

Application for Aerospace Medicine Clerkship

NASA/Johnson Space Center
 Medical Operations/SD2
 Houston, TX 77058

APPLICANT INFORMATION

First Name		Middle Initial		Last	
Phone No. () -				Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address		City	State	ZIP Code	
<input type="checkbox"/> Student <input type="checkbox"/> Resident <input type="checkbox"/> Attending		<input type="checkbox"/> Military <input type="checkbox"/> Civilian		Member of <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PharmD	
Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Permanent Resident		Email address		Indicate the rotation (Month and Year) you are interested in: <input type="checkbox"/> April 20__ <input type="checkbox"/> October 20__	
Have you previously applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?		Member of <input type="checkbox"/> AsMA <input type="checkbox"/> AMSRO	

MEDICAL SCHOOL INFORMATION

NAME OF MEDICAL SCHOOL:				
Street Address		City	State	ZIP
Year Entered:		Graduation Date:		

UNDERGRADUATE EDUCATION

NAME OF COLLEGE OR UNIVERSITY:				
Street Address		City	State	ZIP
Degree:		Major:	Graduation Date:	

GRADUATE EDUCATION

NAME OF GRADUATE SCHOOL:				
Street Address		City	State	ZIP
Degree:		Major:	Graduation Date:	

EXPERIENCE

****Please include all Work Experience, Research Experience, Publications, Community Service in your CV/resume in lieu of listing here****

Future Career Goals:

Previous NASA Experience: (List, with dates, any program participation, research, or other work performed at any of the NASA centers).

INSTRUCTIONS:

The following items must be submitted to complete your application package:

1. A separate statement of no more than one typed page stating the reasons you wish to participate in this clerkship.
2. A letter from your medical school or institution stating that: (a) you are a student in good academic standing, (b) your medical school has approved this elective for your individual course of study, and (c) you are recommended for this clerkship. For residents or practicing physicians please include a letter from your direct supervisor.
3. 4th year students: An official copy of your medical school transcript.
Resident or other: Copy of your diploma
4. A current Curriculum Vitae.
5. A completed "Application for Aerospace Medicine Clerkship" Form.

The deadline for complete application packages is **June 1 for the October clerkship** and **December 1 for the April clerkship**.
Mail or send via **encrypted email** all completed forms and application materials in the 1-5 order above to:

Amy Trujillo
Lyndon B. Johnson Space Center
Building 4South, Mail Code SD222
2101 NASA Parkway
Houston, Texas 77058

(281) 483-7050
amy.trujillo@nasa.gov