



Community-Based Primary Care Training in MAINE ~ Application ~

APPLICANT INFORMATION

Name: _____ SS#: _____ - _____ - _____
 Gender: Male Female Ethnicity: _____
 Current Address: _____ Permanent Address: _____

 Phone: _____ Phone: _____
 Cell phone: _____ E-mail: _____
 Emergency Contact Name & Phone #: _____
 Which address would you prefer to receive mail? Current Permanent

EDUCATION BACKGROUND

Program Name: _____ Graduation Date: _____
 Advisor: _____ Phone : (____) _____
 Year in School: 1st 2nd 3rd 4th
 Type of Program: MD DO FNP PA DMD/DDS Other: _____
 Academic Standing: Pre-Clinical Student Clinical Student Resident
 Does your school provide liability insurance? YES NO (Clinical Students must provide documentation of liability coverage.)
 Will you be receiving educational credit for your rotation? YES NO
 Please list skills or experience relevant to rural health, primary care, or medically underserved populations.

 Which clinical rotations will you have completed by the time of this placement (If not on C.V.)?

ROTATION CHARACTERISTICS

Start & End Dates: _____
 Which academic course are you seeking credit for? _____
 Please specify: # days per week _____ Which days of the week: M T W Th F
 Do you have any site/area preferences? _____

HOUSING

We will automatically locate housing for you unless you say you do not need it. This process takes several weeks. Please notify MPCA (not your preceptor) as soon as possible if you plan to locate your own housing.

Do you need us to locate housing for you? YES NO
 Do you have allergies relevant to housing? YES NO If yes, please describe: _____

 Do you have any special needs that would affect housing? (Sorry, we cannot house pets.) YES NO
 If yes, please describe: _____
 Would you need accommodations for anyone other than yourself? YES NO If yes, please explain. Be specific as to whom, how often, etc. _____

PROFILE

Which state are you originally from? _____

If not from Maine, do you have any connections with Maine? YES NO If yes, how so? _____

Do you come from a rural background? YES NO

Do you come from a disadvantaged background? YES NO

Are you an NHSC Scholar? YES NO

Are you a participant in FAME's Access Program? YES NO

Are you interested in the NHSC Loan Repayment Program?

I plan to apply Very Possibly Possibly Unlikely No knowledge

Do you speak another language in addition to English? YES NO (If yes, please list and describe proficiency) _____

What are your goals for this rotation? Please be specific, as this list will be shared with your preceptor in order to meet your needs and expectations as closely as possible. At the end of your rotation, you will have the opportunity to evaluate how well your goals were met. (*Answer here; please do not say "see personal statement"*)

(a) _____

(b) _____

(c) _____

(d) _____

SEARCH encourages interdisciplinary experiences and we will work to arrange time with a variety of providers. However, you will be assigned a principal preceptor. What are your preceptor preferences?

What are your future residency and/or practice plans? _____

How would you rate your likelihood to seek a practice in Maine?

Very likely Likely 50/50 Not very likely No chance

How would you rate your likelihood to seek a practice in primary care?

Very likely Likely 50/50 Not very likely No chance

How would you rate your likelihood to seek a rural practice?

Very likely Likely 50/50 Not very likely No chance

How did you hear about our program? _____

Students who participate receive a T-shirt. Please indicate your T-Shirt size. S M L XL

For this application to be considered complete it must be accompanied by a resume and a brief personal statement: *Why do you want to train in Maine?*

Mail or fax to: Greta Doe, Program Coordinator, MPCA,
73 Winthrop Street, Augusta, ME 04330 Fax: 207-621-0577

For more information contact Jim Dowling, Workforce Development Manager at
(207) 621-0677 x 203 or jdowling@mepca.org

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