



# Residency & Internship Application

I am interested in the following:  Residency Program  Internship Opportunity

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**EDUCATION:**

**PRE-VETERINARY**

College Name \_\_\_\_\_

College Location \_\_\_\_\_

Dates Attended \_\_\_\_\_

Degree Type \_\_\_\_\_

Major(s) \_\_\_\_\_

**VETERINARY**

College Attended \_\_\_\_\_

Date of Graduation \_\_\_\_\_ Class Rank \_\_\_\_\_ / \_\_\_\_\_ GPA \_\_\_\_\_

**INTERNSHIP**

Internship Type \_\_\_\_\_

Internship Location \_\_\_\_\_

Chairman \_\_\_\_\_

**INTERNSHIP**

Internship Type \_\_\_\_\_

Internship Location \_\_\_\_\_

Chairman \_\_\_\_\_



# Residency & Internship Application

**ACADEMIC HONORS**

---

---

---

**ACTIVE STATE VETERINARY LICENSES:**

| State | License Number |
|-------|----------------|
| _____ | _____          |
| _____ | _____          |

**PREVIOUS EMPLOYMENT POST VETERINARY SCHOOL:**

|                  |       |
|------------------|-------|
| Employer         | _____ |
| Location         | _____ |
| Supervisor       | _____ |
| Employment Dates | _____ |
| Employer         | _____ |
| Location         | _____ |
| Supervisor       | _____ |
| Employment Dates | _____ |

**REFERENCES:**

Letters of recommendation have been requested from the following three **Veterinarians**. Original letters should include contact information for the individual. Emails are permitted but must be sent directly from the reference source to [ecfa-residency@thrivepet.com](mailto:ecfa-residency@thrivepet.com).

|                  |       |
|------------------|-------|
| Name/Affiliation | _____ |
| Name/Affiliation | _____ |
| Name/Affiliation | _____ |



## Residency & Internship Application

Letters of recommendation have been requested from the following two **Non-Veterinarians**. Original letters should include contact information for the individual. Emails are permitted but must be sent directly from the reference source to [ecfa-residency@thrivepet.com](mailto:ecfa-residency@thrivepet.com).

Name \_\_\_\_\_

Name \_\_\_\_\_

- A statement describing what I expect from an Ophthalmology Residency Program/Internship and my future professional goals is enclosed.
- A statement describing what I expect to contribute in my training and to Veterinary Ophthalmology in general is enclosed.
- My professional Curriculum Vitae is enclosed.
- I have requested copies of official college transcripts be forwarded directly to the address below. Copies will not be accepted.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMAIL APPLICATION AND ALL REQUESTED ITEMS TO:**

**[ECFA-RESIDENCY@THRIVEPET.COM](mailto:ECFA-RESIDENCY@THRIVEPET.COM)**

Completed Applications and supporting documentation must be postmarked/submitted by **November 13, 2023**, for a position beginning in July.