



# SAMPLE

## HEALTH PROFESSION RURAL SUMMER IMMERSION PROGRAM

### SUMMER 2019 APPLICATION

#### BACKGROUND

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender  Male  Female Birth Date (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Current University Email Address \_\_\_\_\_

Other Email Address(es) \_\_\_\_\_

#### ETHNICITY (Select one)

- Hispanic/Latino
- Non-Hispanic/Non-Latino

#### RACE

- American Indian or Alaska Native  Black or African American  White
- Asian  Native Hawaiian or Pacific Islander  More than one race

#### ARE YOU A VETERAN?

- No
- Yes

If yes, please select one of the following options:

- Active Duty Military:** An individual serving in a full-time capacity in one (1) of the seven (7) uniformed services.
- Reservist:** An individual serving in a part-time capacity in one (1) of the seven (7) uniformed services.
- Veteran (Prior service):** An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 90 days or more.
- Veteran (Retired):** a) An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 20 years or more; or b) an individual discharged from one (1) of the seven (7) uniformed services due to medical status.

#### CAN YOU ANSWER YES TO ANY OF THE FOLLOWING? Please check all that apply.

- Will you be the first generation in your family to attend college?
- Do you have or currently receive Scholarship(s) or Loan(s) for Disadvantaged Students?
- 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.)?
- While growing up, did you live in a medically underserved area with few conveniently-located health care providers?

#### IN WHICH KIND OF COMMUNITY DID YOU GROW UP? (Select one)

- Urban  Suburban  Rural

## EDUCATION

In what institution are you currently enrolled? \_\_\_\_\_

Are you enrolled? (Select one)  Part Time  Full Time Anticipated Date of Graduation (mm/yyyy) \_\_\_\_\_

### PLEASE SELECT YOUR EDUCATION LEVEL

#### Undergraduate

- Year 1
- Year 2
- Year 3
- Year 4
- Year 5

#### Graduate

- Year 1
- Year 2
- Year 3
- Year 4
- Year 5

#### Residency

- Residency Year 1
- Residency Year 2
- Residency Year 3

### HEALTH PROFESSION DISCIPLINE

- |   |  |
|---|--|
| <input type="checkbox"/> Community Health Worker                  | <input type="checkbox"/> Physician Assistant                           |
| <input type="checkbox"/> Dental School                            | <input type="checkbox"/> Resident/Fellow: Specialty _____              |
| <input type="checkbox"/> Nursing Graduate/CNS/NP: Specialty _____ | <input type="checkbox"/> Social Work                                   |
| <input type="checkbox"/> Nursing – Registered Nurse (RN)          | <input type="checkbox"/> Therapy – Occupational, Physical, Respiratory |
| <input type="checkbox"/> Medical School                           | <input type="checkbox"/> Other (specify): _____                        |
| <input type="checkbox"/> Pharmacy                                 |  |

### PLEASE INDICATE WHICH PROGRAM YOU ARE PARTICIPATING IN

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Rural Immersion Program               | <input type="checkbox"/> Migrant Farm Worker Clinic(s)     | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Community-Based Experiential Training | <input type="checkbox"/> AHEC Interprofessional Fellowship |  |

**I intend/plan/would like to work in a primary care setting (e.g., family medicine, general internal medicine, general pediatrics, OB/GYN, general dentistry, community pharmacy).**

- Yes  No  Undecided  Not applicable

**I intend/plan/would like to work with people who are medically underserved (i.e., people who face economic, cultural or linguistic barriers to health care).**

- Yes  No  Undecided  Not applicable

**I intend/plan/would like to work in rural areas.**

- Yes  No  Undecided  Not applicable

## EDUCATION (Continued)

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

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What are your reasons for applying for the HPRSIP (i.e., what do you hope to gain personally and professionally from this experience)?

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

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### Authorization and consent:

I certify that the information provided is accurate. Health360 and its agents have my permission to reproduce any photographs taken at HPRSIP functions for publications, presentations, internet and social media use. If I choose to withdraw my permission, I must provide written notification before the conclusion of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_