

APPLICATION FOR EXTERN PROGRAM



Osteopathic Medical Education
St. Vincent Mercy Medical Center
2213 Cherry Street
Toledo, Ohio 43608-2691
1-800-247-5154

Attach Recent Photo

Personal Data

Name _____ Social Security # _____

Present Address _____ City _____ State/Zip _____ Telephone _____

Home Address _____ City _____ State/Zip _____ Telephone _____

Rotation Desired _____ Available From...To _____

Housing Required? Yes No

Professional School _____ Anticipated Graduation Date _____

(Note: Include a letter of reference from a Dean of your Professional College and Verification of Liability Insurance coverage by the college.)

Premedical Education

College _____ Dates Attended _____

College _____ Dates Attended _____

Outside Interests/Hobbies _____

Immunizations

Hepatitis B (date) _____ Tetanus (date) _____ MMR (date) _____

Have you received instruction regarding universal precautions? Yes No

If so, where? _____

I hereby state that the above information is true and accurate to the best of my knowledge and will present evidence, if placed under contract.

Date _____ Signature _____