

**Internship Application**

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| **GENERAL INFORMATION** |
| Date\_\_\_\_\_\_\_\_\_\_  Applicants Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Last First Middle  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number Street City State Zip  Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you currently employed? \_\_Yes \_\_No If yes, where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  May we contact your employer? \_\_Yes \_\_No If no, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What date are you available to start the Internship?\_\_\_\_\_\_\_\_\_\_\_\_  Please list days and hours you are available to intern:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Can you travel to both office locations? \_\_Yes \_\_No  Are you able to commit to **one year** of The Naderi Center Internship Program?  \_\_Yes \_\_No |

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| **DRIVERS LICENSE** |
| Do you have a valid driver’s license? \_\_Yes \_\_No  Driver’s license number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of issue\_\_\_\_\_\_\_\_\_  Expiration date \_\_\_\_\_\_\_\_\_ |

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| **EDUCATION** | | | | |
| TYPE OF SCHOOL | NAME OF SCHOOL | CITY & STATE | YEARS ATTENDED | MAJOR & DEGREE |
| College |  |  |  |  |
| Graduate School |  |  |  |  |
| Bus. Or Trade School |  |  |  |  |
| Special Honors | | | | |

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| **SKILLS-** Check off those skills which with you are truly proficientin |
| \_\_ Medical Writing \_\_Medical Scribe \_\_EMR \_\_Web Page Design \_\_ Photography    \_\_Photo Editing \_\_Instagram \_\_Facebook \_\_Twitter \_\_Snapchat \_\_Public Speaking |

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| **OTHER SPECIAL SKILLS-** Please list other special skills you may have, e.g., fluency in other languages, professional licenses, special medical training, etc. |
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| **PREVIOUS EXTRACURRICULAR ACTIVITIES/ WORK EXPERIENCE-** Please list your experience beginning with your most recent. If you were self-employed, give the firm name. | |
| **1. Extracurricular Activity/ Employment** | **Dates** |
| **Description of Duties Performed:** | |

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| **2. Extracurricular Activity/ Employment** | **Dates** |
| **Description of Duties Performed:** | |

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| **3. Extracurricular Activity/ Employment** | **Dates** |
| **Description of Duties Performed:** | |

**INTERNSHIP APPLICATION QUESTIONS**

Please list any clinical experiences (ex: ER/OR shadowing, volunteering at a community clinic, etc.)

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If you have experience doing research or other scholarly work, please describe your experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why does the field of cosmetic surgery interest you?

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How did you hear about The Naderi Center?

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What do you hope to gain from The Naderi Center Internship program?

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| **REFERENCES-** Please list two references. |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CERTIFICATION OF TRUTH AND ACCURACY** |
| I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of internship.  **PLEASE SIGN HERE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |