



**Steven Walerstein, MD, MACP Advocacy Internship Program
2024 Application**

Applicant Information					
Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Permanent Address:					
	<i>Street Address</i>			<i>Apartment/Unit #</i>	
	<i>City</i>			<i>State</i>	<i>ZIP Code</i>
Phone:		E-mail Address:			
Cell:					
4 Week Internship Timeframe: <i>(be specific)</i>		to	ACP Member #:		
Have you received approval to apply for this internship from your advising Dean?		YES	NO		

Education			
Medical School:			
Start Date (mm/yyyy):		Expected Completion Date (mm/yyyy):	
Intern Year:			
Start Date (mm/yyyy):		Expected Completion Date (mm/yyyy):	
Residency:			
Start Date (mm/yyyy):		Expected Completion Date (mm/yyyy):	
Fellowship:			
Start Date (mm/yyyy):		Expected Completion Date (mm/yyyy):	

Training	
What specialty/training do you plan on entering?	
List classes you have taken, along with any special skills that would qualify you for this internship	
Please describe your interest in the political process. <i>Experience in political affairs is not necessary for this internship, but we would like to know if you have a particular interest in current political affairs.</i>	

For Internal Purposes Only							
Application		Dates		Credit		Housing	

Return this application to NYACP to Loretta A. Ponesse, CAE
by email to lponesse@nyacp.org for consideration for an advocacy internship position
during the January – May 2024 NYS Legislative Session.