

University of Maryland
Department of Anesthesiology
Dean's Report
Application for Externship

Name of Applicant:
Medical School:

APPLICATION IS BEING MADE FOR THE FOLLOWING COURSE OR CLERKSHIP AT THE
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE

COURSE OR CLERKSHIP DESCRIPTION (circle appropriate)	DATES
4-WEEK ANESTHESIOLOGY MEDICAL STUDENT EXTERNSHIP	06/05/17 - 06/30/17 <i>or</i> 07/03/17 - 07/28/17

The above-named applicant is requesting a summer externship at the **University of Maryland**. Because of the numerous requests for externship positions and the necessity to retain adequate records, the following information is requested:

- | | | |
|---|----------------------|----------------------|
| 1. Present Status (circle): | 1 st year | 2 nd year |
| 2. Is this student in good academic standing? | Yes | No |
| 3. Does the student have personal health coverage that will be in effect while he/she is in a program administered by the University of Maryland ? | Yes | No |
| 4. Does the student's malpractice insurance cover the student while in a program administered by the University of Maryland ? | Yes | No |

Signature of Dean:
Print or type name and title of UMd school official:

Return original and one copy to:
Stephanie Kahntroff, M.D.
Program Director
Attn: Mrs. Sharnette Thompson
University of Maryland
Department of Anesthesiology
22 South Greene Street
Room S11C00
Baltimore, Maryland 21201