



Dear Applicant:

Thank you for your interest in the clinical veterinary externship program at the Wildlife Conservation Society. The Wildlife Health Center provides medical, surgical, and pathology services to the Bronx Zoo, the New York Aquarium, the Central Park Zoo, Prospect Park Zoo, and the Queens Zoo. The clinical caseload is heavy and diverse and provides the student with broad exposure to zoo animal medicine. The student's responsibilities will include morning review of cases and assisting the attending veterinarian with medical and surgical cases and daily park rounds. The student will also be required to give a short presentation on some aspect of zoo medicine, and assist with ongoing projects at the Wildlife Health Center. Opportunities for new research or presentation may be considered. Weekend attendance may be required.

Applications are accepted for clinical year externships from July 1st through November 15th of your JUNIOR year. These applications will then be reviewed and students will be notified of the results by December 15th of the current year.

The student will be required to provide his/her own room, board and transportation. Coveralls will be provided; rubber boots/work shoes are the student's responsibility.

The application must include the following:

1. Proof of up-to-date tetanus and rabies vaccine. Your vaccinations must be valid through your externship rotation period.
2. Proof of negative TB test (within one year of your start date).
3. Proof of health insurance.
4. Veterinary school transcript through the last completed semester.
5. Current resume/Curriculum vita.
6. Completed Externship/Student application form (enclosed), including
 - Three choices of six to eight week periods (student's preference) that you would like to attend the Wildlife Health Center. A four week period may be considered, but preference will be given to those students able to attend for the preferred duration.
 - Confirmation by you that housing and transportation have been arranged.
7. A short personal statement describing your interests, experience, and future plans in veterinary medicine, and zoological medicine in particular.
8. One Letter of Recommendation

This program is competitive, but we try to accommodate as many qualified applicants as possible. Preference is given to those applicants who intend to pursue some aspect of zoological, wildlife, or conservation medicine in their career. We look forward to receiving your application.

Sincerely yours,

Robert P. Moore, PE, DVM, DABVP-Avian
Senior Veterinarian
Zoological Health Program, Wildlife Conservation Society



2019-2020 CLINICAL EXTERN STUDENT FORM

Name: _____
 LAST **FIRST** **MIDDLE**

HOME ADDRESS:

 Street address **City, State, Zip code**

CURRENT SCHOOL NAME: _____

SCHOOL ADDRESS:

 Street address **City, State, Zip code**

EMERGENCY CONTACT NAME & NUMBER

 NAME **NUMBER** **RELATIONSHIP**

ADDRESS YOU WILL BE RESIDING AT DURING YOUR EXTERNSHIP:

 Street address **City, State, Zip code**

WHAT MODE OF TRANSPORTATION WILL YOU BE USING?

SIX TO EIGHT WEEK PERIOD 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**

DO YOU HAVE ANY SERIOUS HEALTH IMPAIRMENTS, WHICH MIGHT LIMIT YOUR ABILITY TO PERFORM YOUR DUTIES AS AN EXTERN? IF YES, PLEASE EXPLAIN:

2018-2019 CLINICAL EXTERN STUDENT FORM



2019-2020 CLINICAL EXTERN CHECKLIST

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

Current Resume: _____

Essay/Cover Letter: _____

Current Transcript: _____

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**

Recommendation Letter: _____

Signed Student Release: _____



**WILDLIFE CONSERVATION SOCIETY
RELEASE AND CONFIDENTIALITY AGREEMENT**

I have requested and received permission from the Wildlife Conservation Society (“WCS”) to participate in the following Externship program (the “Program”):

Clinical Veterinary Externship Program

In consideration of WCS allowing me to participate in the Program and providing me with the training and educational benefits thereof, I hereby indemnify, release and hold harmless WCS, its trustees, officers, agents, servants and employees, and the City of New York, from and against any and all claims, demands, actions, causes of action, judgments and legal fees whatsoever which I may have, now have or which may accrue in my favor on account of any loss, damage or injury to person (including death) or to property regardless of the cause thereof, incurred, arising out of or in connection with any aspect of the Program, my use of materials, my training, including, but not limited to travel to and from the site of the Program in connection with the Program, or on account of any loss, damage or injury resulting from any or all delays, substitutions, or changes in my training deemed necessary or appropriate by WCS.

I expressly waive all rights under Section 1542 of the Civil Code of California, which reads as follows: “A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.”

This release shall be binding upon me, and my heirs, next of kin, executors, administrators, and assigns. This release shall be governed by the laws of the State of New York, without regard to its choice-of-law rules.

I further agree to keep strictly confidential all information concerning the operations, research, projects and finances of WCS or concerning WCS's trustees, officers, employees and contractors that is not publicly available and that I learned through my participation in the Program.

Print Name of Participant

Signature of Participant

Date