

Externship / Observership Application Form

Last Name: _____ First Name: _____

Address

Street: _____ City: _____

State / Country: _____ Zip Code: _____

Email: _____ Phone number: _____

On-site Externship Date Requested:

1st Choice _____ (Mo/Yr)

2nd Choice _____ (Mo/Yr)

Tele-rotation Externship Date Requested:

1st Choice _____ (Mo/Yr)

2nd Choice _____ (Mo/Yr)

Applicants for the Externship will be asked to interview (please choose your preference).

In-person

Video call

Tele-rotation Observership Date Requested:

Mo/Dy/Yr: _____

Please, include the following documents with your application

- Personal statement regarding your expectations
- Curriculum Vitae or Resume
- Copy of USMLE
- Transcript of medical diploma
- Copy of HIPAA training certificate
- Copy of passport
- Passport type photo

Email application to DrW@FPCLinic.com

Typically, the start date for Externship is the 1st Monday. Flexibility may be possible.