

VASCULAR INDUSTRY EXTERNSHIP

Participant Application



APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address							
City		State		ZIP			
Phone		E-mail Address					
Date Available		Alternate Date					
Company Name							
Current Position							
Job Responsibilities:							

Have you ever worked for The Cleveland Clinic?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
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EDUCATION

Undergraduate								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Graduate								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other								

WORK HISTORY

Please list prior employment with company, position, primary job responsibilities. If you had different positions within the same company, list each of those separately.

Company		Position	
Responsibilities			
Company		Position	
Responsibilities			
Company		Position	
Responsibilities			

PRIOR EXPOSURE TO VASCULAR SURGERY

Describe your exposure to clinical vascular care and what types of disease and procedures you have witnessed:

Have you been exposed to outpatient vascular evaluation (i.e. clinic)? If so, explain:

Have you been in a vascular lab (U/S diagnosis of vascular disease)?

Please use the space below for any other relevant elements:

GOALS

Describe your current perception of what this week will be, what you hope to gain, how you envision applying in your current role:

CUSTOM VISITS

Are you interested in any of the following extra visits / meetings?

Meeting with Vascular Surgery Administrator	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Meeting with Purchasing	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Regional Hospital Visit	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Regional Venous Clinic	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Meeting with Global Cardiovascular Innovation Center	YES <input type="checkbox"/>	NO <input type="checkbox"/>

DISCLAIMER AND SIGNATURE

I certify that my information included on this application is true and complete to the best of my knowledge.

Signature

Date