

## Out-Of-State HME Summer Observer Application

Print and complete this form and attach with your application the following items:

- Letter from your Dean indicating you are currently a student in good standing.
- Statement of Interest (500 words or less):
  - Why do you wish to participate in the St. Vincent Program?
  - What are your expectations of the program?
  - Why did you choose medicine as a career? Describe any experiences or factors which influenced your decision.

Please note, students selected for the HME Summer Program will be required to complete a pre-employment physical at the St. Vincent Hospital Office of Associate Health Promotion. Participation in the HME program is contingent upon physical examination clearance.

Return this application with above items before January 29, 2009, to the following address:

**Attn: Lisa Allen**  
St. Vincent Hospitals & Health Services  
Department of Medical Education

2001 W 86th Street  
Indianapolis, IN 46260

### Applicant Information

**First Name :**

**Last Name :**

**Street Address :**

**City :**

**State :**

**Zip Code :**

**Permanent Address:**

**Phone Number :**

**E-Mail Address :**

**Undergraduate Education**

**Undergraduate Education At :**

**Dates :**

**Degree :**

**Medical Education**

**Medical School At :**

**Dates :**

**I am applying for the Combined Summer Track: Yes No**

**Current Professional Interest:**

\_\_\_ Internal Medicine    \_\_\_ Pediatrics

\_\_\_ Surgery    \_\_\_ Family Medicine

\_\_\_ Ob/Gyn    Other (please specify) \_\_\_\_\_