



REPRODUCTIVE HEALTH EXTERNSHIP AT BPAS APPLICATION



APPLICANT INFORMATION

Please note that all information provided in this application will primarily be used by MSFC in the Application Review process. Please be assured that your responses will be kept confidential. We may also pull out quotes from this application to share with potential funders of this program and for use in marketing materials. However, names of participating students will NOT be used. All demographic information is intended to be used solely for statistical purposes in reporting to program funders and will not be used to determine distribution of Reproductive Health Externship funding.

- Name
Last First Middle Initial
- Medical School Year in school Expected year of Graduation
- Current Mailing Address: Valid until (month/day/year) / /
Number and Street Apartment Number
City, State/Province Postal Code Country
Telephone Numbers: Home Cell
- E-mail Address

PLACEMENT PREFERENCE

Locations and dates for the RHE at bpas will be allocated on a first come, first served basis. Please indicate your top 3 location choices below and list 3 weeks during which you can do the RHE. Please go to <https://www.bpas.org/bpaslocations.php> to learn more about bpas' clinical sites.

Clinic Locations	Rank order your top 3
Richmond, southwest London	
Bournemouth & Portsmouth	
Leamington Spa & Coventry	
Merseyside & Chester	

Dates you can attend			
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SUPPLEMENTAL MATERIALS

Please answer questions completely to the best of your ability, limiting each response to one page. Please submit responses with this application form.

- Please explain why you wish to participate in one of MSFC's Abortion Training Programs. In this statement, please be sure to address what exposure to abortion training you have had and/or what exposure to abortion training you anticipate having in your medical school curriculum.
- Please submit a budget (using the MSFC Budget Form) for all anticipated expenses incurred during the completion of either your Clinical Abortion Observation or the Reproductive Health Externship
- All applicants must submit a current letter of standing from their medical school in order to qualify for funding.

SIGNATURE

I verify that all of the information provided in this application and accompanying materials is true and accurate. I understand that I am responsible for finding my own housing and transportation during my externship. In addition, I understand that I will not be an employee or agent of MSFC during my externship. I agree that MSFC will have no liability for any loss, injury or damage arising out of my activities during the externship or out of conditions or events at my host facility, at my housing location or in the general geographic location of the facility. I agree to indemnify MSFC and any of its agents from any claims related to my externship that are brought by persons making claims on my behalf or as a result of loss, injury or damage to me.

Signature:

Date:

Please return this form and all other application materials to:

MSFC's Abortion Training Programs

externs@msfc.org

215-625-4848

PO Box 40188, Philadelphia, PA 19106