

2014-15 Intern Fixed Shift Application

Your Name _____ Date _____

- Please submit a one paragraph statement (for each practitioner) as to why you want to mentor with your chosen practitioner(s) along with this form, **to Francine by May 5th**.
- You may apply for a fixed shift with more than one practitioner, but may accept only one.
- If a practitioner has more than one shift please indicate the day and time you prefer below.

Practitioner	Shift Day/Time
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____