



REPRODUCTIVE HEALTH EXTERNSHIP AT BPAS

ABORTION TRAINING 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		Citizenship	
_____	_____	_____	
First Name	Last Name		
Medical School	Year in School	Expected Graduation Year	
_____	_____	_____	
Email Address	Alternative Email Address	Phone Number	
_____	_____	_____	
Current Mailing Address			
_____		_____	
Street Address/P.O. Box		Apartment/Suite Number	
_____	_____	_____	
City	State/Province	ZIP/Postal Code	Country

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/contact-us/ind-a-clinic/> to learn more about BPAS's clinical sites.

Clinic Locations	Rank Order Locations
Bournemouth & Portsmouth	<input type="checkbox"/>
Merseyside, Chester & Doncaster	<input type="checkbox"/>
Richmond, southwest London	<input type="checkbox"/>

Dates you can attend: , or , or

Supplemental Materials

Please submit the following materials with this application form:

- Personal Statement.** Please explain why you wish to participate in MSFC's Reproductive Health Externship. In this statement, please address any exposure to reproductive health education you have received in school thus far. Responses should be no longer than 1 page.
- Letter of good standing.** Please submit a current letter of standing from your medical school.

After BPAS confirms your placement you will need to submit a budget form. This form must be submitted prior to the start of your RHE.

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 send this form and all other application materials to MSFC Abortion Training Programs at externs@msfc.org