

Date of application: _____

Please attach a
recent photo
here

THE OMI INTERNSHIP / PRO INFANTIBUS INTERNSHIP APPLICATION FORM

Name:

First Name

LAST NAME

Current Position:

Hospital Employed at:

Work Address:

Work Telephone:

Home Telephone:

Email:

Fax:

Home Address:

For placement purposes only:

GERMAN LANGUAGE SKILLS

FLUENT

GOOD

POOR

NONE

(please circle one):

Name of Salzburg Medical Seminar Attended: _____

Dates of Seminar Attended: _____

Applying for (please circle one):

1st

2nd

3rd

Internship

Proposed Topic of Study for the Internship: _____

Proposed months of Study for the Internship: _____

Proposed Host Austrian Medical Institution: _____

Proposed Physician-Mentor: _____

(If possible, please attach letter(s) of invitation)

To complete your application package, please attach the following to this application form:

1. A **recent photograph** (at the top right corner of this page)
2. Your current **Curriculum Vitae** (CV)
3. The **Short Essay** *
4. A **letter of support** from a senior faculty member who works with you

* **Short Essay** - on a separate sheet of paper, please answer the following question:

"What services at your hospital do you think can be improved and how would this internship help you achieve this?"

NOTE: Only complete applications (including all above mentioned material) can be processed!!!

Please send the complete
application VIA EMAIL to:

The AAF OFFICE in Vienna:
Ms. Cornelia Bolton:
Email: c.bolton@openmedicalinstitute.org

Web: <http://www.aaf-online.org>

