

Rusk Rehabilitation | NYU Langone Health | 2023 Health Career Opportunity Program Application

Name _____
Mr./Ms./Mrs. _____ First _____ Nickname _____ Last _____

Email: _____ **Date of Birth:** _____

Home Address _____

Mailing Address (if different) _____

Phone () _____ **Phone ()** _____

For International Students only. Type of Visa: _____

Person to be notified in case of emergency: _____ **Phone:** _____

Name & Location	GPA	Year of Graduation
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High School _____

College/University _____

Major Studies _____ **Career Goals** _____

Rank your top 3 placements using the numbers 1, 2, and 3 (1 being your top choice). Note: placements with an asterisk (*) indicate those with special time requirements. Refer to placement description under "Health Career Opportunity Program Internships" on the program website for more information. If interested in a research program, please place the letter following your placement preference (ex. 1A for first choice, program A).

<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Horticultural Therapy	<input type="checkbox"/> Physician Assistant
<input type="checkbox"/> Cardiac Rehabilitation	<input type="checkbox"/> Intensive Care Units	<input type="checkbox"/> Plastic Surgery
<input type="checkbox"/> Care Management	<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychology
<input type="checkbox"/> Clinical Nutrition & Food Services	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Rehabilitation Medicine
<input type="checkbox"/> Creative Arts Therapy	<input type="checkbox"/> Nursing	<input type="checkbox"/> Research*
<input type="checkbox"/> Emergency Medicine*	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Social Work
<input type="checkbox"/> Hand Surgery	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Speech Pathology
	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Vocational Counseling

Circle the session you would like to attend:

Session 1: May 22– June 16, 2023 | **Session 2:** June 19– July 14, 2023 | **Session 3:** July 17–Aug 11, 2023

Circle which you prefer: **In-patient/Out-patient** **Pediatrics/Adults** **No preference**

Signature: _____ **Date:** _____

Additional questions for applicants to Emergency Medicine. For all other applicants they are optional.

We collect this information for internal purposes only.

How do you self-identify your race? (check all that apply)

- American Indian or Native Alaskan
- African American or Black
- Asian American or Asian
- Latino/a/x or Hispanic
- Native Hawaiian or Pacific Islander
- White or Caucasian

How do you self-identify your gender? (check all that apply)

- Non-Binary (Does not self-identify as solely male or female)
- Female
- Male

Do you self-identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+)? (check one)

- Yes
- No
- Prefer not to answer

If you do self-identify as LGBTQ+, you self-identify as (check all that apply)

- Queer
- Bisexual
- Transgender
- Lesbian
- Gay

Do you live in a single parent household? (check one)

- Yes
- No

Do you self-identify as a current or to-be first-generation college student? (check one)

A first-generation college student is one whose parent(s)/guardian(s) have not completed a bachelor's degree at a four-year college or university. Check the box if your parent(s)/guardian(s) completed an associate's or a bachelor's degree and did not finish. Check the box if your parent(s)/guardian(s) received their associate's or bachelor's degree from a developing country.

- Yes
- No

If you attended a public high school, do you receive free or reduced-price lunch? (check one)

- Free Lunch
- Reduced-price Lunch
- No, I do not receive free or reduced lunch

Do you or your parent(s)/guardian(s) receive (check all that apply)

- SNAP (Supplemental Nutrition Assistance Program) / Food Stamps
- CHIP (Children's Health Insurance Program)
- SSI (Supplemental Security Income)
- Medicaid
- Federal Public Housing Assistance for Low Income Households (Section 8)
- TANF (Temporary Assistance for Needy Families)
- Child Care Subsidy from the New York State Office of Children and Family Services
- "Ward of the State" or "Ward of the County" status