



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: (pick 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.

- 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:

Laura Remick
Program Coordinator
LiveLearnPlay@nchcnh.org

North Country Health Consortium
262 Cottage St., Ste. 230
Littleton, NH 03561

Fax: (603) 444-0945
Phone: (603)259-4811