



DEPARTMENT OF
FEDERAL AFFAIRS

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Internship Application

Application Form

Application Essay

CV/Résumé

Program Director
Approval

Personal Information

Name:

AAP ID #:

Address:

City:

State:

Zip:

Preferred Phone #:

Preferred Email Address:

Education Information

Medical Student

Resident

Fellowship Trainee

Institution:

Program Director Approval

Name:

Email Address:

Approval Signature:

Please indicate program evaluation process:

The length of an internship is a minimum of 4 weeks. Please indicate your preferred dates:

1st choice:

2nd choice:

3rd choice:

How did you become aware of the AAP's internship program? (i.e. recommendation, internet, etc.)

Have you attended an AAP Advocacy Day and/or the AAP Legislative Conference?

The Academy selection committee will review all internship applications and respond via email. For additional information and application submission, please contact Katy Matthews at 202/347-8600 or kmatthews@aap.org.