

CBSE Student/Resident Worksheet

(Please Print)

STUDENT INFORMATION:			Today's Date:	
Last Name/First name		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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) <input type="checkbox"/> African American / Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> More than one race		Can you answer yes to any of the following? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Veteran Status <input type="checkbox"/> Active Duty Military: An individual serving in a full-time capacity in one (1) of the seven (7) uniformed services. <input type="checkbox"/> Reservist: An individual serving in a part-time capacity in one (1) of the seven (7) uniformed services. <input type="checkbox"/> Veteran (Prior service): An individual discharged from one (1) of the seven (7) uniformed services after serving a period of 90 days or more. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Not Reported				
School:			Anticipated Date of Graduation (mm/yyyy):	
Type of Student/Trainee: <input type="checkbox"/> Resident <input type="checkbox"/> Student – Medical School <input type="checkbox"/> Student – Nursing School <input type="checkbox"/> Student – Dental School <input type="checkbox"/> Student – Graduate Health Professions Specify: _____ <input type="checkbox"/> Student - Undergraduate		Health Profession Discipline: <input type="checkbox"/> Medical School <input type="checkbox"/> Allopathic Medicine – MD <input type="checkbox"/> Osteopathic General Practice - DO <input type="checkbox"/> Nursing <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> NP—Specify _____		<input type="checkbox"/> Optometry <input type="checkbox"/> General Dentistry <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Pharmacy School <input type="checkbox"/> Resident—Specify Discipline & Specialty _____ <input type="checkbox"/> Other: _____
After training, I plan to work (check all that apply): <input type="checkbox"/> In a primary care clinical setting <input type="checkbox"/> With underserved populations <input type="checkbox"/> In a rural area <input type="checkbox"/> None of these <input type="checkbox"/> Don't know				
CURRENT ROTATION INFORMATION:				
Training Site: _____ Preceptor: _____ Dates: From: _____ To: _____ Total Hours: _____ Rotation Type: _____				
PREVIOUS ROTATION INFORMATION:			PREVIOUS ROTATION INFORMATION:	
Training Site: _____ Preceptor: _____ Dates: From: _____ To: _____ Total Hours: _____ Rotation Type: _____			Training Site: _____ Preceptor: _____ Dates: From: _____ To: _____ Total Hours: _____ Rotation Type: _____	
If your rotation qualifies, would you like housing assistance or mileage reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No				

This section for office use:	Entered: _____
<input type="checkbox"/> EC <input type="checkbox"/> NA <input type="checkbox"/> SA <input type="checkbox"/> SE <input type="checkbox"/> WC	(initials & date)