

Shelter Medicine Internship/Residency Opportunity

Organization name:

Location:

Description of organization:

Equipment/Facilities:

Contact person's name:

Contact person's email:

Contact person's phone number:

Length of internship/residency:

Internship/Residency salary:

Vacation days allotted:

CE funds:

Intern/Resident responsibilities or duties:

Please explain what kind of mentorship is available for interns/residents:

Links or attachments:

Any additional notes or information: