Steven Walerstein, MD, MACP Advocacy Internship Program

## 2023 Application

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Applicant Information | | | | | | | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | |  | | | | | | | |  | | Date: | | |  | |
| Last | | | | | | | First | | | | | | | | M.I. | | | | | | |
| Address: | |  | | | | | | | | | | | | |  | | | | | | |
| Street Address | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | |  |
| City | | | | | | | | | | | | | | | State | | | | | | ZIP Code |
| Permanent Address: | |  | | | | | | | | | | | | |  | | | | | | |
| Street Address | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | |  | |
|  | | City | | | | | | | | | | | | | State | | | | | ZIP Code | |
| Phone: | |  | | | | | | | | | E-mail Address: | | |  | | | | | | | |
| Cell: | |  | | | | | | | | |  | | | | | | | | | | |
| 4 Week Internship Timeframe: *(be specific)* | | | | | 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. *Experience in political affairs in not necessary for this internship, but we would like to know if you have a particular interest in current political affairs.* | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| For Internal Purposes Only | | | | | | | | | | | | | | | | | | | | | |
| Application |  | | | Dates | |  | | | Credit | | |  | | | | Housing | | |  | | |