



MAX KADE CLINICAL CLERKSHIP IN AUSTRIA 2026

Your application must include:

<ol style="list-style-type: none"> 1. <u>AAF Application Form</u> 2. <u>CV</u> 3. <u>List of publications</u> 4. <u>official student transcript</u> 	<ol style="list-style-type: none"> 5. <u>2 letters of Recommendation</u> 6. <u>Application Essay:</u> Please state your objectives you hope to achieve during the fellowship and their relevance to your career goals on a separate sheet of paper.
<p>Applications need to be submitted to max.kade@americanaustrianfoundation.org; (late or incomplete applications will not be considered)</p>	

PERSONAL DATA:

First / Last Name/ Pronouns:					
Date & Place of Birth:		Gender:	Female	Male	Diverse
Address: (Street, City, Zip Code, Country)					
Phone (Mobile):					
Citizenship					
E-mail: (Please also provide us with an email where you can be reached after graduating.)		Uni mail:			
		Private mail:			

PROFESSIONAL DATA:

Name of your Home Institution:					
Desired Topic of Study:		1 st Choice:			
		2 nd Choice:			
		3 rd Choice:			
Fellowship Dates: Select in order of preference: 1 st , 2 nd and 3 rd . (Make sure to offer as many periods as possible; however, only provide dates you can attend!)		Module I	February 2 - 27, 2026		
		Module II	March 2 - 31, 2026		
		Module III	April 1 - 30, 2026		
GERMAN Language Skills:		Fluent	Good	Poor	None

**MAX KADE CLINICAL CLERKSHIP IN AUSTRIA 2026
APPLICATION FORM FOR US STUDENTS**



SPECIFICS:

To ensure that this opportunity of international exchange is available to future students, professional behavior at all times is vital. Please review, initial, and sign the following specifics and submit together with page 1 of the application form to max.kade@americanaustrianfoundation.org

Student Name (last name, first name): _____

SPECIFICS: by initialling I acknowledge agreement and/or understanding	Student Initials
I will only rank fellowship periods that I am willing to accept.	
If granted a MK clinical clerkship in Austria, AAF will allocate electives according to the three choices I have provided in the application form. I am aware that I may not be awarded my first choice regarding specialty or time period.	
I am aware that after AAF has allocated the topics of study and the respective time periods, no changes will be possible.	
In Austrian hospitals the working language is German.	
If I leave the fellowship prior to the completion date or do not complete the clerkship to the full satisfaction of the American Austrian Foundation, I will be obliged to refund the AAF for the full amount of the fellowship.	
At the end of the fellowship, I will submit a final report required by the AAF and the Max Kade Foundation.	
If I cancel the fellowship after the invitation letter was received, I will be obliged to refund the AAF for the full amount of the fellowship.	

With my signature I hereby agree that

1. My personal data as stated above as well as photographs taken during the ongoing program may be used for managing the programs of the AAF according to the General Data Protection Regulation of the European Union as well as its correspondent legislation in the United States of America, respectively.
2. I give my consent that these data may be stored both electronically and on paper for as long as is necessary for the correct management of OMI medical program applications. I acknowledge that my data will be processed by the American Austrian Foundation Inc. (575 Lexington Avenue, 11th Floor, New York, NY 10022, USA), Verein der Freunde der AAF (Kärntner Straße 51/2/Top 4, 1010 Vienna, Austria), Salzburg Stiftung der AAF (Arenbergstraße 10, 5020 Salzburg, Austria), Schloss Arenberg gem. Betriebsges. m. b. H. (Arenbergstraße 10, 5020 Salzburg, Austria), and the Max Kade Foundation (6 E 87th St, New York, NY 10128, USA). I further acknowledge that this consent is given voluntarily and may be withdrawn at any time; should I ascertain or believe that my data are processed at variance with protection of my private and personal life or at variance with the law, I may request to provide an explanation or claim my data to be blocked, corrected, supplemented or altogether destroyed.

Details to our policies can be found at www.americanaustrianfoundation.org/privacy and <https://www.openmedicalinstitute.org/privacy/>.

Date

Signature