

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

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| 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 | 06/01/20 - 06/26/20 <i>or</i> 07/06/20 - 07/31/20 |

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 |

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| 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: Denise Johnson
Externship Program Coordinator
University of Maryland
Department of Anesthesiology
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