AHN Neurosurgery Summer Internship Program Application

Revised Sept 20, 2021

Thank you for your interest in our AHN Neurosurgery Summer Internship Program.

All posted opportunities require completion of the following:

- *AHN Neurosurgery Summer Internship Program Application*
- *CV*
- *Personal statement (2,000 characters or less describing personal biography & reasons for interest)*
- *Project proposal as approved by neurosurgical faculty mentor*

Please send all of the above in one email attachment to deborah.musico@ahn.org.

Name:

_____

Last ***First*** ***Middle Initial***

Address:

_____

City ***State*** ***Zip Code***

Primary Phone: ( ) _____ ☐ **Home** ☐ **Cell**

Email: _____

Name of Medical School: _____

Anticipated Graduation Year: _____

What year are you currently in? *(Please circle)* 1st 2nd 3rd 4th

In what year would you like your internship to occur? *(Please circle)*

Summer 1st/2nd Summer 2nd/3rd

Have you completed Citi training? _____

_____ _____

Student Signature **Date**