



Office of the Medical Examiner

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Erik D. Christensen, M.D., Chief Medical Examiner
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Kacy Krehbiel, M.D.
Andrew Guajardo, M.D.
Lily Marsden, M.D.
Amanda Ho, M.D.
Assistant Medical Examiners

Utah State Office of the Medical Examiner's Office

Internship Application

Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email Address: _____

Education Information

School Attending: _____ Years Completed: _____
Major/Career Goals: _____

References

1.

Name: _____
Phone Number: _____
Email Address: _____
Relation to Applicant: _____

2.

Name: _____
Phone Number: _____
Email Address: _____
Relation to Applicant: _____

Work Experience

1.

Employer: _____
Address: _____
Phone Number: _____
Dates Employed: _____
Contact Person/Position: _____
Duties/Responsibilities: _____

2.

Employer: _____
Address: _____
Phone Number: _____
Dates Employed: _____
Contact Person/Position: _____
Duties/Responsibilities: _____

Schedule

Anticipated Hours Available

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____

Available on Weekends? *Yes or No*

Earliest Start Date: _____

School Requirement? *Yes or No*

If *Yes* how many hours? _____ hours total

Additional Information/Comments

Applicant's Signature: _____

Date: _____