



Please complete the following **Summer Rural Externship Application** and attach a one-page **Personal Statement** describing your interest in rural health, as well as what you hope to gain from the SRE experience. Submit both documents to SRE Coordinator Michelle Loveless.

Name _____ Date _____ CWID _____

Mailing Address _____
Street City State Zip

Phone _____ Alternate Phone _____ Email _____

- Participation in the Summer Rural Externship is recommended for StORM Officers and 3 + 1 Program participants and is strongly encouraged for all students considering enrollment in the Rural Medical Track or Global Health Track.
- Preferences requested are not guaranteed.
- Sites are assigned based on availability and the order in which applications are received.
- All students **MUST** attend an in-person orientation **PRIOR** to the first day of their SRE experience.

Please select your preferred schedule options (1st preference, 2nd preference, etc.) , orientation date, geographic region preferred & housing needs (Yes/No):

Experience Dates	1-5	Orientation Dates	X	Regional Preference	1-6	Housing Needed (Y/N)
May 18 - May 29		Friday, May 15 - 1:00 PM		Northeast Oklahoma		
June 1 - June 12		Friday, June 12 – 1:00 PM		Northwest Oklahoma		
June 15- June 26				Northcentral Oklahoma		
June 29 - July 10				Southeast Oklahoma		
July 13 - July 24				Southwest Oklahoma		
				Southcentral Oklahoma		

Site or Physician Suggestion (optional)

Name:		Fax:	
Address:		Email:	
Phone:		Your Relationship:	

Check all that apply:

3+1 Student Yes No

StORM Officer Yes No

Applying for **AHEC Scholars**
 Yes No

Applying for **Global Health Track**. Yes No

Planning an **International Rotation?** Yes No

Initial	
	I understand I will be required to attend an Orientation prior to starting my SRE.
	I understand I will receive 2 credit hours (Pass/Fail graded) after completion.
	I will promptly return all phone calls and emails from the OSU Coordinator.
	I will submit all assignments no later than 7 days after the end of the experience.
	I will dress and conduct myself in a professional manner at all times.
	I will contact my preceptor and OSU Coordinator prior to an absence.

Student's Signature _____