

Rural Immersion Student Application 2018

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|---|--|--|--|--|----------|
| Last Name, First Name | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Birthdate (mm/dd/yyyy) / / | |
| Address | | City | | State | Zip Code |
| Primary Phone # | | Current University Email Address: | | | |
| | | Permanent (after completing school) Email Address: | | | |
| Ethnicity (select one) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino | | Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please select one of the options below: <input type="checkbox"/> <u>Active Duty Military</u> : An individual serving in a full-time capacity in one (1) of the seven (7) uniformed services. <input type="checkbox"/> <u>Reservist</u> : An individual serving in a part-time capacity in one (1) of the seven (7) uniformed services. <input type="checkbox"/> <u>Veteran</u> (Prior service): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 90 days or more. <input type="checkbox"/> <u>Veteran</u> (Retired): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 20 years or more OR An individual discharged from one (1) of the seven (7) uniformed services due to medical status. | | | |
| Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one race | | | | | |
| Can you answer yes to any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> No 1. You are (or will be) the first generation in your family to attend college. 2. You have or currently receive Scholarship or Loan for Disadvantaged Students. 3. While growing up, did you or your family ever use federal or state assistance programs? (E.g., free or reduced-price school meals, subsidized housing, Supplemental Nutrition Assistance Program [SNAP], Medicaid etc.) 4. While growing up, did you live where there were few medical providers at a convenient distance? | | | | | |
| In which kind of community did you grow up? (Select one) <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural | | | | | |
| In what institution are you currently enrolled? | | Are you enrolled: (Select one) <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time | | Anticipated Date of Graduation / (mm/yyyy) | |
| Please select your education level: <u>Undergraduate:</u> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 | | | | | |
| | | <u>Graduate:</u> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Year 5 | | <u>Residency:</u> <input type="checkbox"/> Residency Year 1 <input type="checkbox"/> Residency Year 2 <input type="checkbox"/> Residency Year 3 | |
| Health Profession Discipline: <input type="checkbox"/> Community Health Worker <input type="checkbox"/> Dental School <input type="checkbox"/> Nursing – Graduate/CNS/NP – Specify specialty _____ <input type="checkbox"/> Nursing—Registered nurse (RN) <input type="checkbox"/> Medical School <input type="checkbox"/> Pharmacy <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Resident/Fellow: Specialty _____ <input type="checkbox"/> Social Work <input type="checkbox"/> Therapy – Occupational, Physical, Respiratory <input type="checkbox"/> Other (specify): _____ | | | | | |
| Please indicate which program you are participating in: <input type="checkbox"/> Rural Immersion Program <input type="checkbox"/> Community Based Experiential Training <input type="checkbox"/> Migrant Farm Worker Clinic(s) _____ <input type="checkbox"/> AHEC Interprofessional Fellowship <input type="checkbox"/> Other (please specify): _____ | | | | | |
| I intend/plan/would like to work in a primary care setting (i.e., Family Medicine, General Internal Medicine, General Pediatrics, OB/GYN, General Dentistry, Community Pharmacy). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/> Not Applicable | | | | | |
| I intend/plan/would like to work with people who are medically underserved (people who face economic, cultural or linguistic barriers to healthcare). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/> Not Applicable | | | | | |
| I intend/plan/would like to work in rural areas. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undecided <input type="checkbox"/> Not Applicable | | | | | |

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Please indicate any special areas of interest (for example, primary care, child health, etc...):

What are your reasons for applying for the Summer Rural Immersion Program? (e.g. what do you hope to gain personally and professionally from this experience)

Are you currently planning to practice in a rural community after your residency or fellowship training? If so, why? If not, why not?

Authorization and consent:

I certify that the information provided is accurate. Health360 and its agents are given my permission to reproduce for publications, presentations, and internet use any photos taken at program functions. If I choose to withdraw my permission, I must provide written notification.

Signature: _____ Date: _____