

# 1. Cal-SEARCH Program and Application Information for Students/Residents

Welcome to the Cal-SEARCH Program!

The Office of Statewide Health Planning and Development (OSHPD), in partnership with the California Area Health Education Center (AHEC) and the California Primary Care Association (CPCA), has created California's Student/Resident Experiences and Rotations in Community Health Program (Cal-SEARCH).

Cal-SEARCH is designed to increase the recruitment and retention of culturally competent, community oriented health professionals in California's community clinics and health centers (CCHCs) by providing health professions students/residents with clinical experiences.

Students and Residents must be enrolled in one of the following programs in order to be eligible to apply and participate in a Cal-SEARCH rotation:

- Medical student or resident in Family Medicine, Internal Medicine, Pediatrics, Ob/GYN
- Dental Hygiene
- Dentistry
- Nurse Practitioner
- Physician Assistant The following additional disciplines are encouraged to apply and will be considered as space is available:
  - Certified Nurse-Midwives
  - Clinical Psychologists
  - Clinical Social Workers
  - Marriage and Family Therapists
  - Psychiatric Nurse Specialist
  - Psychiatry

Cal-SEARCH rotations are for a period of 4 - 8 weeks. Students/residents must be able to devote a **minimum of 80 hours** for the clinical rotation and provide their own housing and transportation (community project hours are additional).

In addition to the clinical rotation, all students/residents will complete a community project. Upon completion of the rotation and community project, students/residents will receive a \$700 stipend.

In order to participate, clinics must also apply and be accepted into the Cal-SEARCH program. There are clinic sites in both urban and rural areas throughout the state; however, not all counties will have sites available. Applicants are required to review the Cal-SEARCH Expectations and Guidelines document, located on the Cal-SEARCH website, prior to applying.

## APPLICATION INFORMATION

Applications are currently being accepted for rotations occurring January 2011 through August 2012.

Applications and supporting documents must be submitted at least six weeks prior to the desired rotation period. For example, if you wish to start your rotation March 1, 2011, your online application and supporting documents must be received no later than January 18, 2011. Applications will be accepted through June 30, 2012.

Supporting documents include (all must be received before your application will be considered):

- (1) Biography or resume (including education and volunteer experience)
- (2) Two letters of recommendation from advisor/instructor
- (3) Student Enrollment Form or Resident Confirmation Form (depending upon your academic status; can be found on the Cal-SEARCH website at <http://www.oshpd.ca.gov/hwdd/cal-search>).

If you have additional questions about the Cal-SEARCH program, please call (916) 326-3711, visit the Cal-SEARCH website at <http://www.oshpd.ca.gov/hwdd/cal-search>, or email Cal-SEARCH at [Cal-SEARCH@oshpd.ca.gov](mailto:Cal-SEARCH@oshpd.ca.gov).

This program is funded by the US Department of Health and Human Services, Health Resources and Services Administration.

## 2. Applicant Information

Federal funding for Cal-SEARCH requires collection of participant data. The information you provide is confidential.

### \* 1. Student Name

First Name	<input type="text"/>
Middle Name/Initial	<input type="text"/>
Last Name	<input type="text"/>

### \* 2. Current Address

Address:	<input type="text"/>
Apt/Suite #:	<input type="text"/>
City/Town:	<input type="text"/>
County:	<input type="text"/>
State:	<input type="text" value="6"/>
ZIP:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

### \* 3. Permanent Address (if different from above) This information will be used to contact successful applicants up to 5 years after their rotation.

Address:	<input type="text"/>
Apt/Suite #:	<input type="text"/>
City/Town:	<input type="text"/>
County:	<input type="text"/>
State:	<input type="text" value="6"/>
ZIP:	<input type="text"/>
Country:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>

### \* 4. Gender

### \* 5. Date of Birth

	MM		DD		YYYY
Birth Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

Document for reference only.

### 3. Racial/Ethnic/Economic Background

\* 1. Please select your race, ethnicity and economic background.

- |  |  |  |
|--|--|--|
| <input type="radio"/> American Indian/Alaskan Native   | <input type="radio"/> White or Caucasian             | <input type="radio"/> Two or More Races (Indicate below) |
| <input type="radio"/> Asian                            | <input type="radio"/> African American/African/Black | <input type="radio"/> Other (indicate below)             |
| <input type="radio"/> Native Hawaiian/Pacific Islander | <input type="radio"/> Latino/Hispanic                |  |

2. If your response to the question above was "Other" or "Two or More Races," please indicate here.

\* 3. Do you consider yourself to have an economically or educationally disadvantaged background, based on the following definition?

“A ‘disadvantaged’ individual is one who comes from an environment that has inhibited the knowledge, skills, and abilities required to enroll in and graduate from a health professional training school, or from a program providing education or training in an allied health profession.” OR “A disadvantaged individual comes from a family with an annual income below a level based on low-income thresholds set by the US government.” Definition from the US DHHS Health Resources and Services Administration.

