



INTERNSHIP APPLICATION

GENERAL INFORMATION					
Applicant Name: _____					
LAST		FIRST		MIDDLE	
Address: _____					
STREET		CITY		STATE	ZIP
Cell Phone: _____					
Are you currently employed?: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?: _____					
May we contact your employer?: <input type="checkbox"/> YES <input type="checkbox"/> NO If no, why not?: _____					
What date are you able to start the internship?: _____					
Please list days and hours you are available to intern:					
Hours:					
MON		TUES	WED	THURS	FRI
Can you travel to both locations?: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Are you able to commit to one year at The Naderi Center Internship Program?: <input type="checkbox"/> YES <input type="checkbox"/> NO					

DRIVERS LICENSE
Do you have a valid driver's license?: <input type="checkbox"/> YES <input type="checkbox"/> NO
Drivers license number: _____
State of issue: _____
Expiration date: _____

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	CITY & STATE	YEARS ATTENDED	MAJOR & DEGREE
College				
Graduate School				
Business or Trade School				
Special Honors				

SKILLS			
<p>Check off any skills which you truly are proficient in:</p>			
<input type="checkbox"/> Medical Writing	<input type="checkbox"/> Medical Scribe	<input type="checkbox"/> EMR	<input type="checkbox"/> Web Page Design
<input type="checkbox"/> Photography	<input type="checkbox"/> Canva	<input type="checkbox"/> Photo Editing	<input type="checkbox"/> Instagram
<input type="checkbox"/> Facebook	<input type="checkbox"/> Twitter	<input type="checkbox"/> Snapchat	<input type="checkbox"/> Public Speaking

OTHER SPECIAL SKILLS
<p>Please list other special skills you may have. (Fluency in other languages, professional licenses, special medical training, etc):</p>

PREVIOUS EXTRACURRICULAR ACTIVITIES / WORK EXPERIENCE	
<p>Please list your experience beginning with your most recent. If you were self-employed, give the firm name.</p>	
Extracurricular Activity / Employment:	
Dates:	
Duties Performed:	
Extracurricular Activity / Employment:	
Dates:	
Duties Performed:	
Extracurricular Activity / Employment:	
Dates:	
Duties Performed:	

REFERENCES	
Name:	Name:
Relationship:	Relationship:
Email:	Email:
Phone:	Phone:

INTERNSHIP APPLICATION QUESTIONS

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

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

Why does the field of cosmetic surgery interest you?:

How did you hear about The Naderi Center?:

What do you hope to gain from The Naderi Center Internship Program:

CERTIFICATION OF THRUTH 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.**

Signature:

Date: