Idaho SEARCH

Student/Resident Experiences and Rotations in Community Health

Participant Application

The purpose of the Idaho SEARCH program is to provide students with a quality training opportunity in a medically underserved area in Idaho. If accepted to the program, you will have a clinical preceptor and a community mentor while on rotation and you will be required to complete a clinic or community project that you will plan along with your preceptor and community mentor.

Please submit your completed application to Katrina Hoff, Idaho Primary Care Association, 1087 West River Street Suite 160, Boise, ID 83702 at least two months prior to your desired rotation dates. If you have any questions regarding the application process, **please do not hesitate** to call Katrina at (208) 898-3824 or email at khoff@idahopca.org.

The federal government requires the following information so you must complete the entire form or your application will not be considered.

Demographic Information

NAME	

CURRENT ADDRESS

STREET ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL			

Please provide us with an address where you can be located in a year. Thank you.

PERMANENT ADDRESS

STREET ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL			

Student applications to participate in the Idaho SEARCH Program are prioritized using the following criteria: Please **check** the appropriate category.

- ☐ NHSC scholar (scholar status will be verified by NHSC)
- ☐ Idaho resident in Idaho training program
- ☐ Non-Idaho resident in Idaho training program
- ☐ Idaho resident/former resident in non-Idaho training program
- ☐ Non-Idaho resident in non-Idaho training program

Language Information

This information will be used to assist with proper placement. It will not affect the status of your application.

Do you have Spanish language skills? Yes ☐ No ☐

If yes, what is your level of ability?
Read, write & speak fluently ☐ Speak fluently ☐ Intermediate ☐ Beginner ☐

School/Training Program Information

University or Residency Program			
Field of Study/Discipline			
Year in School/Training Program		Graduation Date	
Does Your University/Residency Program Cover Your Malpractice Insurance During 'Away' Rotations/Experiences?	Yes ☐ (*If yes, you will be required to provide proof*) No ☐		
Will You Receive Academic Credit?	Yes ☐ No ☐		

IF YOU ARE IN A RESIDENCY TRAINING PROGRAM

Beginning Date of Program		Ending Date of Program	

Clinical Rotation Coordinator Contact Information

NAME OF CLINICAL COORDINATOR					
STREET ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL			

Rotation Dates

Please list **ALL** specific dates available for your SEARCH rotation.

First Preference	Start Date		End Date	
Second Preference	Start Date		End Date	

Rotation Sites

Referring to the attached map, please select three communities that you are interested in for your SEARCH rotation. (This does not guarantee that you will be placed at the site).

First Preference	
Second Preference	
Third Preference	

Experience/Goals Information:

1. Please attach a resume or CV listing your education and relevant work/volunteer experience for the past five years.
2. Write a one-page personal statement addressing:
   - Your long range personal and professional goals.
   - Any life experiences you feel make you a good candidate for the SEARCH program.
   - A description of how you see participating in the SEARCH program will affect your training as a health professional.

Letter of Recommendation Information:

The Idaho SEARCH program requires two letters of recommendation. Please list the name, address, and phone number of each letter writer on the lines provided.

The **first letter** needs to be from a clinical preceptor or academic faculty member who can speak of your **clinical skill level**.

NAME & TITLE					
STREET ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL			

The **second letter** should address your volunteer **commitment** and can be written by an organization that you have volunteered with or an individual who can attest to your commitment level.

NAME & TITLE					
STREET ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL			

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