

## SUMMER EXTERNSHIP APPLICATION

Form: RR-15 | Revised: 09 Mar 2009 | Page 1

Section 1: CONTACT INFORMATION					
01	Last Name		02	Given Name	
03	Apt./Box No.:	Street Address:		Town/City:	Province:
	Postal Code:	Email Address:		Telephone: (    )	
Section 2: PERSONAL INFORMATION					
04	<input type="checkbox"/> Canadian Citizenship	<input type="checkbox"/> Permanent Resident of Canada	05	Have you lived in Alberta all your life? <input type="checkbox"/> Yes    No, since: _____ (mm/yyyy) Location: _____	
06	Gender( <i>circle</i> ): Male                  Female		07	Birthdate _____ (dd/mm/yyyy): _____ SIN: _____	
Section 3: EDUCATIONAL INFORMATION					
08	University Name: <input type="checkbox"/> University of Alberta <input type="checkbox"/> University of Calgary		09	What year of medical school are you entering? <input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year	
10	Graduation Date (mmm/yyyy):		11	Name of preferred preceptor: _____	
12	Preferred dates for your summer externship? From: _____ To: _____  Alternate dates? From: _____ To: _____			Preferred location: _____  Do you need accommodations? For family/partner?	
Section 4: ACADEMIC REQUIREMENTS					
13	Have you notified the electives office at your university about your rural electives request? (Out-of-province applicants need to register with the College of Physicians and Surgeons of Alberta via the U of A or U of C.)				

**Section 5: STUDENT INVOLVEMENT IN RURAL MEDICINE**

15	<p><i>Answer the following questions thoroughly. How you answer these questions can strongly affect the success of your application. Please use a separate sheet for your answers.</i></p> <ol style="list-style-type: none"> <li>1. Please describe why you wish to participate in the Summer Externship Program.</li> <li>2. Describe your short and long term career plans and how they may result in you practicing in a rural community.</li> <li>3. Describe any previous contact you may have had with a rural physician either through shadowing or in your home community.</li> <li>4. What experiences do you have that will assist you in obtaining employment in medicine (volunteer work, previous jobs)? You may include a resume.</li> <li>5. Have you ever lived or worked in a rural community?</li> <li>6. Do you have any special needs not already mentioned in this application or other information you would like to share with the selection committee?</li> </ol>
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**I declare that:**

- The information given on this application is true and complete.

**I understand that:**

- If I make a false or misleading statement in this application or fail to disclose information as requested by the RPAP, I may be denied financial assistance and/or required to immediately repay all financial assistance received; and,
- The information given on this application is subject to audit.

**I consent to:**

- The use of the information contained in this application by and RPAP for the purposes of statistical analysis and program evaluation; and,
- The public release of my contact, residency and educational information if I receive a placement in the Summer Externship Program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Have you answered ALL of the questions?***

**Please send the completed application form to the RPAP address below**

**NOTE: The RPAP Board of Directors reserves the right to reject any or all applications.**

The individually identifiable and financial information on this form is collected by RPAP under the authority of the *Personal Information Privacy Act (Alberta)*. It is used only for the purpose of program administration, and will not be disclosed to anyone other than the claimant or his/her legal representative. This form will be retained in compliance with provincial government regulations, and then securely disposed. If you have any questions about the collection, use or disposal of the information requested, please contact the Privacy Coordinator:

**The Alberta Rural Physician Action Plan**  
**Suite 2801 Telus House | 10020 100 Street | Edmonton AB T5J 0N3**  
**Tel (780) 423-9911 | Fax (780) 423-9917**