



## Abortion Training Application

### Reproductive Health Externship at BPAS



#### I. Applicant Information

Please note that all information provided in this application will primarily be used by MSFC in the application review process. Be assured that your responses will be kept confidential. We may also pull quotes out from this application to share with potential funders of this program and for use in marketing materials. However, the names of the participants will NEVER be used.

**Name**

**Preferred Pronouns**

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name(s)**

**Medical School (do not use an abbreviation or nickname)**

**Year in School**

**Expected Graduation Year**

**Citizenship**

**Racial/ethnic background** (Please select all that apply).\*

- ☐ African American/Black
- ☐ Asian/Pacific Islander
- ☐ Latinx
- ☐ Middle Eastern/North African
- ☐ Multiracial
- ☐ Native American/First Nations
- ☐ White/Caucasian
- ☐ Other: \_\_\_\_\_

**Email Address**

**Alternative Email Address**

**Phone Number**

**Current Mailing Address**

\_\_\_\_\_  
**Street Address/P.O. Box**

\_\_\_\_\_  
**Apt./Suite Number**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State/Province**

\_\_\_\_\_  
**ZIP/Postal Code**

\_\_\_\_\_  
**Country**

\* Our intent behind collecting race and ethnicity data from our programs' participants is to inform our efforts to fulfill [our commitment](#) to provide travel funding opportunities for underrepresented medical students of color to increase their participation in MSFC activities, alleviating the economic disadvantage many students of color face due to the legacy of slavery, genocide, and colonialism, as well as structural racism.

## II. Placement Preference

Locations and dates for the RHE at BPAS will be allocated on a first-come, first-served basis. Please rank the clinic locations below in order of preference (from 1 to 3) and indicate 3 weeks during which you can do the RHE. You can go to [www.bpas.org/contact-us/find-a-clinic](http://www.bpas.org/contact-us/find-a-clinic) to learn more about BPAS's clinical sites.

Clinic Locations	Ranking
Bournemouth & Portsmouth	<input type="text"/>
Merseyside, Chester & Doncaster	<input type="text"/>
Richmond, southwest London	<input type="text"/>

Dates you can attend: \_\_\_\_\_, or \_\_\_\_\_, or \_\_\_\_\_

## III. Supplemental Materials

Please submit the following materials with this application form:

1. **Personal Statement.** Please explain why you wish to participate in MSFC's Reproductive Health Externship (RHE). 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.
2. **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 before the start of your RHE** and will be supplied to you by MSFC.

## IV. Signature

I verify that all the information provided in this application and accompanying materials is true and accurate. 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. Likewise, I agree to indemnify MSFC and any of its agents from any claims related to my externship that are brought by people making claims on my behalf or as a result of loss, injury or damage to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form and all other application materials to  
MSFC Abortion Training Programs at [externs@msfc.org](mailto:externs@msfc.org)