

****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 VET TECH EXTERN STUDENT FORM

Name:

_____ **LAST**

_____ **FIRST**

_____ **MIDDLE**

HOME ADDRESS/CONTACT INFORMATION:

_____ **Street address**

_____ **City, State, Zip code**

_____ **Phone Number**

_____ **Email**

CURRENT SCHOOL NAME:

SCHOOL ADDRESS:

_____ **Street address**

_____ **City, State, Zip code**

_____ **School Phone Number**

ADDRESS YOU WILL BE RESIDING AT DURING YOUR EXTERNSHIP (if known):

_____ **Street address**

_____ **City, State, Zip code**

WHAT MODE OF TRANSPORTATION WILL YOU BE USING (if known)?

SCHOOL SEMESTER YOU WOULD LIKE TO ATTEND:

1st Choice: _____ **2nd Choice:** _____

3rd Choice: _____

WOULD YOU BE INTERESTED IN ANOTHER OPEN SLOT IF THESE ARE UNAVAILABLE?

_____ **YES**

_____ **NO**

LIST ONE FACULTY REFERENCE NAME & CONTACT NUMBER:

_____ **NAME**

_____ **NUMBER**

_____ **EMAIL**

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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: _____

Recommendation Letter #1: _____

Recommendation Letter #2: _____

If accepted into our program, the following materials (listed below in green) must be received prior to your first day (please do not send these as part of your application; send them after you have been accepted into our program):

Proof of Health Insurance: _____

Current TB Test: _____ **Must be dated within one year of your start date

Tetanus Vaccine: _____ **Must be current for the full term of your externship

Rabies Vaccine: _____ **Must be within 5 years of original vaccine or titer taken within 1 year of your externship start date

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

Signed School Release: _____