



Resident Funding Application

Training to Competence Externship

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)

Name/Location of Residency Program

Specialty

Year in Residency

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. Supplemental Materials

Please submit the following materials with this application form:

1. **Personal Statement.** Please explain why you wish to participate in the MSFC's Training to Competence Externship. In this statement, please address what exposure to abortion training you have had and/or anticipate having in your residency program and explain what you plan to do with the abortion training you receive through the externship. Please describe any past or current pro-choice advocacy you may have. Responses should be no longer than 1 page.
2. **Letter of good standing** from your residency program.

After you have confirmed your externship with a host facility, you will also need to submit the following supplemental materials:

- **Budget Form**
- **Host Facility Confirmation Form**

These forms must be submitted at least one month before the start of your training and will be supplied to you by MSFC.

III. 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 externs@msfc.org