ACLAM SPONSORED VETERINARY EXTERNSHIP
EXTERN EVALUATION FORM

Evaluation form is due to ACLAM at the end of the externship or no later than December 31 of the year completed
**Note this evaluation is to be completed electronically**

Name of Extern:

Dates of Externship:

Externship Program Location:

1. Was this a satisfactory experience? ☐ Yes ☐ No

Briefly summarize the strengths and weaknesses of your externship experience.

2. Did you gain a thorough understanding of the field of laboratory animal medicine?

3. Has your opinion of laboratory animal medicine changed as a result of this externship experience? ☐ Yes ☐ No ☐ Maybe ☐ Unsure

If the answer is yes, please elaborate how. If the answer is no, maybe, or unsure, please explain why.

4. Were you considering a career in laboratory animal medicine before participating in this externship? ☐ Yes ☐ No
5. Are you now considering entering this specialty? □ Yes □ No □ Maybe □ Unsure
   If the answer is no, maybe, or unsure, please outline your reservations.

6. ACLAM would like to follow up with externship participants to determine the long-
term impact of this externship program on their career paths. May we contact you
periodically during the next 2-3 years to determine how your career goals and plans have
evolved? □ Yes □ No
   If yes, please list your contact information below and your preferred method of contact.
   Thank you for your assistance with this important ACLAM planning project.

   **Please save this form in the following convention: “your last name””the
   year”externeval.doc ie smith2009externeval.doc**

   Please return this form electronically to Dr. Melvin W. Balk, Executive Director, ACLAM
   by clicking the submit button below.