



Live, Learn & Play in Northern NH  
 Northern NH Area Health Education Center  
 North Country Health Consortium  
 262 Cottage St., Ste. 230  
 Littleton, NH 03561  
 603-259-4811  
[livelearnplay@nchcnh.org](mailto:livelearnplay@nchcnh.org)

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

**A. Applicant Profile:**

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

**Past Communities of Residency:**

Town/City/Community	Years of residency	State	Type of Community		
			Urban	Suburban	Rural

Do you have a car? Yes \_\_\_\_ No \_\_\_\_

Northern NH does not have a regional public transportation system, so students will be required to have or coordinate their own reliable transportation. LLP funds MAY be used toward transportation costs.

Will you need help to find housing? Yes \_\_\_\_ No \_\_\_\_

Students are responsible for finding their own housing; staff at Northern NH AHEC can assist in making suggestions. LLP funds MAY be used toward housing costs.

Do you speak any other languages in addition to English? Yes \_\_\_\_ No \_\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you come from a disadvantaged* background?	Yes ____ No ____
*Disadvantaged: an individual who (1) educationally comes from an environment that has inhibited the individual from obtaining knowledge, skill, and abilities required to enroll / graduate from a Health Professions school or (2) economically comes from a family with an annual income below a level according to and published by the U.S. Bureau of the Census.	
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 ____

**B. Educational Information:**

Name of School:		
Street Address:		
City:	State:	Zip Code:
Department/Program:		
Type of Degree or certification being pursued:		
Years Completed:	Expected Graduation Date:	
Rotation/Internship Advisor Name:		
Advisor Phone Number:	Advisor E-mail:	
Rotation Information:		
Duration:	Start Date:	End date:

**Please describe specific objectives and outcomes for your rotation/internship:**

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**C: Community or Clinical Site Preference:**

Have you already been assigned/chosen a clinical or community site?	Yes ____ No ____
<b>If yes:</b>	
Organization:	Site:
<b>If no:</b>	
1. Please identify your site preferences by region: (1-3) (Our region includes the counties of Coos, Grafton, Belknap and Carroll counties)	
Berlin	N. Conway
Colebrook	Huggins
Lancaster	Plymouth
Littleton	Lakes Region
N. Haverhill/Woodsville	Other:
2. Please identify your site preferences by type: (1-3)	
Critical Access Hospital (CAH)	Tertiary Care Center
Federally Qualified Health Center (FQHC)	Rural Health Clinic (RHC)

	Community Mental Health Center (CMHC)		Long Term Care Facility (LTCF)
	Dental Practice		Public Health organization
	Human Service Organization		Other:

**E. Additional Information**

**Please respond to the following prompts:**

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.

**Important!** Once you have completed this application, you will need to send it to us. You have three options for transmission.

**By email:**

[livelearnplay@nchcnh.org](mailto:livelearnplay@nchcnh.org)

**By fax:**

1-603-444-0945

**By mail:**

North Country Health Consortium  
ATTN Live Learn Play Program  
262 Cottage Street  
Suite 230  
Littleton NH, 03561

**Whichever method you choose, please include the following documents:**

1. This application.
2. Current resume or CV.
3. College/university course curriculum and rotation guidelines/requirements.

For more information about preceptor sites and how *you* fit into the program, visit [livelearnplaynh.org](http://livelearnplaynh.org) or contact:

Laura Remick, MEd, CHES  
Deputy Director, Northern NH AHEC  
262 Cottage St., Ste. 230  
Littleton, NH 03561  
Phone: (603) 259-4811  
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