

PROGRAM DESCRIPTION

The Rural Undergraduate Shadowing in Healthcare Program (RUSH) is sponsored by the West Virginia University Institute for Community and Rural Health, WVU PreHealth Professional Development Office, and the West Virginia Area Health Education Centers (AHECs). RUSH is designed to provide participants with a unique experience that provides insight into what it is like to practice a health profession in rural West Virginia. As a RUSHer, you will:

- Shadow a rural practitioner for a total of 20 hours during specific dates agreed upon by the participating practitioner and the student
- Receive mileage reimbursement for shadowing-related travel
- Work with the WVU Institute for Community and Rural Health and the WVU PreHealth Professional Development Office to identify other rural-related programs relevant to your chosen health profession discipline including research and service activities
- Meet one or more times with the PreHealth Professional Development Office to put together your professional school application including guidance on class choice, writing a personal statement, mock interviews, and obtaining a committee letter
- Meet with an admissions counselor in your chosen graduate education field of study to learn about the graduate/professional school application process
- You may also have the chance to participate in an activity with the regional Area Health Education Center (AHEC) during the shadowing experience (<http://www.hsc.wvu.edu/ahec/>)

ELIGIBILITY

Must be a current WVU student in good academic standing that is planning to pursue a health career with the long-term goal of practicing in rural and/or underserved areas of West Virginia in one of the following disciplines: Medicine or Dentistry.

SUBMISSION GUIDELINES

Your application packet which includes the completed application form, copy of transcripts, copies of relevant immunization and health records, and training certifications **must be received by October 30, 2016**. Students will be notified by *November 15, 2016* of RUSH program selection. Students selected to participate in the RUSH program MUST provide copies of relevant immunization and health records and sign the appropriate release forms by **December 15, 2016**. Students that do not provide the required documentation by December 15, 2016 forfeit the opportunity to shadow during this 2016-2017 application period and must reapply next year.

Please send the completed application packet including applicant signature by the deadline to:

Brianna Sheppard Willis, PhD, MA
Program Coordinator
WVU Institute for Community and Rural Health
PO Box 9009
Morgantown, WV 26506-9009
absheppard@hsc.wvu.edu

RUSH program participants will be selected by a committee that includes:

- Health practitioner with whom they will be working
- Regional AHEC staff
- Member of the WVU Institute for Community and Rural Health Staff
- Member of the WVU PreHealth Professional Development Staff

Selection is competitive, so please provide complete information. Please only use the space provided within the application to answer each question.

The following materials are enclosed:

- *RUSH Program Student Application
- *CITI Training Instructions
- *Student Application Checklist

If you have any questions or would like to discuss the program, please contact:

Brianna Sheppard Willis, PhD, MA
Program Coordinator
WVU Institute for Community and Rural Health
(304) 293-1444
absheppard@hsc.wvu.edu

Application Deadline: October 15, 2016

*Demographic information may be used for program evaluation purposes for WVU's AHEC (Area Health Education Center) grant that provides support for pre-professional programs. **Demographic information is provided voluntarily.** Information will **NOT** be reported with your name, OR your birth date. We appreciate your cooperation in the completion of this form.*

TELL US ABOUT YOU

Full Name (First, Middle, Last): _____ **Preferred Name:** _____
Age: ____ **Sex:** ☐ Male ☐ Female **Birthdate:** (Month, Day, Year): _____
Home Address: _____ **City:** _____ **State:** _____
Zip: _____ **County** (if WV): _____
Mailing Address (if different): _____
Phone: _____ **Email Address:** _____ **Alternate Email Address:** _____
Health Profession Being Pursued: _____
Program of Study: _____ **Cumulative GPA:** _____
Current Academic Classification ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Non-traditional
Career Goal: _____
Entrance Exam Scores (e.g. MCAT, DAT, PCAT, GRE, if applicable): _____

Previous health professions program participation: Have you previously participated in a health professions program in high school or college (e.g. health professions club, career day, health expo)? ☐ Yes ☐ No
If yes, please name the specific program(s) and the approximate date(s) you participated.

OTHER INFORMATION

Ethnicity: Do you consider yourself a Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)? ☐ Yes ☐ No

Race: Which of the following best describes you even if you identify as Hispanic or Latino?

- ☐ African American or Black
- ☐ Alaska Native
- ☐ American Indian
- ☐ Asian
- ☐ Mixed Race
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

TELL US MORE

Tell us about your hometown and what is was it like growing up there.

What is your parent(s) or guardian(s) profession(s)?

Why are you interested in a career in healthcare?

Why are you interested in a rural practice?

What do you believe to be the positives and negatives of practicing and living in West Virginia?

What do you hope to gain from participating the RUSH program?

Briefly describe any other rural and/or healthcare activities in which you have participated including length of participation.

Briefly describe any community service or volunteer activities in which you have participated, including how long you participated.

CITI Training Instructions

Below are step-by-step instructions on how to complete the required training requirements for RUSH participation.

1. Register an account at <http://www.citiprogram.org>. Be sure to keep your username and password in a secure location as you may need to access additional training depending upon the health care center at which you are shadowing.
2. Click on the “Add Course or Update Learner Groups” link and select the following courses:
 - a. HIPS (Health Information Privacy and Security)(Human Subject Research)
 - b. Biosafety for protocols involving blood, body fluids, human cells, and human tissues
3. Complete all of the modules in the 3 selected courses following modules with the selected courses
 - a. HIPS (Health Information Privacy and Security)(Human Subjects Research)
 - i. Basics of Health Privacy
 - ii. Health Privacy Issues for Students and Instructors
 - b. Biosafety for Protocols Involving Blood, Body Fluids, Human Cells, and Human Tissues
 - i. WVU Introduction and Disclaimer
 - ii. Hepatitis B Virus (HBV) Vaccination
 - iii. OSHA Bloodborne Pathogens Standard
 - iv. Safe Sharps Devices
 - v. Universal Precautions and Work Practices
4. Save a copy of the completed training modules by either printing certificates once completed, taking a screenshot, or saving the screen information as either a PDF or Word document
5. Submit documentation of completed training requirements as part of the RUSH application package to:

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Program Coordinator
WVU Institute for Community and Rural Health
PO Box 9009
Morgantown, WV 26506-9009
absheppard@hsc.wvu.edu

APPLICATION CHECKLIST

Did you remember to include the following?

- √ Completed and signed application form
- √ Most recent transcripts*
- √ Training completion certificates**
- √ Proof of immunizations***
- √ Proof of flu shot***
- √ Proof of negative PPD TB skin test***
- √ Completed and signed release form

*Unofficial transcripts are acceptable

**Training can be completed through CITI and instructions are provided within the application packet

***Immunizations and tuberculosis skin tests are available through WVU Student Health Services (<http://wvumedicine.com/hospitals-and-facilities/student-health/immunizations-for-students/>). Flu shots are \$30 (insurance will cover influenza vaccine). TB skin test is \$46. **Proof of immunizations and signed release form MUST be provided within 30 days of notification of acceptance to program.**