

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

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).

___ Anesthesiology
___ Cardiac Rehabilitation
___ Care Management
___ Clinical Nutrition & Food
___ Services
___ Creative Arts Therapy
___ Emergency Medicine*
___ Hand Surgery

___ Horticultural Therapy
___ Intensive Care Units
___ Neurology
___ Nurse Practitioner
___ Nursing
___ Occupational Therapy
___ Pharmacy
___ Physical Therapy

___ Physician Assistant
___ Plastic Surgery
___ Psychology
___ Rehabilitation Medicine
___ Research*
___ Social Work
___ Speech Pathology
___ 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 Hawai'ian 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