

# APPLICATION FOR INTERNSHIP

Name \_\_\_\_\_ Dates of Internship Requested \_\_\_\_\_

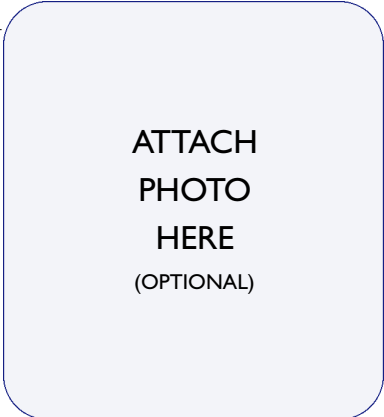
Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
( ) ( )

Telephone number \_\_\_\_\_ Alternate Telephone number \_\_\_\_\_  
Social Security Number \_\_\_\_\_ AOA# \_\_\_\_\_

Date of Birth \_\_\_\_\_

*Permanent Residence:*



Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*Specialty Track Requested:*

Traditional Rotating     Internal Medicine     Orthopedic     Family Practice     Emergency Medicine  
 General Surgery     OB/GYN     ENT

(Must apply directly to  
Albert Einstein Medical Center  
215-456-6336)

*Professional Education:*

Name of Osteopathic College \_\_\_\_\_

Expected Date of Graduation \_\_\_\_\_ Dates Attended \_\_\_\_\_

Name and Location of Undergraduate Institution \_\_\_\_\_

Degree \_\_\_\_\_ Dates Attended \_\_\_\_\_

*Names and Addresses of Persons from whom you have requested letters of recommendation:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Scholastic Honors, Publications, Memberships:*

\_\_\_\_\_

\_\_\_\_\_

*Extra-Curricular Activities and Memberships (include dates of involvement):*

\_\_\_\_\_

\_\_\_\_\_

*Occupational Experience (If applicable):*

\_\_\_\_\_

PLEASE COMPLETE BOTH SIDES



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Are you, or have you ever been, addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs?

\_\_\_\_\_  
Yes or No

Have you ever been convicted of a crime (exclusive of parking and traffic violations) in the courts of this Commonwealth or any other state, territory, or country?

\_\_\_\_\_  
Yes or No

I fully understand that any significant misstatements in or omissions from this application constitutes cause for denial of appointment or cause for summary dismissal from the internship program. To the best of my knowledge and belief, all of the information submitted by me in this application is true and correct.

By applying for appointment to the internship program of Philadelphia College of Osteopathic Medicine, I hereby signify my willingness to appear for the interviews in regard to my application, authorize the college, its faculty and their representatives to consult with administrators and faculty of medical schools, hospitals or institutions who may have information bearing on my professional competence, character and ethical qualifications. I hereby release from liability all representatives of Philadelphia College of Osteopathic Medicine and its faculty for their acts performed in good faith and without malice in connection with evaluating my application, credentials and qualifications, and I hereby release from any liability any and all hospitals, medical associations, other groups or entities and any and all individuals who provide information to Philadelphia College of Osteopathic Medicine, or its faculty, in good faith and without malice concerning my professional competence, ethics, character, and other qualifications for intern staff appointment and clinical privileges. In accordance herewith, I hereby consent to the release of such information.

I understand and agree that I, as an applicant for internship, have the burden of producing adequate information for proper evaluation of my professional competence, character, ethics and other qualifications, and for resolving any doubts about such qualifications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

To complete application, please submit the following:

1. Application
2. Minimum two letters of recommendation
3. Official transcript from Medical School
4. Board Scores
5. Curriculum Vitae
6. Dean's Letter
7. Attach photograph (Optional)

Mail all information to:

Director of Medical Education  
Philadelphia College of Osteopathic Medicine  
4190 City Avenue  
Philadelphia, PA 19131

For more information, call  
(215) 871-6690  
or (800) PST-GRAD.