



BSTTW Medical Internship Program Application

Burn Survivors Throughout The World, Inc. (BSTTW) is very happy to have you apply to take part in the **BSTTW Medical Internship Program (BMIP)**. Hospitals and doctors from around the world, take part in the **BMIP**.

If you are accepted in the **BMIP**, you will not only be reaching another goal towards your medical graduate degree, you will also be learning from doctors, nurses, patients and taking part with **BSTTW** to help people that suffer a burn injury.

What the applicant needs to know about the **BMIP Application**:

1. All information the applicant submits, may be verified by the **BSTTW** staff and/or the hospital/doctor's office.
2. **BSTTW** is not responsible for difficulties that may take place between the intern, the transportation, hotels, the hospital, doctors, nurses, patients and staff.
3. **BSTTW** is not responsible for any personal issues that may arise during the time the intern is inside and/or outside of the hospital or doctors office during your internship.
4. All the questions in the **BMIP Application** must be answered to the best of your ability. Use additional pages if necessary.
5. The applicant must submit copies of your current, undergraduate, graduate and medical school records, a letter of recommendation from your current dean of students and from two individuals of your choice.
6. If any part of the application is not answered and all requested information is not received by **BSTTW**, your application will automatically be denied.
7. Fill out and sign the application, have the application notarized, gather all documentation, including two current passport type pictures and submit two copies to **BSTTW** for review. Both copies must be originals and notarized.
8. Mailing Address: Burn Survivors Throughout The World, Inc.
Attn: BMIP Application
16193 Lone Star Ranch Drive #102
Conroe, Texas 77302
USA

The applicant is responsible for all travel, living and other financial expenses relating to the internship program. All the questions below must be answered to the best of your ability. Use additional pages if necessary.

I _____ am applying to take part in the **BSTTW Medical Internship Program** between the dates of _____ to _____.

1. _____
NAME: (First) (Middle) (Last)

2. Present Mailing Address:

Street Apartment

City State Zip Country

Home Telephone Number Work Telephone Number

5. **Permanent Address:**

If different from above:

Street Apartment

City State Zip Country

Home Telephone Number Work Telephone Number

Permanent address (Number, Street, City, State, Zip)

4. _____
Social Security Number

5. _____
E-mail address

6. _____
Birth date (Month, Day, Year)

7. U.S. Citizen? Yes ____ No ____ If no, specify country. _____

8. Educational Background:

A) College Student _____

B) Medical School _____

C) Graduate Student _____

D) Doctoral Student _____

E) Post-Doctoral _____

Area of Study: _____

9. Current Educational Background:

University: _____

Year of Study: _____

Area of Study: _____

10. List academic honors:

11. List your thesis and publications, if any.

12. Research Experience? (minimum 50 words)

13. Personal Interests? (minimum 50 words)

14. What are your plans for a future career? (minimum 50 words)

Applicants Name

Witness Name

Applicants Signature

Witness Signature

Date: _____

Date: _____

STATE OF _____, COUNTY _____

Signature of Notary Public

Printed Name of Notary Public

Do you personally know the applicant? Yes ____ No ____

If no, below put either the applicant's drives license or passport number and state which type of proof is being used:

Date Notary Public Commission Expires:

Notary Stamp