

UNIVERSITY OF FLORIDA PEDIATRIC PULMONARY CENTER
Internship Application Form

Name: _____
(First) (Middle) (Last)

Address: _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____

Education

Institution	City/State	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Undergraduate Grade Point Average: _____

Graduate School Grade Point Average: _____

Work Experience (begin with most recent or attach CV)

Employer	Job Title and Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Publications/Previous Research

Describe plans for thesis or dissertation research (if applicable)

Honors

Professional Memberships

Community Service Activities

BRIEFLY describe reasons for pursuing this internship experience and provide an overview of your professional goals.

Tentative Start Date for Fellowship: _____

FELLOWSHIP/TRAINEESHIP REFERENCE REQUEST

Applicant: _____ Date: _____

Reference completed by: _____

Title: _____

The above-named applicant has applied for a fellowship/traineeship with the Pediatric Pulmonary Center at the University of Florida. A limited number of individuals are accepted into this program. You have been selected by this applicant as a reference. Please evaluate this applicant's characteristics in following areas:

	Unsatisfactory			Outstanding	
1. Basic clinical skills	1	2	3	4	5
2. Flexibility and adaptability	1	2	3	4	5
3. Personal achievement	1	2	3	4	5
4. Academic achievement	1	2	3	4	5
5. Research interest/achievement	1	2	3	4	5
6. Interpersonal skills	1	2	3	4	5
7. Maturity	1	2	3	4	5
8. Verbal communication skills	1	2	3	4	5
9. Written communication skills	1	2	3	4	5
10. Self-motivation	1	2	3	4	5

Please provide a summary of your impressions of this applicant:

Signature: _____

Please send completed form to:

The Pediatric Pulmonary Center
University of Florida
PO Box 100296
Gainesville, FL 32610-0296