**All participation in on-site WCS student externship programs are contingent upon current NYS, NYC, and WCS COVID procedures and protocols, and these may change between the time of externship application and the start of the programs.



2022-2023 CLINICAL AQUATIC EXTERN STUDENT FORM

Name:			
	LAST	FIRST	MIDDLE
HOME ADDRES	SS:		
	Street address	City, State, Zip	ocode
CURRENT SCH	OOL NAME:		
SCHOOL ADDR	RESS:		
	Street address	City, State, Zip	code
ADDRESS YOU	WILL BE RESIDING A	AT DURING YOUR EXTER	RNSHIP (if known):
	Street address	City, State, Zip	code
WHAT MODE O	F TRANSPORTATION	WILL YOU BE USING (if	known)?
4 WEEK PERIO	D YOU WOULD LIKE	 ΓΟ ATTEND (3-6 wks wil	l be considered):
1st Choice:			
3rd Choice:			
WOULD YOU B		OTHER OPEN SLOT IF T	HESE ARE
	YES	NO	
LIST ONE FAC	JLTY REFERENCE NA	ME & CONTACT NUMBE	ER:
NAMI	 E	NUMBER	

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2022-2023 CLINICAL EXTERN CHECKLIST

Be sure that you have submitted all required forms/documentation (listed below in black) or your application will not be considered complete

Current Resume:	_	
Essay/Cover Letter:	_	
Current Transcript:	_	
2 Recommendation Letters:		
	g materials (listed below in green) must be not send these as part of your application; nto our program):	
Proof of Health Insurance:		
Confirmation you've arranged housing & transportation:		
COVID-19 Vaccine:	**Must be uploaded into our VitalCheck system after acceptance into our program	
Signed Student Release:	**To be filled out on the first day of your externship rotation	
Do you have any medical issues of which	you would like us to be aware?	