



APPLICATION FOR EXTERNSHIP---PET POISON HELPLINE

Date: _____

Name: _____

Current Mailing Address _____

Phone #: _____ (Day) _____ (Night)

Email Address: _____

School attending: _____

School Phone #: _____

School Fax #: _____

I will require a grade be issued: _____ YES _____ NO

If "yes", please supply the name and mailing address or email address of recipient:

My core clinical rotations at my home institution will be completed by _____

I will graduate _____ (month/year)

Externship requested for Academic Year (circle): **2014/2015** **2015/2016** **2016/2017** **2017/2018**

Return to: Sarah Alpert, DVM
Pet Poison Helpline
3600 American Boulevard W. Suite 725
Bloomington, MN 55431
hhommerding@safetycall.com