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.* |
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| For Internal Purposes Only |
| Application |       | Dates |       | Credit |       | Housing |       |