

# New York State Area Health Education Center System SEARCH Application



Please answer all questions in order to be considered for a position in the SEARCH Program. Return the application to Megan Vaughan, Project Manager, by email at [mv48@buffalo.edu](mailto:mv48@buffalo.edu) or by fax at 716-898-3536. If you have any questions, call 716-898-4699. Please remember that all applications must be received at least three months before desired rotation start date.

## STUDENT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		Name (Last, First, MI):	Date of Birth:
Street Address:		City:	State:
Permanent Address (if different):		Permanent City:	Permanent State:
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

Name of current school/program attending:	State of current school/program attending:
<b>Discipline*:</b> <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"/> Nurse Practitioner <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Psychiatric Nursing <input type="checkbox"/> Psychiatry	
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:

## EXPERIENCE and INTERESTS

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

- Why do you want to participate in the NYS AHEC System SEARCH Program?
- What is your experience working with underserved populations?
- What are your previous community-based and/or primary care experiences?
- What are your personal goals/objectives and what do you hope to achieve during this experience?
- Why are you interested in working with underserved populations?

How did you hear about this program?

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> AHEC office contacted me | <input type="checkbox"/> AHEC Web Site | <input type="checkbox"/> Class Presentation | <input type="checkbox"/> College or University |
| <input type="checkbox"/> Conference               | <input type="checkbox"/> Other Student | <input type="checkbox"/> SEARCH Web Site    | <input type="checkbox"/> Other:                |

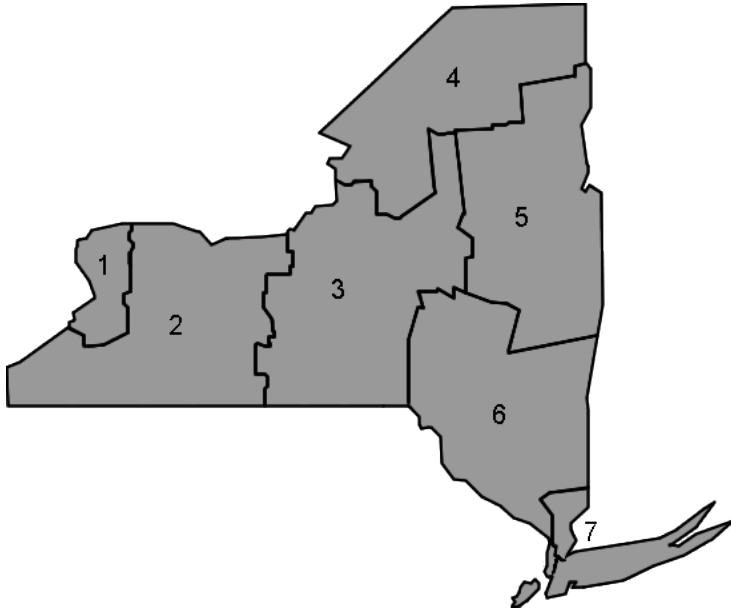
## ROTATION PREFERENCES

Each rotation must be at least 120 hours. What is the desired length of your rotation? <input type="checkbox"/> Four Weeks <input type="checkbox"/> Six Weeks <input type="checkbox"/> Other:			
Are you interested in specific rotation dates? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which type of experience would you prefer?	
If yes, please indicate what dates:		<input type="checkbox"/> Rural Community <input type="checkbox"/> Urban Community <input type="checkbox"/> No preference	
Are you seeking support in the following areas?* <input type="checkbox"/> Housing <input type="checkbox"/> Transportation			

\*Please note that not all discipline rotations or types of support are available in all areas.

**Geographic Location of Rotation:**

SEARCH places students in medically underserved and health professional shortage areas throughout New York State. Please indicate which geographical areas of the state you prefer.\*



- (1) Buffalo/Niagara Region
- (2) Western New York Rural
- (3) Central New York
- (4) Northern New York
- (5) Hudson/Mohawk Region (including Albany)
- (6) Catskill/Hudson Region
- (7) Metropolitan New York Region
  - Bronx    Brooklyn    Long Island    Manhattan
  - Queens    Staten Island    Westchester
- No preference

\*If you are interested in a rotation in a specific county, town or city, please list location(s) below:

**FOR OFFICE USE ONLY**

<b>Center Referred To:</b>		<b>Date Referred:</b>	
<b>Primary Rotation Site:</b>		<b>Rotation Site Address:</b>	
<b>Rotation Dates:</b>	<b>Number of Weeks in Rotation:</b>	<b>Rotation Hours per Week:</b>	
<b>Primary Preceptor or Clinical Supervisor:</b>		<b>Preceptor's Discipline:</b>	
<b>Site Type:</b>			
<b>Travel reimbursement provided:</b>		<b>Housing reimbursement provided:</b>	
<b>Assigned AHEC Staff Member:</b>		<b>Date Matched:</b>	
<b>Data Entry Staff:</b>		<b>Date Entered:</b>	

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