

Oklahoma Area Health Education Center
1111 West 17th Street, Tulsa, OK 74107
(918)584-4368 Fax (918)584-4396
Summer Rural Externship
Application Form

Please include a one-page personal statement that includes your interest in a rural rotation and what you hope to gain from this experience.

Name _____ Date _____

Current Mailing Address _____
Street City State Zip

Home Phone _____ Alternate Number _____

E-mail address _____ SSN _____

Date of Birth _____ Gender _____ Race/Ethnicity _____

When do you want to BEGIN a three-week rural rotation? List preferred dates if any

May _____

June _____

July _____

In which quadrant of Oklahoma do you want to do your rural rotation

- Northwest Oklahoma (includes the panhandle)
- Northeast Oklahoma
- Southwest Oklahoma
- Southeast Oklahoma
- Anywhere in the state

Do you have a specific town you would like to go to? ___ YES ___ NO

If "yes", please specify: _____

Do you have a specific preceptor with whom you would like to serve? ___ YES ___ NO

If "yes", please complete the following information but do NOT contact the preceptor until he/she has been approved.

Name _____ D.O. ___ YES ___ NO

Address _____
Street City State Zip

Telephone _____ Fax _____