



The *California Student/Resident Experiences and Rotations in Community Health* (Cal-SEARCH) program is a partnership between the Office of Statewide Health Planning and Development (OSHPD), the California Area Health Education Center (AHEC), and the California Primary Care Association (CPCA). This program is funded by U.S. Department of Health and Human Services, Health Resources and Services Administration.

## Cal-SEARCH Student Enrollment Form

**THIS SECTION IS TO BE FILLED OUT BY THE STUDENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

School/Program: \_\_\_\_\_

Semester or Quarter:  Fall  Winter  Spring  Summer Year: \_\_\_\_\_

**List the month and year for rotation desired (this information is needed to match what is on your application.)**

Month/Year: \_\_\_\_\_ Month/Year: \_\_\_\_\_ Month/Year: \_\_\_\_\_

**Do you carry your own personal medical liability?**  Yes  No

**Please select your specialty of training:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Certified Nurse Midwives | <input type="checkbox"/> Family Medicine                | <input type="checkbox"/> OB/GYN                        |
| <input type="checkbox"/> Clinical Psychologists   | <input type="checkbox"/> Internal Medicine              | <input type="checkbox"/> Pediatrics                    |
| <input type="checkbox"/> Clinic Social Workers    | <input type="checkbox"/> Marriage and Family Therapists | <input type="checkbox"/> Physician Assistants          |
| <input type="checkbox"/> Dental Hygienists        | <input type="checkbox"/> Medicine                       | <input type="checkbox"/> Psychiatric Nurse Specialists |
| <input type="checkbox"/> Dentistry                | <input type="checkbox"/> Nurse Practitioners            | <input type="checkbox"/> Psychiatry                    |

**THIS SECTION IS TO BE FILLED OUT BY YOUR SCHOOL'S PROGRAM DIRECTOR OR APPROPRIATE DESIGNEE:**

**Please indicate year in school:** 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>

I certify that the student mentioned above is or will be enrolled for the semester and/or quarter listed above and is a student in good academic standing.

I certify that the student's liability coverage will be covered by the school/program's medical liability insurance during the Cal-SEARCH rotation (not required to participate in Cal-SEARCH).

Yes  No Will the student receive educational credit for completing the rotation Cal-SEARCH rotation and community project?

**PLEASE CHECK ONE:**

- I certify that I am the Program Director, Faculty Course Coordinator, or designee.
- I certify that I am authorized to sign this document on behalf of the Program Director, Faculty Course Coordinator, or designee.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title, Signature and Date

\_\_\_\_\_  
Email

**RETURN TO:** California Primary Care Association, 1231 I Street, Suite 400, Sacramento, CA 95814  
**ATTN TO:** Donna Scheerer-Treleven, Ph (916) 440-8170

For more information about Cal-SEARCH, visit the website at:  
[www.oshpd.ca.gov/HWDD/Cal-SEARCH/](http://www.oshpd.ca.gov/HWDD/Cal-SEARCH/) or call (916) 326-3711 or email [Cal-SEARCH@oshpd.ca.gov](mailto:Cal-SEARCH@oshpd.ca.gov)