

Rural Clinical Rotation
North Country Health Consortium
262 Cottage St., Ste. 230
Littleton, NH 03561
603-259-3700
www.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- Start Date:
Physician Assistant		Spring- Start Date:
Physician: MD- Specialty/Specialty Interest: _____		Winter- Start Date:
Physician: DO- Specialty/Specialty Interest: _____		Summer- Start Date:

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		Littleton Regional Healthcare
	Coos County Family Health Services		Weeks Medical Center
	Cottage Hospital		Mid-State Health Center
	Indian Stream Health Center		No Preference

Type of Rotation/Internship:

	Community 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:

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.

Please send completed applications to:

Diana Gibbs
NCHC Program Manager
dgibbs@nchcnh.org

North Country Health Consortium
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Littleton, NH 03561

Fax: (603) 444-0945
Phone: (603) 259-3700