



Indigenous Pre-Admission Education for the Health Professions (i-PREHP)
Workshop May 14-17, 2017 | Embassy Suites – Albuquerque, NM
Deadline to Apply: March 31, 2017 @ 5:00 PM

Please provide all information unless it is not applicable.

ABOUT YOU

Name (*First, Middle, Last*): _____

Date of Birth (*MM/DD/YYYY*): _____ Sex: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ If cell phone, may we text you? Yes No

Email Address: _____ Alternative Email: _____

What is the best way to contact you? *Check one:* Text Phone Email

What is your ethnicity? *Check all that apply:*

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic, Chicano or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other (<i>Please Specify</i>): _____ |

What is/are your tribal affiliation(s)? _____

If Diné/Navajo, which agency? *Check one:*

- | | | |
|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Ft. Defiance | <input type="checkbox"/> Eastern | <input type="checkbox"/> Western |
| <input type="checkbox"/> Chinle | <input type="checkbox"/> Northern | <input type="checkbox"/> Off-Reservation or Urban |

EDUCATION INFORMATION:

High School: _____ Year Graduated: _____

Are you currently enrolled in a College/University? Yes No

If answered "yes" to prior question, which College/University are you currently enrolled in?

Major: _____ Minor: _____

Current School Year (*Check one*):

- Freshman Junior Other (*Please specify*): _____
 Sophomore Senior

Current Cumulative GPA: _____ Expected Date of Graduation (e.g. May 2018): _____

Please list all degrees completed & universities/institutions (e.g. Associate of Arts at Gallup UNM Branch):

Please list any current or past job experience in healthcare & the facility (e.g. Pharmacy Technician at IHS Chinle Hospital):

What degree are you interested in pursuing at the University of New Mexico?

- Certificate Masters Doctor of Pharmacy
 Associate of Arts/Sciences Doctor of Medicine or PhD
 Bachelor of Arts/Sciences Osteopathic Medicine Other (*Please specify*) _____

What health science program(s) are you interested in? (e.g. Physical therapy, nursing, etc.):

When do you hope to be admitted into your program of interest? (e.g. May 2018) _____

EMERGENCY CONTACTS

First Contact:

Name: _____

Relation: _____ Phone: _____

Second Contact (optional):

Name: _____

Relation: _____ Phone: _____

ACCOMMODATIONS & TRAVEL

****If accepted, students will be required to stay overnight for 3 nights. Lodging will be provided at no cost to you.**

Do you have a reliable transportation to Albuquerque? Yes No

If no, would you be willing to take the train or bus? Yes No

Will you require any special accommodations (e.g. wheelchair access)? Yes No

If yes, please indicate: _____

Do you have any dietary restriction(s)? (e.g. gluten-free): Yes No

If yes, please indicate: _____

CERTIFICATION

I, _____, certify that the information I have given on the application is complete and correct. If selected for the CNAH i-PREHP workshop, I agree and give permission to CNAH and its participating partners to contact me via telephone or E-mail for a follow-up. All information provided will be strictly confidential and only used to assess the program outcomes to improve future programs.

Signature: _____ Date: _____

SUBMISSION INSTRUCTIONS

All application materials must be received by **5:00pm Friday, March 31, 2017** by the CNAH office to be considered. Application materials may be emailed or mailed to:

Email: Vangee Nez (vannez@salud.unm.edu) **or**

Mailing Address: Center for Native American Health, Attn: Vangee Nez, MSC07 4246, 1 University of New Mexico, Albuquerque, New Mexico 87131-0001 (*must be received by 5pm Friday, March 31, 2017 by CNAH*)

Application Checklist:

- Application
- Personal Statement – Please provide **1-page** personal statement (*double-spaced, 1" margins, Times New Roman font*) and **answer the questions:**
 - What are your professional & academic goals?
 - Why did you choose these goals?
 - How will this workshop benefit you?
- Copy of Certificate of Indian Blood (CIB) or Tribal Identification Card
- Resume or Curriculum Vitae

Questions? Please contact, Vangee Nez (vannez@salud.unm.edu) or Micah Clark (mclark02@salud.unm.edu), at (505) 272-4100