



*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**

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		Friendship House
	Mid-State Health Center		White Horse Recovery
			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

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**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](mailto:LiveLearnPlay@nchcnh.org)

North Country Health Consortium  
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Littleton, NH 03561

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