**Please complete the following pages to express your interest in being a part of this program and return September 9, 2022 via email to:** [sdargie@berkshireahec.org](mailto:sdargie@berkshireahec.org), drop off to Michele Darroch, office H309 or mail to: Berkshire AHEC, 397 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 national 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. Locally the program is offered in collaboration with the University of Massachusetts Chan Medical School.

**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

**Definition of AHEC Scholar: *noun***  
A member of a select group of health professions students learning together to enhance their knowledge and experience to care for those living in Berkshire County’s rural and underserved urban communities.

**For more information email or call**  
  
Sheila Dargie, Center Director Michele Darroch, PT, MEd, DPT  
sdargie@berkshireahec.org mdarroch@berkshirecc.edu  
413-842-5160 413-236-4525The 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 |  |
| Your Shirt Size (adult sizing chart): | | | | | £ XS £ S £ M £ L £ XL £ 2X £ 3X | | |

**Plea**s**e 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 |

1. Do you believe that you are adequately prepared to work in a diverse cultural setting?

|  |  |  |
| --- | --- | --- |
| £ Yes | £ No | £ I don’t know |

1. Ultimately, do you plan to practice in …
   * Berkshire County £ Outside of New England
   * Massachusetts £ Don’t know yet
   * New England
2. 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 |

1. Why did you choose to apply to be an AHEC Health Scholar?

|  |
| --- |
|  |
|  |
|  |

1. What are you hoping to learn from this AHEC Health Scholars’ Program?

|  |
| --- |
|  |
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|  |

1. 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, Berkshire AHEC, and UMass Chan Medical School for use of this photograph and/or video.

|  |  |  |
| --- | --- | --- |
| Student signature |  | Date |

Notes:

1. Data Release

Berkshire AHEC is a member of the MassAHEC Network, a program of the University of Massachusetts Chan 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 |

This program is partially supported by federal funding through the MassAHEC Network.   
To comply with federal reporting requirements, please answer the following questions. Your answers will be de-identified for federal reporting.

1. Birth year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Hometown at time of high school graduation

|  |  |  |  |
| --- | --- | --- | --- |
| City |  | State |  |

1. 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.
2. Gender Identity:

* Male
* Female
* Other
* Decline to answer

1. Are you of Hispanic/Latino ethnicity £ Yes £ No
2. What is your race?

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

1. Veteran Status

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