HEALTH SCIENCES SERVICE PROGRAM

2017-18 Student Application

Please type or print in blue ink and attach additional pages if needed. Submit completed application by **October 16, 2017** to: Health Sciences Service Program, WV Higher Education Policy Commission, 1018 Kanawha Blvd E., Suite 700, Charleston, WV 25301.

1. First name **Middle initial** **Last name** **2. Date of birth**

3. CURRENT mailing address: Street address or PO box

City State Zip County

4. Cell/home phone **5. Work/day phone**

6. Email Alternate email

7. PERMANENT mailing address: Street address or PO box

City State Zip County

8. School **9. Anticipated graduation date**

10. Field of study **11. Career goal**

12. Area of intended specialization:

☐ PHYSICIAN

❍ Emergency medicine ❍ Family practice ❍ General internal medicine ❍ Pediatrics ❍ Internal medicine/pediatrics ❍ OB/GYN ❍ Geriatrics ❍ Psychiatry

Where are you applying for residency training and in what specialty?

☐ NURSE EDUCATOR ☐ NURSE PRACTITIONER ☐ PHYSICIAN ASSISTANT ☐ PHYSICAL THERAPIST ☐ DENTIST
☐ NURSE MIDWIFE ☐ PHARMACIST

Area of specialization, if applicable:

☐ LICENSED INDEPENDENT CLINICAL SOCIAL WORKER

Where are you applying for post graduate field placement?

☐ DOCTORAL CLINICAL PSYCHOLOGIST

Where are you applying for internship?

13. Are you a resident of West Virginia? ☐ YES ☐ NO

If "yes," how many years? What is your home county?

Questions? Contact Dakota Morris at dakota.morris@wvhepc.edu or (304) 558-0530.

14. Background: Where were you born and raised? What family ties, if any, do you have in West Virginia? Have you ever lived or worked in rural West Virginia or another underserved area?

15. What personal and professional attributes make you a good match for practice in a rural or underserved area? Or, if applicable, what personal and professional attributes make you a good nurse educator?

16. What do you believe are the positives and negatives of practicing and living in a rural or underserved area? Or, if applicable, teaching in a nursing program?

17. If you receive this award, what impact would the service obligation have on your personal life? Do you have any professional or personal barriers to relocating to any part of the state?

18. Describe an impactful experience you have had in a rural or underserved area of West Virginia as a health professional or health professions student.

19. Describe any related community research, service projects, or volunteer work you have done in rural or underserved areas of West Virginia.

20. Have you explored practice opportunities in West Virginia? ☐ YES ☐ NO
    Do you have a geographic preference? ☐ YES ☐ NO
    Comments:

21. Do you have any other service obligations, including military obligations? ☐ YES ☐ NO
    If "yes," please describe:

22. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act, which requires that males between the ages of 18 and 25 register with the Selective Service. Are you in compliance?
    ☐ YES ☐ NO ☐ DOES NOT APPLY
    Comments:

23. a) List a minimum of three practice opportunities that you have explored, including the site location.

    b) Did you grow up in or near any of the above communities? Were any of your clinical experiences at the sites or communities you have listed?

24. Are you currently employed? ☐ YES ☐ NO
    If yes, where:

Additional application materials required for all applicants:

In addition to submitting a completed copy of this application, all applicants must also submit the following forms to the Higher Education Policy Commission. All materials must be postmarked by Monday, October 16, 2017:

1. At least two letters of recommendation (use the attached recommendation form) from (1) an official in the Dean's Office or your Program Director who can address your academic work, clinical skills and professionalism, and interest in working in a rural or underserved area or nursing education, and (2) an individual (not a relative) who is knowledgeable about your clinical experiences as a health professions student, particularly in rural or underserved areas of West Virginia. Additional recommendations are optional. *Letters of recommendation may be mailed by the referring individual or the student.*
2. A completed version of the attached Certification of Educational Status Form executed by yourself and the appropriate school official. *The school official must mail this form directly to the Higher Education Policy Commission.*

Please notify your school contact that you are applying for this program. The contact is listed in the Health Sciences Service Program brochure.

I hereby certify that all of the above statements are true and correct. I understand that, if I am awarded a Health Sciences Service incentive, I am obligated to:

Practice for at least two years full-time or four years half-time at an eligible site in a rural or underserved area of West Virginia, or, if applicable, teach at least two years full-time or four years half-time in an approved nursing program in West Virginia.

I also understand that false statements on this application may be grounds for breach of contract.

Signature of applicant **Date**