2026 Carolina Wilderness EMS Externship Application

Externship held August 30 - September 27 ONLY

Externship application deadline: Must be submitted by April 1st. Accepted applicants will be notified by April 10th.	Date:

Externship applicants must meet the following criteria:

1. Applicants must supply a reliable, licensed, insured vehicle for use throughout the month. If this is an impediment to enrollment, assistance may be available to meet this criteria.
2. Applicants must be enrolled as a 4th year medical student or resident physician in an accredited medical school or residency program. DO and MD programs are both acceptable. International applicants from countries with different program formats considered on a case-by-case basis but should be equivalent to an American 4th year medical student or resident physician.
3. Resident physician applicants must have or obtain a NC resident physician license prior to the first day of the Externship. The application process can take from 4-6 months. The licensure process must be started as soon as program acceptance is received.
4. Applicants must demonstrate some prior experience in formal field medicine or rescue (these include but are not limited to activities such as EMS, rescue squads, fire departments, ski patrols, surf lifeguarding, military medicine, Search & Rescue, or technical rescue teams).
5. Applicants must have ICS 100, 200, and 700 certifications or obtain them prior to Externship start date.
6. Applicants must be available for the entirety of the 2026 Externship dates: August 30 through September 27 inclusive. These are the only dates for which the Externship will be available in 2026.
7. Externship Fee is $1,500. This includes tuition for the Carolina Wilderness EMS Seminar (www.hawkventures.com/seminar), the Carolina Wilderness EMS Summit (www.hawkventures.com/summit), the Wilderness Water Safety class (http://www.hawkventures.com/water-rescue/), and other fee-based trainings during the month. Scholarships and support may be available and any expected difficulty with fee should NOT preclude submitting an application.

APPLICANT INFORMATION

Last Name:	First Name:	M.I.

Street Address:	City:	State:	Zip:	Apt/Unit #

Gender: M ☐ F ☐	Date of Birth:	Social Security No.:

Home Phone:	Mobile Phone:

Email:	Emergency Contact:	Phone:

Medical School:	Graduation Date:
Residency Program Name:	Graduation Date:

APPLICANT STATUS *(What will your status be at the time of the Externship?)*

4th Year Medical Student: ☐	Resident Physician, MD: ☐	Resident Physician, DO: ☐
	Residency Year of Training:	

MEDICAL SCHOOL / RESIDENCY PROGRAM CONTACT INFORMATION

(Official Designated To Receive Correspondence/Evaluation)

Last Name:	First Name:	DO ☐ MD ☐		
Title:	Email:			
Street Address:	City:	State:	Zip:	Suite/Unit #
Business Phone:	Business Fax:			

CLERKSHIP COORDINATOR INFORMATION

Last Name:	First Name:
Email:	
Business Phone:	Business Fax:

TRAINING CERTIFICATIONS

Mark all earned; if current, please write "active" next to certification.

O ABLS	O ACLS	O ADLS
O ATLS	O AWFA	O AWLS
O CPR	O EMT (or EMT-B)	O AEMT (or EMT-I)
O Paramedic (or EMT-P)	O ICS 100	O ICS 200
O ICS 700	O OEC	O PALS
O SRT	O WALS	O WEMT
O WFA	O WFR	O WUMP
O WEMR	O OTHER(S):	

PRIOR FIELD EXPERIENCE

Demonstrate some prior experience in formal field medicine or rescue (these include but are not limited to activities such as EMS, rescue squads, fire departments, ski patrols, surf lifeguarding, military medicine, Search & Rescue, or technical rescue teams). *(Attach additional sheet if necessary.)*

PERSONAL STATEMENT
Explain why you are interested in this particular wilderness EMS training, what your experiences to date are in this and related fields, and what you hope to do with your training if you are accepted. *(Attach additional sheet if necessary.)*

TRAINING STATEMENT		
The Externship is likely to involve operations in wilderness, austere, and remote environments for prolonged period with limited resources and oversight. Physical demands may be extremely rigorous.		
Are you aware of any limitations that would prevent you from performing the duties required for the training you are requesting?	Yes ☐	No ☐
If yes, please explain:		

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application is approved, I understand that I am responsible for submitting all required documentation and (if a resident physician) obtaining a North Carolina Resident Training License prior to the first day of the Externship.	
Applicant Name/Signature:	Date:

For purposes of submitting this form electronically, my printed name above serves as my signature.

Submit Application and Required Documentation via mail, email, or fax to:

UNC Health Blue Ridge
Attention: Myra Spencer, C-TAGME
Program Administration and Medical Student Coordinator
Graduate Medical Education
2201 South Sterling Street
Morganton, NC 28655
Email: myra.spencer@unchealth.unc.edu
Phone: (828) 580-5366
Fax: (828) 580-6847

Click here to access the N.C. Medical Board for Resident Training Licensure

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FOR DEPARTMENT OF GRADUATE MEDICAL EDUCATION USE ONLY

The applicant is:	☐ Approved	☐ Declined	☐ Applicant Withdrew
☐ Program Affiliation Agreement on File	☐ Required Documentation on File	☐ GME Orientation Date	
☐ NC Resident Training License on file			

DOCUMENTATION LISTED BELOW ONLY NECESSARY IF ACCEPTED INTO PROGRAM

DO NOT SUBMIT UNLESS NOTIFIED OF ACCEPTANCE

☐	Letter of Good Standing from Medical College	☐	Immunization Record
☐	Letter of Good Standing from Residency	☐	Tuberculosis Screening (PPD)
☐	Curriculum Vitae / Resume	☐	Respiratory Protection Program Training Module *(module provided by Blue Ridge HealthCare)*
☐	Medical College Transcript	☐	OSHA Respirator Medical Evaluation Questionnaire (*questionnaire provided by Blue Ridge HealthCare)*
☐	Background Security Check	☐	Copies of current certifications
☐	Proof of Personal Health Insurance		
☐	Certificate of Malpractice Liability Insurance		

GME Representative Signature/Date: