

RESEARCH INTERNSHIP GENERAL INFORMATION FORM

Integrative Medicine Program

All sections must be completed for consideration into the Integrative Medicine Internship Program. In addition to this application, you must also submit a copy of your curriculum vitae or resume. Return all documents to Michele Martini via email at mmmartini@mdanderson.org. ***All documentation must be received by the deadline for the desired session.***

Desired Session(s):

<u>Session Date</u>	<u>Application Deadline</u>
Spring: January 1 to May 31	September 1
Summer: June 1 to August 31	March 1
Fall: September 1 to December 31	June 1

BIOGRAPHICAL INFORMATION

First Name

Last Name

Email

Primary Telephone

Secondary Telephone

GOALS AND OBJECTIVES

- ***What are your specific Complementary and Alternative Medicine (CAM) interests?***

- ***What are your goals/objectives with this internship?***

1.

2.

- ***How do you plan to apply the knowledge gained during you internship?***

- ***Comments***