

SUMMA HEALTH SYSTEM - AKRON CITY HOSPITAL

Application for Three Week Family Medicine Summer Externship

INSTRUCTIONS:

1. Return your completed application to the address listed below. Applications must be received by April 30, 2010.
2. Attach a short personal statement (1-2 pages) discussing your activities, ideas and interest in the Family Medicine Externship.
3. Request a letter of verification of student status from the Dean at your medical school and have it sent to the address listed below.
4. Provide proof of PPD (Tuberculosis) testing and results.

PERSONAL:

Name _____ E-mail Address _____
Address _____ Permanent Address _____

Telephone _____ Telephone _____

EDUCATION:

High School Attended _____
Name City State
Pre-Medical College _____
Name City State
Medical College _____
Name City State

VOLUNTEER EXPERIENCES:

AWARDS:

CLUBS/MEMBERSHIPS:

INTERESTS & HOBBIES:

Externship Dates: July 6-23, 2010 - or - July 26-August 13, 2010 - or - Either Session
(Please choose your session preference- circle one of the three choices above)

Will you require housing during the externship? _____ Yes _____ No

Mail completed application to:

Undergraduate Education-Summa Health System
ATTN Bess Anne Moore
PO BOX 2090
AKRON OH 44398-6153
Phone: 1-330-926-0672 Fax: 1-330-926-0945
e-mail: afammedres@summa-health.org
or e-mail: mooreba@summa-health.org