



**ASPMA** American Society of Podiatric Medical Assistants

## ASPMA INTERNSHIP APPLICATION

Complete the application and return it along with:

- ✓ Your resume.
- ✓ A letter from your stating why you would value this position, and what do you feel you could add to the future of this association.
- ✓ A letter support/recommendation from your physician/employer.
- ✓ Two other letters of recommendations from either work or personal relationships.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's APMA#: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Year you obtained PMAC status: \_\_\_\_\_

All information needs to be sent to the sent to:

**Anna Fabach, PMAC**  
4957 North Nagle Avenue  
Chicago, IL 60630-2927

**Email: [annafpmac@mailstation.com](mailto:annafpmac@mailstation.com)**

Please note 'intern application' in the subject line so your mail is not deleted as spam.

**The Deadline for this position is October 1<sup>st</sup>, 2009\*.**

\*Your application must be received by ASPMA on that date.