



**Berkshire AHEC Health Scholars' Program @ BCC
Application/Interest Form
2019 - 2020**



Please complete the following pages to express your interest in being a part of this program and return September 16, 2019 via email to: sdargie@berkshireahec.org, drop off to Michele Darroch, office H309 or mail to: Berkshire AHEC, 395 Main Street, Dalton, MA 01226

Berkshire AHEC is pleased to have the opportunity to develop an AHEC Health Scholars' Program at Berkshire Community College (BCC). AHEC Health Scholars is a program for health careers students interested in supplementing their education by gaining additional knowledge and experience in local community needs. This program offers a defined set of academic and community-based activities that is supported by interdisciplinary curricula.

Why become an AHEC Health Scholar?

- To enhance interdisciplinary skills to better support patient centered care
- To have opportunities to work with students, faculty and community professionals outside the traditional classroom
- To create networking opportunities, both within a discipline and outside it
- To be recognized at graduation and pinning ceremonies as an AHEC Health Scholar
- To elevate your resume and graduate school applications



For more information email or call

Sheila Dargie, Center Director
sdargie@berkshireahec.org
413-842-5160

Michele Darroch, PT, MEd, DPT
mdarroch@berkshirecc.edu
413-236-4525



This project described was supported by HRSA Grant No. U77HP03016 from the Health Resources and Services Administration of the US Dept. of Health and Human Services. This information should not be construed as the official position or policy of, nor any endorsements be inferred by HRSA, HHS or the US Government.



Berkshire AHEC Health Scholars' Program @ BCC
Application/Interest Form
2019 - 2020



The purpose of this form is to get an understanding of your background and experiences in healthcare. We plan to use the information to help us develop a program that promotes patient centered care to student health care workers.

Your Name _____

Home Address _____

Cell Phone _____ E-mail _____

Student I.D. _____ BCC E-mail _____

Nursing ADN LPN Class of _____

Physical Therapist Assistant Class of _____

Respiratory Care Class of _____

Community Health Workers Certificate Associate Class of _____

Please reply to the following questions.

- 1) On a scale of 1 (low) – 10 (high), how familiar are you with patient centered care?
- 2) On a scale of 1 (low) – 10 (high), how comfortable are you working in an interdisciplinary team?
- 3) Do you believe that you are an important team member for patients with behavioral issues such as those with opioid dependency, and/or PTSD?
 Yes No I don't know
- 4) Do you believe that you are adequately prepared to work in a diverse cultural setting?
 Yes No I don't know
- 5) Ultimately, do you plan to practice in ...
 Berkshire County
 Massachusetts
 New England
 Outside of New England
 Don't know yet
- 6) At this point in your training, what do you think the likelihood is that you'll practice:
In geriatrics
 Very likely Somewhat likely Likely Not likely No idea
In a medically underserved community
 Very likely Somewhat likely Likely Not likely No idea
- 7) Why did you choose to apply to be an AHEC Health Scholar?



**Berkshire AHEC Health Scholars' Program @ BCC
Application/Interest Form
2019 - 2020**



8) What are you hoping to learn from this AHEC Health Scholars' Program?

9) Photographic Release Form (Individual waiver)

I agree to allow Berkshire AHEC Health Scholars' Program @ BCC to use any photograph containing my image, and waive any and all rights against the college for use of this photograph and/or video.

Student signature Date

Notes:

10) Data Release

Berkshire AHEC is a member of the MassAHEC Network, a program of the University of Massachusetts Medical School (UMMS) and is partnered with Berkshire Community College to develop this program. I give permission to Berkshire Community College, Berkshire AHEC, MassAHEC/UMMS to collect personally identifiable information and periodically track my postsecondary enrollment and graduation status to gather and report accurate information about the effectiveness of the program as required by federal funding guidelines. The parties will never sell student lists for commercial purposes. Every safeguard will be taken to ensure secure storage of this confidential information, and the information will not be used for any other purpose. (For more information see page 24 of the BCC College Catalog regarding the Family Educational Rights and Privacy Act of 1974.

Student signature Date



Berkshire AHEC Health Scholars' Program @ BCC
Application/Interest Form
2019 - 2020



This program is partially supported by federal funding through the MassAHEC Network. To comply with federal reporting requirements, please answer the following:

1. Birth year _____

2. Hometown at time of high school graduation

City _____ State _____

3. Do you consider yourself and your family to be economically or educationally disadvantaged?

Yes No

You may consider factors such as: your generation was the first in your family to go to college; you/your family participated in your school's free lunch program as children or received state or federal assistance (MassHealth, SSI), you needed to contribute to your family's income, you were raised in a rural or medically underserved area.

4. Gender

- Male
- Female
- Other
- Decline to answer

5. Are you of Hispanic/Latino ethnicity Yes No

6. What is your race?

- American Indian/Alaska Native
- Asian
- Black or African American
- Hawaiian or Pacific Islander
- White
- More than one race
- Other (specify) _____
- Decline to answer

7. Veteran Status

- Not a veteran
- Active Duty Military
- Reservist/Guard
- Veteran (prior service)
- Military scholarship