing this information. In addition, I understand that a routine inquiry may be made which will validate the information I have placed on this application. Upon my written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I further understand that any employment offered to me will not be for any definite period of time and is subject to termination, with or without cause, by employer or at my own election at any time for any reason. I understand that my employment is at will and that this policy cannot be changed except in a written document signed by an authorized officer of the company and also signed by me.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed by	
Remarks	
References checked, date:	Neatness
Ability	Projected Review Date
Date Hired	Will Report
Position	Employee information record completed, Date

Essay Questions:

Please answer the following questions with an informative answer. The response should be at least half a page single spaced. Please attach or email (Danelle@resourcesmec.org) your written response with the application.

- 1) What are you hoping to learn from this internship experience?
- 2) What are your career goals? How would apply this internship towards your future goals? How long can you commit to an internship?

Please FAX this completed application to 970-375-3648 (attention Danelle Winship)

or via US Mail to:
Danelle Winship
Executive Director
Resources for Medical Education & Collaboration
1 Mercado Street, Suite 202
Durango, CO 81301