



LOUISIANA ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION

FAMILY MEDICINE EXTERNSHIP PROGRAM STUDENT APPLICATION
DEADLINE FOR SUBMISSION IS MAY 1, 2016

Date: _____

Personal Information (Please print or type)

Name: _____

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: _____

How many years have you lived in LA? _____ Parish: _____

Educational Information

Undergraduate school(s) attended: Please include major, address and dates attended.

Medical school currently attending: _____ Class Year: _____

Member of LAFP/AAFP: Yes No

Member of FMIG: Yes No

Member of Resident/Student Leadership Committee: Yes No

Please return all required documentation to:

Lee Ann Albert

919 Tara Blvd • Baton Rouge, LA 70806

Phone: 225.923.3313 • lalbert@lafp.org