IPHCA
Illinois Primary Health Care Association

Health Professions Training
Student Application

Personal Information *(Required for Participation)*

Name: _____ Sex: ◯ Female ◯ Male

Date of Birth: _____

Race:

☐ African American ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ Other: _____

Ethnicity:

☐ Hispanic or Latino ☐ Other

Current Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Cell Phone: _____

Primary e-mail: _____ Secondary e-mail: *(non-school)* _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

(For future evaluation)

School/Program Information

Name of School: _____

Department/Program: _____

Address: _____

Rotation Advisor: _____ Graduation Date: _____

Advisor's Phone: _____ Advisor's e-mail: _____

Rotation

Date From _____ *to* _____ ☐ Full-time ☐ Part-time

Number of weeks in Rotation: _____ Year in Program: _____

Type of Rotation:
(Check all that apply) ☐ Clinical ☐ Pre-Clinical ☐ Elective ☐ Required ☐ Credit ☐ Non-Credit

Type of Rotation Discipline:

☐ Family Practice ☐ Internal Medicine ☐ OB/GYN ☐ Pediatrics ☐ Psychiatry ☐ Women's Health ☐ Primary Care

☐ Behavioral Health ☐ Dental ☐ Other: _____

Type of Student/Resident:

☐ MD ☐ DO ☐ APN ☐ PA ☐ CNM ☐ DDS/DMD ☐ RDH ☐ LCP ☐ LCSW ☐ LCPC ☐ Other: _____

If an MD or DO, what field do you plan to enter?

☐ Family Practice ☐ Internal Medicine ☐ OB/GYN ☐ Pediatrics ☐ Psychiatry ☐ Other: _____

Site Choices

1st: _____

2nd: _____

3rd: _____

Education and Credentials

Undergraduate School : _____

Graduate School: _____

Current License: (*If applicable*) _____

Application Profile

Are you a National Health Services Corp 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

At this time do you think you would like to practice in an underserved area? ☐ Yes ☐ No ☐ Undecided

Briefly describe prior experience of working with an underserved population with the space below or attach an additional sheet.

Briefly discuss your expectations for the Illinois SEARCH rotation experience with the space below or attach an additional sheet.

To apply, please send a completed application and (proof of academic good standing) in an accredited health professions training program to:

Ashley Colwell
acolwell@iphca.org
Phone: Phone: (217) 541-7309; Fax: (217) 541-7310

Print Form E-mail