



Clarion Hospital

Medical Education Department

One Hospital Drive, Clarion, PA 16214 (814) 226-1306 Fax (814) 226-1312

INTERNSHIP APPLICATION

GENERAL INFORMATION

Name: _____

Permanent Address: _____

Telephone Number: _____ Work Number: _____

Beeper Number: _____ Citizen of: _____

Social Security Number: _____ Birth Date: _____

AOA #: _____

Fields of Interest: Rural _____ Urban _____ Suburban _____ F.P. _____

Speciality _____ If so, what _____

Served in the U.S. Armed Forces? Yes _____ No _____ If yes, what branch _____

Enrolled in Federal Scholarship Program? Yes _____ No _____

If so, which program _____

Have you ever been arrested? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Work Record _____

EDUCATION

High School: _____

College: _____

Undergraduate

Degree Granted: _____

OSTEOPATHIC EDUCATION

College: _____

Papers, Fellowships, Honors, etc: _____

Have you passed National Board, Part I: Yes _____ No _____

Part II: Yes _____ No _____

Have you had Advanced Cardiac Life Support Training: Yes _____ No _____

Why would you like to do an Internship at Clarion Hospital?

If selected for the intern training program at Clarion Hospital, I agree to take a physical examination, serve to the best of my ability, and abide by the policies established by the hospital and the Code of Ethics of the American Osteopathic Association.

Signature of Applicant

Date

Thank you for your interest in our hospital. To complete your formal application for our Internship Training Program, the following information is needed:

- a completed "Application" form and a recent photograph.
- three letters of recommendation from physicians with whom you have worked or studied.
(at least one of these must be from a D.O.)
- copy of ACLS certificate.
- copy of board scores
- copy of transcripts
- copy of CV
- copy of diploma

We look forward to hearing from you. Please return your application to the Director of Medical Education.