

*Rural Clinical Rotation*

*North Country Health Consortium*

*262 Cottage St., Ste. 230*

*Littleton, NH 03561*

*603-259-3700*

*nchcnh.org*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. Personal Information:**

|  |  |  |
| --- | --- | --- |
| Last name: | First name: | Middle initial: |
| Street Address: |
| City: | State: | Zip Code: |
| E-mail Address: | Date of Birth:  |
| Phone Number: | Gender: |

**B. Educational Information:**

|  |
| --- |
| Name of School: |
| Department/Program: |
| Street Address: |
| City: | State: | Zip Code: |
| Rotation/Internship Advisor: |
| Phone Number: | E-mail: |
| Years Completed: | Expected Graduation Date: |

**Degree Sought: C. Rotation/Internship**

|  |  |  |  |
| --- | --- | --- | --- |
| Nurse Practitioner |  | Fall (October-November) |  |
| Physician Assistant |  | Spring (March - April)  |  |
| Physician: MD- Specialty/Specialty Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | Winter (January - February) |  |
| Physician: DO- Specialty/Specialty Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  | Summer (June - July) |  |
| Behavioral Health (please identify): |  | Rotation Dates: Start: End: |  |

**Clinical Site Preference:**

|  |
| --- |
| Have you already been assigned/chosen a clinical site? Yes \_\_\_\_ No \_\_\_\_\_If yes, which site? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If no, please identify your site preferences: (1-3) |
|  | Ammonoosuc Community Health Services |  | Northern Human Services |
|  | Androscoggin Valley Hospital |  | Rowe Health Center |
|  | Coos County Family Health Services |  | Saco River Medical |
|  | Cottage Hospital |  | Speare Memorial Hospital |
|  | Huggins Hospital |  | Upper Connecticut Valley Hospital |
|  | Indian Stream Health Center |  | Weeks Medical Center |
|  | Littleton Regional Healthcare |  | White Mountains Community Health Center |
|  | Memorial Hospital |  |  |
|  | Mid-State Health Center |  | No Preference |

**Type of Rotation/Internship:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Community Health |  |  |
|  | Behavioral Health |  |  |

|  |
| --- |
| Do you have a Car? Yes \_\_\_\_ No \_\_\_\_\_ |
| Will you need assistance to find housing? Yes \_\_\_\_ No \_\_\_\_\_ |
| What would you use the program stipend (up to $1,000) for? (Check all that apply)Food Housing Transportation Other  |
| Will others (spouse, partner, children) be with you during your rotation? Yes \_\_\_\_ No \_\_\_\_\_Comments: |

Education Support up to $1,000 is available for students, as needed. Please complete the following table to identify any resource needs that you may have to support your rural rotation:

|  |  |  |
| --- | --- | --- |
| **Item** | **Proposed Budget Needs** | **Description/Justification** |
| Transportation | $ |  |
| Housing | $ |  |
| Food | $ |  |
| Other | $ |  |

**D. Applicant Profile:**

|  |
| --- |
| Do you speak any other languages in addition to English? Yes \_\_\_\_ No \_\_\_\_\_If yes, which language(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Do you plan to practice in New Hampshire? Yes \_\_\_\_ No \_\_\_\_\_ |
| At this time, do you think you would like to practice in a rural, underserved area? Yes \_\_\_\_ No \_\_\_\_\_ Don’t know \_\_\_\_\_ |

**Places Grew up:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Years | City/Community | State | Urban | Suburban | Rural |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Places Lived as an Adult:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Years | City/Community | State | Urban | Suburban | Rural |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**E. Additional Information:**

**1. Please attach a current resume.**

**2. Please respond to the following questions on an additional sheet.**

1. Why are you interested in working as a healthcare professional in a rural area? How does this program correspond to these interests?
2. Please describe relevant community service experiences that you have had, and what you learned from them.
3. Does your academic program have a community project/service learning requirement? If yes, how do you feel the *Live, Learn, & Play in Northern NH* community project could build on/enhance the community project you are completing for your degree?
4. What are your hobbies or special interests?
5. Briefly discuss your expectations of the “Live, Learn, & Play in Northern NH” rotation experience.

For more information about preceptor sites and how *you* fit into the program,

visit [livelearnplaynh.org](http://livelearnplaynh.org/).

**Please send completed applications to:**

 Laura Remick

 Program Coordinator

 LiveLearnPlay@nchcnh.org

 North Country Health Consortium

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 Littleton, NH 03561

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