

Early Rural Experience Application Form

OSU-CHS Center for Rural Health
 1111 West 17th Street, Tulsa, OK 74107
 (918)584-4332 Fax (918)584-4391

Please complete the following and attach
a one-page personal statement that includes
 your interest in an Early Rural Experience and
 what you hope to gain from this rural experience.

Name _____ Date _____

For Office Use Only

Rural Health Option Yes No
 Summer Rural Externship Yes No
 Member of STORM Yes No
 Completed RH Electives Spring Fall
 Housing Requested Yes No
 Reviewed by ____ Approved Yes No*
 *If no, see comment below
 Enrollment Form Processed Yes No
 Coordinator Notified _____

Current Mailing Address _____
Street City State Zip

Home Phone _____ Alternate Phone _____ Class of _____

E-mail address _____ CWID _____

List dates, sites and/or preceptors (3 weeks or 120 hours required with no more than 3 sites)					
May		September		January	
June		October		February	
July		November		March	
August		December		April	

Which area or areas do you prefer to do your Early Rural Experience?		Check all boxes that apply	
<input type="checkbox"/>	Within 30 miles of Tulsa	<input type="checkbox"/>	I plan to stay with family or friends (no housing needed)
<input type="checkbox"/>	Within 30 miles of Oklahoma City	<input type="checkbox"/>	I will need housing assistance
<input type="checkbox"/>	Northwest Oklahoma	<input type="checkbox"/>	Please send me the hardship information and application
<input type="checkbox"/>	Northeast Oklahoma		
<input type="checkbox"/>	Southwest Oklahoma		
<input type="checkbox"/>	Southeast Oklahoma		
<input type="checkbox"/>	Anywhere in Oklahoma		

If you have specific locations or physicians you would like to be considered for your clinical experiences complete the following, but DO NOT CONTACT until this application has been approved.						
Name		DO/MD	Specialty		Contact	
Address			Phone		Fax	
Name		DO/MD	Specialty		Contact	
Address			Phone		Fax	
Name		DO/MD	Specialty		Contact	
Address			Phone		Fax	
Name		DO/MD	Specialty		Contact	
Address			Phone		Fax	

For reporting and housing purposes only: Date of Birth _____ Gender ____ Race/Ethnicity _____

* Comments: _____