

14. If selected, I prefer to be placed in Northern Illinois Central Illinois Southern Illinois
 City of Chicago Chicago Suburbs No Preference

15. In what cities do you have access to housing? _____

16. I am flexible and willing to work anywhere in Illinois, provided housing can be arranged. Yes No

17. If you have recruited a potential physician preceptor, please complete the following information:

Physician's name _____

Business name _____

Address _____

City State ZIP

Phone number _____ FAX number _____

18. Is the physician a member of the IAFP/AAFP? Yes No

19. Indicate dates you are available to participate in this program. (Dates must be between May 15 and September 30.)

I am **available** between _____ and _____

I would **prefer** to work the four weeks between _____ and _____

20. Are there any family or medical concerns we should be made aware of before placing you at a site? Yes No

If yes, please explain _____

21. The following questions are for the essay portion of this application. Your essay should incorporate the answers to the four questions below. Please limit your essay to one typewritten page, and attach a one-page curriculum vitae.

- How did you become interested in a medical career?
- Where do you see yourself ten years from now in your medical career?
- Why do you want to participate in the IAFP Summer Externship Program, and what are your expectations of the program?
- Would you prefer a rural or urban externship experience, and why?

Student Signature _____ Date _____

Please return this application with your essay and curriculum vitae by March 1 to:



Illinois Academy of Family Physicians Foundation
Summer Externship Program
4756 Main Street
Lisle, Illinois 60532-1724
Fax: 630-435-0433
Phone: 630-435-0257 or 800-826-7944
E-mail: iafp@ameritech.net

Notification will be given in mid-April.