



Live, Learn, Play in Northern NH
Rural Clinical Rotation/Internship Application
 Northern NH AHEC/North Country Health Consortium
 P.O. Box 348
 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 or Certificate Sought:

<input type="checkbox"/>	Psychiatry	<input type="checkbox"/>	Medical Assistant
<input type="checkbox"/>	Physician Assistant	<input type="checkbox"/>	Nurse Practitioner
<input type="checkbox"/>	Dentist	<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	Dental Hygienist	<input type="checkbox"/>	Pharmacist
<input type="checkbox"/>	Master of Public Health	<input type="checkbox"/>	Physical Therapy
<input type="checkbox"/>	Master of Social Work	<input type="checkbox"/>	Occupational Therapy
<input type="checkbox"/>	Master of Mental Health Counseling	<input type="checkbox"/>	Master of Marriage and Family Counseling
<input type="checkbox"/>	Physician: MD- Specialty/Specialty Interest: _____	<input type="checkbox"/>	Other Health Occupation: _____

C. Rotation/Internship:

Start Date:	End Date:
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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)

Mid-State Health Center	Androscoggin Valley Hospital
Upper Connecticut Valley Hospital	St. Vincent De Paul Nursing Home
The Morrison Nursing Home	Ammonoosuc Community Health Services
Coos County Family Health Services	Weeks Medical Center
Grafton County Nursing Home	Northern NH AHEC/North Country Health Consortium
Northern Human Services	No Preference
The Molar Express	Other: _____

Type of Rotation/Internship:

Pediatric	Geriatric
Psychiatry	Women's Health
No Preference	Other: _____

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 \$2,000) 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:

Please attach a current resume

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 www.nchcnh.org

Please send completed applications to:

Nancy Frank
nfrank@nchcnh.org

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P.O. Box 348
Littleton, NH 03561

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