Reproductive Health Externship Application

Applicant Information

Please note that all information provided in this application will primarily be used by MSFC in the Application Review process. Please be assured that your responses will be kept confidential. We may also pull out quotes from this application to share with potential funders of this program and for use in marketing materials. However, names of participating students will NOT be used. All demographic information is intended to be used solely for statistical purposes in reporting to program funders and will not be used to determine distribution of Reproductive Health Externship funding.

Last Name

First Name

Medical School

Year in School

Expected Date of Graduation

Email Address

Phone Number

Current Mailing Address

City

State/Province

Zip / Postal

Country

Supplemental Materials

Please submit materials listed in items 1 and 2 with this application form.

1. Please explain why you wish to participate in MSFC' Reproductive Health Externship. In this statement, please address any exposure to reproductive health education you have received in school thus far. Responses should be no longer than 1 page.

2. Please submit a current letter of standing from your medical school.

3. After you have confirmed your RHE with a host facility, you will need to submit at budget form and host facility confirmation form. These forms must be submitted prior to the start of your RHE.

I verify that all of the information provided in this application and accompanying materials is true and accurate. I understand that I am responsible for finding my own housing and transportation during my externship. In addition, I understand that I will not be an employee or agent of MSFC during my externship. I agree that MSFC will have no liability for any loss, injury or damage arising out of my activities during the externship or out of conditions or events at my host facility, at my housing location or in the general geographic location of the facility. I agree to indemnify MSFC and any of its agents from any claims related to my externship that are brought by persons making claims on my behalf or as a result of loss, injury or damage to me.

Signature

Date

Please return this form and all other application materials to:
MSFC Reproductive Health Externship
PO Box 40935, Philadelphia, PA 19107
externs@msfc.org