## **New England Equine Medical & Surgical Center**

## Externship Application Form

Name:	_ Email Address:		
School:	Year: 1 2 3 4	4 Years	program requires
Veterinary program Technician program	Pre-veterinary p	orogram	
Male Female Other Would yo	ou mind sharing a room	with stu	dents of other genders?
Preferred Pronouns:	No	_Yes	Ask me first
Address @ School:	Home Address: _		
Telephone: ( )	(	)	
Cell phone: ( )			
Emergency Contact Info During Externship:	Please Control		
Name/RelationName/Relation	Phone Contact		
Other Info (medication, medical condition, et	Phone Contact		
Dates of Externship: 1st choice			
2 <sup>nd</sup> choice			
3 <sup>rd</sup> choice			
Please attach either a current curriculum vitae or a le information you consider valuable in consideration of		-	-
By signing below, you indicate that you have read the <b>Surgical Center</b> externship and agree to abide by the			
Ci an ataun		Data	