

Date of application: _____

Please attach
photo here.

The Alberto Vilar Medical Internship Program or Pro Infantibus Application Form

Name: _____
(First) (LAST)

Current Position: _____

Hospital Employed at: _____

Work Address: _____

Work Telephone: _____ Home Telephone: _____

E-mail: _____ Fax: _____

Home Address: _____

For placement purposes only:

German Language Skills (please circle): FLUENT GOOD POOR NONE

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)

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?

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

- ◆ A recent photograph (at the top right corner of this page)
- ◆ Your current curriculum vitae (CV)
- ◆ The short essay
- ◆ A letter of support from a senior faculty member who works with you