

Personal Information

Last Name First Name Middle

Email Address *Please provide your complete email address; clearly indicate capital letters and numbers.*

Current Mailing Address

City State Zip Code

Daytime Phone Number / Cell Phone Number

School/Program Information

I am currently enrolled in:

- Medical School, YEAR_____
 Residency, YEAR_____
 Physician Assistant Program
 Nurse Practitioner Program

Name of School/Residency Program

When do you anticipate completing your training?

School/Program Mailing Address:

City State Zip Code

School/Program Contact: Name & Title Email Phone

Rotation Information

Desired Rotation: Family Practice Internal Medicine Pediatrics Elective/Other: _____

Rotation Dates: *(specify exact inclusive dates, please):*

1st Choice: Beginning _____ Ending: _____ Required Hours (if appl.)
Month / Day / Year Month / Day / Year

2nd Choice: Beginning _____ Ending: _____
Month / Day / Year Month / Day / Year

3rd Choice: Beginning _____ Ending: _____
Month / Day / Year Month / Day / Year

Days of the Week *(circle choice)*: **Daily** or Mondays Tuesdays Wednesdays Thursdays Fridays

Time of Day *(circle choice)*: All day Morning session only Afternoon session only

Please list most recently completed rotations *(if any)*:

Location/Preceptor:	Type of Rotation/Specialty:	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Short Answer Information (you may also attach a cover letter or personal statement with this application)

1. How did you hear about Jericho Road Community Health Center?

2. Describe your career goals and intended specialty. Where do you see yourself in five years? How would a rotation at JRCHC impact those goals?

3. Describe your interest and experience in providing health care to underserved populations.

4. Please list any additional information that you think would be helpful for us to know about you, including relevant skills and language proficiencies.

Emergency Contact Information:

Contact Name: _____	Relation to you: _____
Daytime Phone: _____	Alternate Phone: _____

Signature

I certify that all the information in this application is true and accurate.

Applicant signature

Date

Mailing Instructions

Please mail or email all application materials to the address below:

**Jericho Road Community Health Center
Attn: Cara Raczka
182 Breckenridge Street
Buffalo, NY 14213**

Or email to: cara.raczka@jrchc.org