

**S**tudent/Resident

**E**xperiences

**A**nd

**R**otations in

**C**ommunity

**H**earth

Student Application

Funded by the National Health Service Corps

**Personal Details**

Name: \_\_\_\_\_ Sex:  Male  Female

Social Security No.: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Race/Ethnicity:  African American  Hispanic  White  
(needed for funding purposes)  Asian  Native American  
 Other: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_ Cell/Pager No: ( ) \_\_\_\_\_

Primary E-mail: \_\_\_\_\_

Secondary E-mail (non-school email): \_\_\_\_\_

Permanent Address & Phone: \_\_\_\_\_

(for future evaluation)

**School/Program Information**

Name of School/Program \_\_\_\_\_

Dept/Program: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Rotation Advisor: \_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

**Rotation**

Dates From: \_\_\_/\_\_\_/\_\_\_

To: \_\_\_/\_\_\_/\_\_\_

Type of primary care rotation: \_\_\_\_\_

Geographic Preference for Rotation:  Urban  Rural  No preference

**SEARCH Sites**

Housing Needed (Please check)

First Choice: \_\_\_\_\_

Yes       No

Second Choice: \_\_\_\_\_

Yes       No

Third Choice: \_\_\_\_\_

Yes       No

**Type of Rotation:** (Please check all that apply)

1.             Clinical                       Pre-Clinical

2.             Elective                          Required

3.             Credit                             Non-Credit

Do you have a car?                       Yes                       No

**Education & Credentials**

Undergraduate: \_\_\_\_\_

Graduate: \_\_\_\_\_

Current License: \_\_\_\_\_

(If applicable)

**Applicant Profile** (Please check)

Are you a National Health Service Corps Scholar?                       Yes                       No

Are you an Illinois Department of Public Health Scholar?                       Yes                       No

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

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

Do you plan to practice in Illinois?                       Yes                       No

What field do you plan to enter?

- Family Practice                       Internal Medicine                       OB/GYN
- Pediatrics                                 Dentistry                                 Don't Know
- Other: \_\_\_\_\_

At this time, do you think you would like to practice in an underserved area?  
 Yes                                       No                                       Don't Know

Would you consider yourself "disadvantaged" using the following definitions?     Yes     No  
"A disadvantaged individual is one who comes from an environment that has inhibited the knowledge, skills, and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession." OR "A disadvantaged individual comes from a family with an annual income below a level based on low-income thresholds according to family size, published by the US Bureau of the Census, and adjusted annually for changes in the Consumer Price Index, and by the Secretary for use in health professions programs." –definition from US DHHS Health Resources and Services Administration

Would you like to receive future email postings and announcements about health care in underserved areas?  
 Yes    —————>     Use primary email address                       Use secondary email address  
 No

*Briefly describe prior experiences of working with an underserved population.*

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*Briefly discuss your expectations for the Illinois **SEARCH** rotation experience.*

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**Please send completed applications to:**  
**SEARCH Student Coordinator**  
Illinois **SEARCH** Program  
c/o Illinois Health Education Consortium  
310 S. Peoria, Suite 404  
Chicago, IL 60607  
Phone: (312) 996-6861  
Fax: (312) 996-0723