

# Summer Rural Externship Application

OSU-CHS Center for Rural Health  
 Area Health Education Center (AHEC)  
 1111 West 17<sup>th</sup> Street, Tulsa, OK 74107  
 (918)584-4609 Fax (918)584-4396

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

For Office Use Only	
Rural Health Option	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early Rural Experience	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member of StORM	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completed RH Electives	<input type="checkbox"/> Spring <input type="checkbox"/> Fall
Housing Requested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewed by ____ Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No*
*If no, see comment below	
Enrollment Form Processed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Coordinator Notified	_____

Name \_\_\_\_\_ Date \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Class of \_\_\_\_\_

E-mail address \_\_\_\_\_ CWID \_\_\_\_\_

List dates and locations that you would prefer (3 week rotation) Depends on availability.					
May		September		January	
June		October		February	
July		November		March	
August		December		April	

Which area or areas do you prefer to do your Summer Rural Externship?		Check all boxes that apply	
<input type="checkbox"/>	Within 50 miles of Tulsa	<input type="checkbox"/>	I plan to stay with family or friends (no housing is needed)
<input type="checkbox"/>	Within 50 miles of Oklahoma City	<input type="checkbox"/>	I will need housing assistance
<input type="checkbox"/>	Northwest Oklahoma	<input type="checkbox"/>	I have special housing needs (handicap, spouse, child)
<input type="checkbox"/>	Northeast Oklahoma	<input type="checkbox"/>	
<input type="checkbox"/>	Southwest Oklahoma	<input type="checkbox"/>	
<input type="checkbox"/>	Southeast Oklahoma	<input type="checkbox"/>	
<input type="checkbox"/>	Anywhere in Oklahoma	<input type="checkbox"/>	

If you have specific physicians you would like to be considered for your rural experience 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: \_\_\_\_\_