



Erie Niagara Area Health Education Center

SEARCH Student Application

Please answer all questions in order to be considered for a position in the SEARCH Program. If you have questions, call 716-835-9358.

STUDENT INFORMATION

Name (Last, First, MI):		Date of Birth:	
Street Address:	City:	State:	ZIP Code:
Permanent Address (if different):	Permanent City:	Permanent State:	Permanent ZIP Code:
Phone Number:	E-mail Address:	National Health Service Corps Scholar? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of High School attended:		State of High School attended:	

SCHOOL/ROTATION INFORMATION

Are you currently a health professions student or enrolled in a residency program? <input type="checkbox"/> Yes <input type="checkbox"/> No	State of current school/program attending:
Name of current school/program attending:	
Area of Study: <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Clinical Social Work <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Medical School <input type="checkbox"/> Nurse-Midwifery <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Dentistry <input type="checkbox"/> Residency <input type="checkbox"/> Nursing <input type="checkbox"/> Public Health <input type="checkbox"/> Psychiatry <input type="checkbox"/> Physician Assistant	
Requested Discipline for Rotation*: <input type="checkbox"/> Clinical Psychology <input type="checkbox"/> Clinical Social Work <input type="checkbox"/> Dental Hygiene <input type="checkbox"/> Dentistry <input type="checkbox"/> Family Medicine <input type="checkbox"/> General Internal Medicine <input type="checkbox"/> General Pediatrics <input type="checkbox"/> Marriage and Family Therapy <input type="checkbox"/> Nurse-Midwifery <input type="checkbox"/> Psychiatry <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Psychiatric Nursing	
*Please note that not all discipline rotations or types of support are available in all areas.	
Year in Program: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other:	Anticipated Graduation Date:
Receiving school credits for this rotation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Advisor:
Advisor contact phone number:	Advisor contact email:
Number of hours <u>required</u> by your program:	Number of hours desired (if rotation is not required):

EXPERIENCE and INTERESTS

Please answer the following questions on a separate file (sheet) and send back with application. All responses must be typewritten.

1. Why do you want to participate in the ENAHEC SEARCH Program?
2. What is your experience working with underserved populations?
3. What are your previous community-based and/or primary care experiences?
4. What are your personal goals/objectives and what do you hope to achieve during this experience?
5. Why are you interested in working with underserved populations?

How did you hear about this program?

- | | | | |
|--------------------------------------|----------------------------------------------------------|------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Class Presentation/School Visit | <input type="checkbox"/> ENAHEC Web Site | <input type="checkbox"/> College or University |
| <input type="checkbox"/> Conferences | <input type="checkbox"/> Other Student | <input type="checkbox"/> NHSC's Web Site | <input type="checkbox"/> Other: |



Erie Niagara Area Health Education Center

ROTATION PREFERENCES

Please indicate dates of interest:

Start Date (mm/dd/yy):

End Date (mm/dd/yy):

Which type of experience would you prefer?

Rural Community

Urban Community

No preference

Geographic Location of Rotation:

SEARCH places students in medically underserved and health professional shortage areas throughout Erie and Niagara. Please indicate which geographical area you prefer.*



(1) Erie

(2) Niagara

No preference

***If you are interested in a rotation outside of Erie or Niagara County please specify:** _____

TERMS and RESPONSIBILITIES

Please check each block as certification of your understanding of the criteria of the SEARCH program.

- I will complete at least the minimum number of hours required for a rotation according to my academic institution (if applicable).
- I will complete all necessary forms, time sheets, mileage charts, etc. associated with this rotation.
- I agree to complete all the trainings associated with the SEARCH Program.

I understand and agree to the above student responsibilities. I understand that if my application is approved, I will be assigned a site in either a rural or urban community. I also understand that I am responsible for providing my own transportation to and from the placement site while completing my rotation. I understand that failure to provide all forms, time sheets, etc. associated with this rotation will result in no credit for this rotation.

Signed: _____

Date: _____

Application checklist (please include the following with your application to the ENAHEC SEARCH Program):

- Completed application
- Typewritten answers to Experience and Interests questions in application
- Updated immunization record
- Letter from University or training program indicating good academic standing

Please return completed application and supporting documents by email, fax, or regular mail to:

Erie Niagara AHEC
 77 Goodell St., Suite 460
 Buffalo, NY 14203
 E-mail: info@erieniagaraahec.org
 Fax: 716-249-6008

If you have any questions, please call 716-835-9358.