



EXTERNSHIP APPLICATION

NAME

First

Last

M.I.

SCHOOL

STATUS

CONTACT: Phone

E-mail

REGISTRATION for: Fall

Winter

Spring

Summer

Year

LENGTH OF ROTATION:

weeks Possible first day at NAVHC:

[for STUDENTS] I currently have a cumulative GPA of

1. I have secured approval for this externship
2. I will ensure that all necessary documents from my school will be submitted
3. I will let Dr. Pelosi know in advance if any additional document needs to be submitted to my school as a documentation of my externship
4. In case of not being able to start the externship for an emergency situation, I will notify NAVHC at info@navetheart.com as soon as possible

[for INTERN/RESIDENT/PhD] Name of mentor

[for RESIDENTS] Will this time count as supervised time for your log? Yes No

By signing this application, I certify that, to the best of my knowledge, all representations that I have made are true.

Signature

Date

Printed name