

## Steven Walerstein, MD, MACP Advocacy Internship Program 2025 Application

		Applicant Infor	mation				
Full Name:						Date:	
Last		First			М.І.		
Address:							
Street Address					Apartment/Unit #		
City					State		ZIP Code
Permanent Address:							
Street Address					Apartment/Unit #		
Cit	у				State		ZIP Code
Phone:			E-mail Addre	ess:			
Cell:							
4 Week Internship Timeframe: (be specific)		to	ACP Membe	ACP Member #:			
Have you received approv	al to apply for th	is internship from your	advising Dean?	YES	NO		

Education							
Medical School:							
Start Date (mm/yyyy):	Expected Completion Date (mm/yyyy):						
Intern Year:							
Start Date (mm/yyyy):	Expected Completion Date (mm/yyyy):						
Residency:							
Start Date (mm/yyyy):	Expected Completion Date (mm/yyyy):						
Fellowship:							
Start Date (mm/yyyy):	Expected Completion Date (mm/yyyy):						

			Trair	ning				
What specialty	/training do you	plan on enterin	g?					
List classes you that would qual		long with any sp nternship	oecial skills					
Please describe your interest in the political process. Experience in political affairs in not necessary for this internship, but we would like to know if you have a particular interest in current political affairs.								
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For Internal Purposes Only								
Application		Dates		Credit		Housing		

Return this application to NYACP by June 30 2024 to Loretta Ponesse,CAE by email to <a href="mailto-iponesse@nyacp.org">hereita Ponesse@nyacp.org</a> for consideration for an advocacy internship position during the January – May 2025 NYS Legislative Session.