

# Application for Aerospace Medicine Clerkship

NASA/Johnson Space Center  
 Medical Operations/SD2  
 Houston, TX 77058

APPLICANT INFORMATION				
First Name	Middle Initial		Last	
Phone No. (     )     -			Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address	City	State	ZIP Code	
<input type="checkbox"/> Student <input type="checkbox"/> Resident <input type="checkbox"/> Attending		<input type="checkbox"/> Military <input type="checkbox"/> Civilian		Member of <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PharmD
Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Permanent Resident		Email address		Indicate the rotation (Month and Year) you are interested in: <input type="checkbox"/> April 20__ <input type="checkbox"/> October 20__
Have you previously applied? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?		Member of <input type="checkbox"/> AsMA <input type="checkbox"/> AMSRO
MEDICAL SCHOOL INFORMATION				
NAME OF MEDICAL SCHOOL:				
Street Address	City	State	ZIP	
Year Entered:		Graduation Date:		
UNDERGRADUATE EDUCATION				
NAME OF COLLEGE OR UNIVERSITY:				
Street Address	City	State	ZIP	
Degree:		Major:		Graduation Date:
GRADUATE EDUCATION				
NAME OF GRADUATE SCHOOL:				
Street Address	City	State	ZIP	
Degree:		Major:		Graduation Date:
EXPERIENCE				
****Please include all Work Experience, Research Experience, Publications, Community Service in your CV/resume in lieu of listing here****				
Future Career Goals:				
Previous NASA Experience: (List, with dates, any program participation, research, or other work performed at any of the NASA centers).				

## INSTRUCTIONS:

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The following items must be submitted to complete your application package:

1. A separate statement of no more than one typed page stating the reasons you wish to participate in this clerkship.
2. A letter from your medical school or institution stating that: (a) you are a student in good academic standing, (b) your medical school has approved this elective for your individual course of study, and (c) you are recommended for this clerkship. For residents or practicing physicians please include a letter from your direct supervisor.
3. 4<sup>th</sup> year students: An official copy of your medical school transcript.  
Resident or other: Copy of your diploma
4. A current Curriculum Vitae.
5. A completed "Application for Aerospace Medicine Clerkship" Form.

The deadline for complete application packages is **June 1 for the October clerkship** and **December 1 for the April clerkship**.  
Mail or send via **encrypted email** all completed forms and application materials in the 1-5 order above to:

Amy Honors  
Lyndon B. Johnson Space Center  
Mail Code SD222  
2101 NASA Parkway  
Houston, Texas 77058

(281) 483-7050  
[amy.n.honors@nasa.gov](mailto:amy.n.honors@nasa.gov)