

Pediatric Anesthesia Clinical and Research Internship

APPLICATION FORM

Name: _____ D.O.B _____ (mm/dd/yy)

Gender _____ Race/Ethnicity _____

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

Cell phone number: (____) _____

Email Address _____

I am applying for the Fall / Summer Year:

School Name: _____

What year are you in? _____

What is your Major? _____

IN CASE OF EMERGENCY CONTACT

Name _____ Relationship _____

Phone Number _____

Please respond to the questions below:

Why are you interested in the program, and what qualities make you the best candidate? (100-word limit)

What are your future goals and how do they align with this internship? (100-word limit)

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What activities do you enjoy outside of school?

Aside your regular intern hours will you be available to participate in PACaRI events, such as workshops and guest lectures, during the program?

Yes No

Are you able to honor the time commitment (25 hours/week) throughout the internship?

Yes No

Provide days and times you will be available to interview should your application move to the next stage:

Email this application form and your resume to PACARI@childrens.harvard.edu. If you are a good fit for the internship, you will be invited for a short interview and orientation before the program begins.

You must be a US Citizen, Permanent Resident or have a student visa to apply.

Please note that enrollment is on a rolling basis.