

CAROLINA VETERINARY SPECIALISTS

Charlotte | Huntersville | Matthews



CAROLINA
VETERINARY
SPECIALISTS

EXTERNSHIP APPLICATION

EMAIL COMPLETED APPLICATION TO INTERNSHIPCOORDINATOR@CAROLINAVET.COM

| APPLICANT INFORMATION | | | | | | | |
|---|--|---|---------------|---|-------------------|--------------------------|---------------------------------|
| Last Name | | First | | Date | | | |
| Street Address | | | | | | | |
| City | | State | | ZIP | | | |
| Phone | | E-mail Address | | | | | |
| College /University | | Expected graduation date | | | | | |
| Emergency contact | | Emergency Contact Phone | | | | | |
| Please list any allergies or medical conditions that the hosting hospital staff should be aware of: | | | | | | | |
| | | | | | | | |
| PREFERRED DATES | | | | AREAS OF INTEREST | | | |
| <i>Please list three desired dates for externship</i> | | | | <i>Indicate all areas in which you are interested in conducting your externship</i> | | | |
| Start Date 1 | Click here to enter a date. | <input type="checkbox"/> | Avian/Exotics | <input type="checkbox"/> | Internal Medicine | <input type="checkbox"/> | Ophthalmology |
| End Date 1 | Click here to enter a date. | | | | | | |
| | | <input type="checkbox"/> | Cardiology | <input type="checkbox"/> | Neurology | <input type="checkbox"/> | Surgery |
| Start Date 2 | Click here to enter a date. | | | | | | |
| End Date 2 | Click here to enter a date. | <input type="checkbox"/> | Emergency | <input type="checkbox"/> | Oncology | <input type="checkbox"/> | Emergency/Neurology Combination |
| | | <i>We will do our best to accommodate your needs and to help you achieve your externship goals. After reviewing your application, we will determine an externship schedule in one of our three Charlotte-area hospitals. Please note: due to the location of certain services, multiple-service externships may require travel to more than one hospital.</i> | | | | | |
| Start Date 3 | Click here to enter a date. | | | | | | |
| End Date 3 | Click here to enter a date. | | | | | | |
| <i>For administrative use</i> | | | | | | | |
| EXTERNSHIP ASSIGNMENT #1 | | | | EXTERNSHIP ASSIGNMENT #2 | | | |
| Hospital Location | | Hospital Location | | | | | |
| Department or Service | | Department or Service | | | | | |
| Date(s) of Rotation | | Date(s) of Rotation | | | | | |
| Supervising DVM | | Supervising DVM | | | | | |
| Date/Time of First Report | | Date/Time of First Report | | | | | |
| REQUIRED DOCUMENTS | | | | NOTES | | | |
| <input type="checkbox"/> | Completed CVS Externship application | | | | | | |
| <input type="checkbox"/> | NCVMB 4 th Year Student certificate | | | | | | |
| <input type="checkbox"/> | Proof of PLIT | | | | | | |
| <input type="checkbox"/> | CV | | | | | | |