**CBET Student/Resident Worksheet**

**(Please Print)**

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| **STUDENT INFORMATION:** | | | | | | **Today’s Date:** | | | |
| **Last Name/First name** | | | | **Gender**  Male  Female | | | **Birthdate (mm/dd/yyyy)** | | |
| **Address** | | **City** | | | **County *(not USA)*** | | | **State** | **Zip code *(9 digit if possible)*** |
| **Primary Phone #** | **Email Address:** | | | | | | | | |
| **Race (select all that apply)**  African American / Black  American Indian/Alaskan Native  Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander  White/Caucasian  Not reported | **Can you answer yes to any of the following?**   Yes  No   * You are (or will be) the first generation in your family to attend college. * You have or currently receive Scholarship or Loan for Disadvantaged Students. * While growing up, you or your family ever used federal or state assistance programs (such as: free or reduced school lunch, subsidized housing, food stamps, Medicaid etc.). * While growing up, you lived where there were few medical providers at a convenient distance. | | | | | | | | |
| **Did you grow up in a rural or remote (geographically isolated) area?**  Yes  No | | | | | | | | | |
| **Veteran Status**  Active Duty Military: An individual serving in a full-time capacity in one (1) of the seven (7) uniformed services.  Reservist: An individual serving in a part-time capacity in one (1) of the seven (7) uniformed services.  Veteran (Prior service): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 90 days or more.  Veteran (Retired): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 20 years or more OR An individual discharged from one (1) of the seven (7) uniformed services due to medical status.  Individual is not a Veteran: A student who has never served in one (1) of the seven (7) uniformed services OR An student who was discharged from one (1) of the seven (7) uniformed services before serving a total of 90 days or more.  Not Reported   |  |  |  | | --- | --- | --- | | **AHEC Scholar?**  Yes  No | |  | | **School:** | | **Anticipated Date of Graduation (mm/yyyy)**: | | **Type of Student/Trainee:**  Resident  Student – Medical School  Student – Nursing School  Student – Dental School  Student – Graduate Health Professions  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student - Undergraduate | **Health Profession Discipline:**  Medical School  Allopathic Medicine – MD  Osteopathic General Practice - DO  Nursing  LPN  RN  NP—Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Optometry  General Dentistry  Physical Therapy  Physician Assistant  Pharmacy School  Resident—Specify Discipline & Specialty  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **After training, I plan to work (check all that apply):**  In a primary care clinical setting  With underserved populations  In a rural area  None of these  Don’t know | | | | | | | | | |
| **CURRENT ROTATION INFORMATION:**  **Training Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credential (MD, NP, PA …): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dates: From: \_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**  **Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotation Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **PREVIOUS ROTATION INFORMATION:**  **Training Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credential: \_\_\_\_\_\_\_\_\_\_**  **Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_**  **Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_ Rotation Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **PREVIOUS ROTATION INFORMATION:**  **Training Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credential: \_\_\_\_\_\_\_\_\_**  **Dates: From: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ To: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_**  **Total Hours: \_\_\_\_\_\_\_\_\_\_\_\_ Rotation Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **If your rotation qualifies, would you like housing assistance or mileage reimbursement?**  Yes  No | | | | | | | | | |
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| **This section for office use: Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **EC**  **NA**   **SA**  **SE**  **WC (initials & date)** | | | | | | | | | |