



Los Angeles County Department of Public Health Veterinary Student Externship Program



Application for Admission

Name:

Mailing / Permanent address:

Telephone numbers:

Country of citizenship:

Emergency contact:

Semester/Time Period you intend to commence study:

Note: Accepted applicants are required to pass a security screening which requires supplying additional information.

Academic Background

- In chronological order, list **the three most current accredited, college-level institutions** that you have attended.

	Name and Location of College/University	From (mo/yr)	To (mo/yr)	Degree Conferred	Date of Conferral	Field of Study	Cumulative GPA
1							
2							
3							

By signing below, I affirm that the information I have provided on this application is accurate to the best of my knowledge.

Signature _____

How did you learn about the Externship?

Submit completed application, resume/CV, and letter of intent to:

VETERINARY PUBLIC HEALTH AND RABIES CONTROL

Dr. Karen Ehnert, D.V.M., M.P.V.M, Acting Chief Veterinarian

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