Document for reference only.

## 4. Education Background

\* 1. Name of School/Residency currently attending.

Name:

Address:

Suite/Building:

City/Town:

State:

ZIP/Postal Code:

Country:

\* 2. Department or Program.

\* 3. Advisor Information.

Name:

Email Address:

Phone Number:

\* 4. Degree Pursuing.

\* 5. Academic Level/Year.

6. Will you be receiving educational credit for completing this rotation and community project?

\* 7. Student/Resident medical liability insurance status (medical liability is not required to participate in Cal-SEARCH).

\* 8. Expected graduation date. Please note that Cal-SEARCH rotations must be completed prior to your graduation.

Expected graduation date.      MM      DD      YYYY

/  /

\* 9. Select your first geographic choice for your rotation. Please note that not all counties have clinic sites. If possible, please indicate a 2nd and 3rd choice.

\* 10. Select your second geographic choice for your rotation.

★ 11. Select your third geographic choice for your rotation.

12. Is there a specific clinic site you prefer to complete your rotation and community project at? Every attempt will be made to match student's to specific sites, however, there is no guarantee as sites must apply and be approved in order to participate in Cal-SEARCH.

Clinic Name:

Clinic Address (including county):

Clinic Contact Name & Title:

Contact Phone Number:

Contact Email:

★ 13. Preferred dates for rotation. Please check all that apply. Preferred rotation dates should not be more than 6 months from application date.

- |  |   |                                      |
|--|---|--------------------------------------|
| <input type="checkbox"/> January 2011  | <input type="checkbox"/> August 2011    | <input type="checkbox"/> March 2012  |
| <input type="checkbox"/> February 2011 | <input type="checkbox"/> September 2011 | <input type="checkbox"/> April 2012  |
| <input type="checkbox"/> March 2011    | <input type="checkbox"/> October 2011   | <input type="checkbox"/> May 2012    |
| <input type="checkbox"/> April 2011    | <input type="checkbox"/> November 2011  | <input type="checkbox"/> June 2012   |
| <input type="checkbox"/> May 2011      | <input type="checkbox"/> December 2011  | <input type="checkbox"/> July 2012   |
| <input type="checkbox"/> June 2011     | <input type="checkbox"/> January 2012   | <input type="checkbox"/> August 2012 |
| <input type="checkbox"/> July 2011     | <input type="checkbox"/> February 2012  |                                      |

14. Indicate clinic type you prefer to perform your rotation and community project in. Check all that apply.

- Rural  Urban

Document for reference only.

## 5. Applicant Profile

\* 1. How did you hear about the Cal-SEARCH program?

2. If your response to the question above was "Other" please indicate here.

\* 3. Are you a National Health Service Corps Scholar?

\* 4. Are you currently a resident of California?

\* 5. Do you fluently speak any languages other than English? (Language information will be used to assist with proper placement. It will not affect the status of your application.)

6. Specify any languages other than English you fluently speak:

Language:

Language:

\* 7. Do you have any special needs or requirements regarding your rotation? If so, please specify below.

8. Indicate special needs or requirements regarding your rotation.

\* 9. Do you plan to practice in California?

\* 10. Describe your interest in having a clinical experience in a clinic or community health center.

  

\* 11. Describe any prior experience you have working in a rural clinic, community health center, medically underserved population or any other community-oriented activities.

  

\* 12. What are your expectations and goals for the Cal-SEARCH rotation?

  

Document for reference only.

## 6. Application Checklist

For your application to be considered complete and considered for placement, these additional application materials must be received at least 6 weeks before you want to start your rotation:

- (1) Biography or resume (including education and volunteer experience)
- (2) Two letters of recommendation from advisor/instructor
- (3) Student Enrollment Form or Resident Confirmation Form (depending upon your academic status; can be found on the Cal-SEARCH website)

You can send in the documents in one of the following ways:

- 1) Email them to Cal-SEARCH (Cal-SEARCH@oshpd.ca.gov)
- 2) Fax to Donna Scheerer-Treleven, CPCA, 916-440-8172
- 3) Mail to Donna Scheerer-Treleven, CPCA, 1231 I Street, Suite 400, Sacramento, CA 95814

**Document for reference only.**

## 7. Verification of Information

Please acknowledge the following:

- \* **1. I understand that any application containing false, misleading or unsupported information could be rejected, and to the best of my knowledge the application I am submitting does not contain false, misleading or unsupported information. Once this application is submitted, all information is final.**

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- \* **2. I have read the Cal-SEARCH Expectations and Guidelines document and understand and agree to the program's expectations and requirements.**

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You are done! Your online application is complete. In order for your application to be considered, we must receive your online application and supporting documents at least 6 weeks before you want to start your rotation. Once all your supporting documents have been received, the Cal-SEARCH team will then review your application and provide a response within 2 - 4 weeks.

Document for reference only.