

EXTERNSHIP APPLICATION
4TH YEAR MEDICAL STUDENTS
BAYLOR UNIVERSITY MEDICAL CENTER DALLAS, TEXAS

Please type or print

Name: _____
(First) (MI) (Last) **Circle:**

Telephone: (_____) - _____ (_____) - _____
(A/C) Home number (A/C) Alternate number **Cell** **Beeper** **Other**

Address: _____
(Street) (City) (State) (Zip)

E-mail Address: _____

Medical School: _____ Graduating: _____ Degree: _____
(Mo. Yr.)

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

In case of emergency contact: _____

Telephone: (_____) - _____ (_____) - _____
(A/C) Home number (A/C) Alternate number

Housing Desired? _____

Will you be a senior in good standing at the time you are requesting to do your externship?

- Yes No

The following information must be submitted to the Program Director with your application:

- | | |
|---|--|
| <input type="checkbox"/> Letter from your Dean stating your class standing | <input type="checkbox"/> Proof of Health Insurance |
| <input type="checkbox"/> Copy of your Medical School transcript | <input type="checkbox"/> Proof of Malpractice Insurance |
| <input type="checkbox"/> Immunization Record
(Measles, Mumps, Rubella, PPD, Hepatitis B & Chicken Pox) | <input type="checkbox"/> U.S.M.L.E. Part 1 scores (if taken) |

Choice of Elective: Obstetrics & Gynecology
Elective: _____
 Pathology
 Radiology
 Physical Medicine & Rehabilitation
Area of Interest: _____
 Surgery
Elective: _____
 Anesthesia

Choice of Dates: 1ST: _____ 2ND: _____

Briefly describe any clinical experience related to this elective you have or anticipate having prior to your externship.

Do you expect to apply to BUMC for post-graduate training? _____ Service: _____

You will be notified if you are selected for an elective.

Signature _____	Date _____
Approval:	
Departmental _____	Assignment _____ Service _____
Medical Education _____	First Day _____ Last Day _____
Denial: _____	

Please submit applications to the Program Director of the elective you are applying to:

Obstetrics & Gynecology:

R. Wayne Inzer, MD
Director Resident Education
c/o Meri Jane Kiser
Department of Obstetrics & Gynecology
Baylor University Medical Center
3500 Gaston Avenue
Dallas, Texas 75246
(214) 820-6226
MerijanB@baylorhealth.edu

Pathology:

Pete Dysert, MD
c/o Kandice French
Medical Education
Baylor University Medical Center
3500 Gaston Avenue
Dallas, Texas 75246
(214) 820-3772
Kandice.French@baylorhealth.edu

Radiology:

Umesh Oza, MD
c/o Janet Palmer
Department of Radiology
Baylor University Medical Center
3500 Gaston Avenue
Dallas, Texas 75246
(214) 820-3795
JanetP@baylorhealth.edu

Physical Medicine & Rehabilitation:

Rita Hamilton, DO
Residency Program Director
c/o Karan Verma
Medical Education
3500 Gaston Avenue
Dallas, Texas 75246
(214) 820-2233
KaranV@baylorhealth.edu

Surgery:

Ronald C. Jones, MD
c/o Peggy Pazos
Department of Surgery
Baylor University Medical Center
3500 Gaston Avenue
Dallas, Texas 75246
(214) 820-4543
PeggyPa@baylorhealth.edu

Anesthesiology:

Mike Ramsay
c/o Millie Hubbard
Dept of Anesthesia
Baylor University Medical Center
3500 Gaston Avenue
Dallas, Texas 7524
(214) 820-3296
MildredH@baylorhealth.edu