



**FAMILY MEDICINE EXTERNSHIP PROGRAM
STUDENT APPLICATION
DEADLINE FOR SUBMISSION IS APRIL 1, 2009.**

Please understand that the agreement at the end of this application commits you to the preceptor that you chose as well as the location. Students will be responsible for locating and funding their housing during the summer externship. Applications will not be accepted after April 1, 2009. You will be notified in May if you have been granted a scholarship.

Date: _____

Personal Information (Please print or type)

Name: _____ SS#: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

U.S. citizen? Yes No Legal resident of which state? _____

If a legal resident of Louisiana, how many years? _____ Parish: _____

Educational Information

Undergraduate school(s) attended: (include address and dates attended) _____

Major course of study: _____ Medical school currently attending : _____ Class Year: _____

Member of the Academy? Yes No Sex: M F Race (optional): _____

Preceptor Information (Please Print or type)

Group Practice Solo Practice Other _____

Name: _____ SS#: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

Externship Timeline:

Please list a four week time frame that you will be completing your externship. _____

Will you receive any stipend or reimbursement for this externship other than the one provided by the LAFP Foundation?

Yes No If "Yes", please list source of stipend or reimbursement: _____

Autobiographical Information (Not included in five page limit)

Compose an autobiographical sketch on a separate sheet of paper and submit it with your completed application. This information will be shared with your preceptor. Please include the following information:

- A. personal information that you may find pertinent to your education and career choices.
- B. what influenced you to enter medical school.
- C. future professional and personal goals.
- D. describe experiences that you have had in health care or research.
- E. major interests outside of medicine.
- F. characteristics that you possess that will make you a good physician.
- G. what your expectations are for the externship.
- H. what you hope to gain from the externship.

Agreement

I acknowledge:

- 1) The time required to obtain funding and a preceptor for the family medicine externship program.
- 2) I am responsible for transportation to and from my externship site.
- 3) I am responsible for housing arrangements and expenses during my externship.
- 4) I understand that this externship does not qualify as part of my medical school's required core curriculum.
- 5) I understand that I must notify the Foundation as soon as possible of any changes in the timeline of my externship in order to receive my full stipend.

I understand the time required to locate an externship opportunity for **me** and is based upon my requirements as outlined in this application. **I, therefore, pledge to accept the opportunity if I am selected.**

Name

Date

Approved and Witnessed by Faculty Advisor:

Name of Faculty Advisor (please print)

Signature of Faculty Advisor

Date

Phone number

Fax number

E-mail address

Approved and Witnessed by Preceptor:

Name of Preceptor (please print)

Signature of Preceptor

Date

Phone number

Fax number

E-mail address

Send this signed application with your autobiographical sketch and research proposal by April 1, 2009:

LAFP Foundation
919 Tara Blvd.
Baton Rouge, LA 70806

For additional information call
Jade Verret at 225-923-3313
Fax Number: 225-923-2909
E-mail: jverret@lafp.org