

THE TN AHEC SCHOLARS PROGRAM



The TN AHEC Scholars Program aims to improve the diversity, distribution and skills of health professionals across Tennessee by preparing students who are interested in careers in a variety of health professions for effective work in the currently transforming health care delivery system.

The AHEC Scholars Program will provide students with 40 hours of team-based, clinical training and 40 hours of didactic education each year, for two years. AHEC Scholars will receive training and develop skills in:

- Patient-centered health care and practice transformation
- Interprofessional education to support patient-centered care
- Cultural competence
- Recognizing the impact of social determinants of health
- Behavioral health integration
- Addressing current and emerging health issues

During their training, Scholars will work with health professionals and students from different disciplines; together, Scholars, along with their mentors, will form an invaluable community of colleagues for career advancement, networking, consultation and referral.

PROGRAM ELIGIBILITY

TN AHEC Scholar must:

- Be entering the final two years of an accredited, health professions education or training program in Tennessee (including medicine, dentistry, nursing, pharmacy, physician assistant, and behavioral health). Medical, dental, and pharmacy students are eligible to enroll in years 1-3.
- Be in good academic standing in an accredited, health professions education or training program;
- Have reliable transportation;
- Be eligible to work in the United States; and
- May be asked to participate in an in-person or phone interview.

REQUIREMENTS

Each TN AHEC Scholar will:

- Complete 40 hours of didactic training during each year of the two-year Scholars program;
- Complete 40 hours of clinical or experiential training in a rural or medically underserved area during each of their two years as a Scholar.

BENEFITS/OUTCOMES

Each TN AHEC Scholar will:

- Receive a \$500 Participation Award upon completion of Year 1 requirements and an additional \$500 Participation Award upon completion of Year 2 requirements.
- Have an opportunity to participate in training programs designed for clinic staff providers.
- Receive a Certificate of Completion of the program, a unique training opportunity that will set the health care trainee apart in an increasingly competitive work environment.
- Receive, if interested, information about Loan Repayment Programs.
- Become part of a network of current and future leaders in health care.

2020-2022 TENNESSEE AHEC SCHOLARS PROGRAM APPLICATION



PART 1: APPLICANT INFORMATION

Last Name First Name Middle Name

Date of Birth Gender Preferred Pronouns

PERMANENT HOME ADDRESS

Street Address Apartment Number

City State Zip Code

CURRENT/LOCAL ADDRESS

Street Address Apartment Number

City State Zip Code

CONTACT INFORMATION

Home Phone Cell Phone

Primary Email Address (This will be the email address used for contacting you during the application process.)

Please enter an alternative email address that is **NOT** a school email address. We want to keep in touch with you after the program, and you may lose access to your school email account.

At times the AHEC Central Office and Regional staff will send out announcements, resources, and other correspondence via various social media platforms. To stay informed, please indicate which social media platforms you are currently using:

- Facebook URL: _____
- Twitter Handle: _____
- Instagram Handle: _____
- Other (Please Specify): _____

RACE/ETHNICITY (SELECT ALL THAT APPLY)

- American Indian/Alaskan Native Black/African American Asian
- Native Hawaiian/Pacific Islander White/Caucasian
- Other (Please specify) _____

ETHNICITY

- Hispanic/Latino Non-Hispanic/Non-Latino

LANGUAGES

Do you speak any language(s) other than English?

If yes, what language(s)? _____

PART 2: ACADEMIC INFORMATION

COLLEGE EDUCATION

College/University you are attending Anticipated Graduation Date (MM/YYYY)

City State Start Date of Academic Program (MM/YYYY)

CURRENT CUMULATIVE GRADE POINT AVERAGE (GPA): _____

DISCIPLINE/PROGRAM ENROLLED

- Medicine (MD/DO) Psychology Dentistry
- Physician Assistant Social Work Allied Health

- Nursing Pharmacy
- Other (Please specify specialty) _____

Specify year in program (i.e., 2nd year in 4-year program) and specialty (i.e., clinical psychology), if applicable: _____

PART 3: FAMILY/ BACKGROUND INFORMATION

Are you the first generation in your family to attend college? Yes No

Are you from an economically disadvantaged household? Yes No

Are you a US Veteran? Yes No

Are you from a rural residential community? Yes No

PART 4: INTEREST INFORMATION

How did you learn about the TN AHEC Scholars Program?

Have you previously participated in any health professions, academic or career enhancement programs?

Yes No (For example: summer camps, conferences, tours, academic enrichment programs, etc.). If yes, state the program name, and the dates attended:

Indicate if you have participated in any of the below academic or career enhancement programs:

- Health Occupations Students of America (HOSA)
- The Meharry HBCU Wellness Project
- Health Careers Opportunity Program (HCOP)
- Centers of Excellence
- Scholarships for Disadvantaged Students
- Other (please specify) _____
- Other (please specify) _____

Please describe how the AHEC Scholars Program might help you fulfill your academic and/or career goals.

PART 5: LETTER OF REFERENCE

A letter of reference may be required. Upon submission of your application, as described below, you will receive further information about this component.

If you are asked to submit a Letter of Reference, please download the East and West TN Letter of Reference form (<https://www.cherokeehealth.com/professional-training/area-health-education-centers-ahec>) or the

Central TN Letter of Reference form (http://mwchc.org/wp-content/uploads/2019/05/Reference_Updated_5_2_2019.pdf) and submit a completed Letter from your academic training director or major professor describing your academic standing. Please also provide contact information below.

Academic Training Director/Major Professor

_____	_____
Name	Title/Position
_____	_____
Phone Number	Email Address

SUBMITTING APPLICATION

To apply in East Tennessee, submit completed application by email to Laura Porter, PhD, at laura.porter@cherokeehealth.com.

To apply in West Tennessee, submit completed application by email to Chandra Wade, MS, at chandra.wade@cherokeehealth.com.

To apply in Central Tennessee, submit completed application by email to Natasha Yokley, MSPH, at nyokley@mwchc.org.