

**Eligibility:** Community-based training opportunities exist for: primary care residents; medical students; nurse practitioner students; physician assistant students; dental students; and behavioral health students. Applications must be received at least six weeks prior to the start of the rotation.

**Requirements of Student Participation:** Interest in community oriented care; commitment to serve the underserved; appreciation of cultural diversity; academic good standing; completion of a Service Learning Project during the rotation.

**Benefits of Participation :** Opportunity to train in multidisciplinary, culturally diverse community settings; chance to learn about public health issues that impact the delivery of care to the underserved populations; reimbursement for approved travel expenses; housing assistance may be available; prospect of exploring future employment opportunities

Information for this form is provided voluntarily. East Texas AHEC is required to report information about program participants. This data will be confidentially maintained and will be referenced periodically to evaluate the effectiveness of AHEC services and programs. We appreciate your cooperation in the completion of this form.

**Please complete this form to the best of your ability and return it via mail, fax or email to the contact below.**

Personal Information					
Last Name	First	M.I.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth mm/dd/yy / /	Today's Date:
Current Address	City	State	ZIP Code	Primary Phone No. ( ) -	Cell Phone No. ( ) -
Permanent Address	City	State	ZIP Code	Permanent Phone No. ( ) -	Pager/Other No. ( ) -
Do you speak any languages other than English? (please specify) <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <span style="margin-left: 150px;"><input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write</span>					
Permanent Email Address (for contact post-graduation)					
How did you hear about the SEARCH program? <input type="checkbox"/> Mailing <input type="checkbox"/> Conference <input type="checkbox"/> School Visit <input type="checkbox"/> NHSC website <input type="checkbox"/> ETAHEC/SEARCH website <input type="checkbox"/> Other ( )					

<b>Ethnicity (select one)</b> <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian / Alaskan Native Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____ Hispanic or Latino: <input type="checkbox"/> Central American <input type="checkbox"/> Cuban <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White / Caucasian	<input type="checkbox"/> More than one race (specify)  Primary _____  Secondary _____
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Educational Information	
Hometown at time of high school graduation (City/State)	Is your hometown considered (select all that apply) <input type="checkbox"/> Border Area <input type="checkbox"/> Rural <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/> Urban

College (include City/State)	Undergraduate Major	Education Level (already achieved) Check all that apply				
Other Undergrad/Postgrad School	Major	<input type="checkbox"/> AAS <input type="checkbox"/> AND <input type="checkbox"/> BA <input type="checkbox"/> BBA <input type="checkbox"/> BE	<input type="checkbox"/> BFA <input type="checkbox"/> BS <input type="checkbox"/> BSN <input type="checkbox"/> DDS/DMD <input type="checkbox"/> DO	<input type="checkbox"/> EdD <input type="checkbox"/> MA <input type="checkbox"/> MBA <input type="checkbox"/> MD <input type="checkbox"/> Med	<input type="checkbox"/> MPA <input type="checkbox"/> MPH <input type="checkbox"/> MS <input type="checkbox"/> MSN <input type="checkbox"/> MSW	<input type="checkbox"/> PHD <input type="checkbox"/> R.Ph. <input type="checkbox"/> _____

CURRENT University/College Name	Address	City	State	Zip
Est. Date of Graduation	Student Type (select one)			
	<input type="checkbox"/> Fellow <input type="checkbox"/> Intern <input type="checkbox"/> Other _____ <input type="checkbox"/> Resident		<input type="checkbox"/> Student, Dental <input type="checkbox"/> Student, Graduate Health Professions Program <input type="checkbox"/> Student, Medical School	
	<input type="checkbox"/> Student, Nursing School <input type="checkbox"/> Student, Pre-Health Professions College <input type="checkbox"/> Student, Undergraduate Health Professions Program			

<b>Discipline (select one)</b>			
<input type="checkbox"/> Clinical Psychology	<input type="checkbox"/> Medicine-Allopathic	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Dental Hygienist	<input type="checkbox"/> Medicine-Osteopathic	<input type="checkbox"/> Nursing-Other Advanced Practice	<input type="checkbox"/> Public Health
<input type="checkbox"/> Dental Public Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Other Allied Health	<input type="checkbox"/> Social Work
<input type="checkbox"/> Dentistry			
Specialty			

Rotation Information			
Type of Rotation desired	Preferred Dates TO  TO	Hours per week	Preferred preceptor location(s)
My preceptor has already been contacted <input type="checkbox"/> Yes <i>Provide Information below</i> <input type="checkbox"/> No			
Site Name	Preceptor	Location	Contact Phone Number ( ) -

Housing Requirement: Lodging may be provided for students training in SEARCH sites
I will need assistance arranging for lodging <input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Profile Questions		
Did you obtain a NHSC (National Health Service Corp.) Scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but interested	What type of community would you like to locate for ultimate practice? (select all that apply) <input type="checkbox"/> Border Area <input type="checkbox"/> Rural <input type="checkbox"/> Inner City <input type="checkbox"/> Suburban <input type="checkbox"/> Urban	Name any hobbies, special interests etc...
Would you like to be informed by AHEC about a job opportunity in a training site community? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you plan to practice in Texas? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know	What field do you plan to enter? <input type="checkbox"/> Family Practice <input type="checkbox"/> Ob/Gyn <input type="checkbox"/> Pediatrics <input type="checkbox"/> Other <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Don't Know <input type="checkbox"/> Dentistry	At this time do you think you would like to practice in an underserved area <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know
Would you consider yourself disadvantaged using the following definition? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>"A disadvantaged individual is one who comes from an environment that has inhibited the knowledge, skills and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession.</p> <p>OR</p> <p>"A disadvantaged individual comes from a family with an annual income below a level based on low-income thresholds set by the US government".</p> <p>Definition from the DHHS Health Resources and Services Administration.</p>		

Briefly describe your interest or experience in clinical training in rural and other medically underserved communities.

Briefly discuss what you expect to experience in serving in a rural or underserved population?

Please describe the type of Service Learning Project do you hope to complete during this rotation. What are some examples of projects you have completed in the past?

Please describe any special needs you may have:

*Please sign here (sending this document via email represents a signature)*

I hereby certify that all the above statements are true and correct. If selected for SEARCH participation, I agree to participate in a follow-up survey to determine where I choose to practice after graduation/residency. I also agree to submit any requested forms prior to receiving any financial assistance associated with this placement.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Return completed application and any supporting documentation to:

Rachel Little  
East Texas AHEC  
University of Texas Medical Branch  
301 University Blvd  
Galveston, TX 77555-1056  
FAX 409-772-7886 | ralittle@utmb.edu

For SEARCH Staff Only:

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referred to: \_\_\_\_\_

Date Referred \_\_\_\_-\_\_\_\_/\_\_\_\_

Method:  Email  Fax  Mail

Comments:

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