



Delaware Academy of Family Physicians RESEARCH & EDUCATION FOUNDATION

The philanthropic arm of the Delaware Academy of Family Physicians.

2025 Platt Summer Externship Application

Application Date: _____

Full Name: _____

E-mail: _____

Mailing Address: _____

Preferred Phone: _____

What are your preferred dates for participating in the externship? _____

Education: _____

Medical School: _____

Graduation Date (Medical): _____

Undergraduate School: _____

Graduation Date (Undergraduate): _____

Undergraduate Degree: BS / BA / Other

Undergraduate Field of Study: _____

ADMINISTRATIVE OFFICE:

224 West State Street, Trenton NJ 08608

Phone: (302) 733-3356 Fax: (609) 394-7712

DAFP@delfamdoc.org

Essay Questions

Instructions: Please answer both of the following questions and submit responses with the application.

1. *Why do you wish to be awarded the Platt Summer Externship?*
2. *Do you have an interest in Family and Community Medicine?*

Letters of Recommendation:

Two letters of recommendation are required. Please submit both letters with your application. Applications are considered incomplete until both letters are received.

Please address letters to Dr. Rebecca Jaffe, MD, MPH, FAAFP, President, DAFP-REF.

Return Instructions:

The application deadline is Tuesday, April 15, 2025. Please send the completed form, essay questions, and letters of recommendation to DAFP@delfamdoc.org with the subject line, *Platt Summer Externship*.

Please note that special consideration is given to applicants who express a strong desire to pursue practicing in Delaware.