



midwest access project

Filling the Gaps ~ Training Providers in Reproductive Health

Training Application

The Midwest Access Project (MAP) is a nonprofit organization based in Chicago that works with medical students, nursing students, residents, advanced practice clinicians, and licensed physicians to coordinate reproductive health training rotations to meet the individual needs of each trainee. MAP is not a health center or clinical site and does not provide any patient care directly. MAP works with a network of providers throughout the Midwest to coordinate and provide training rotations to MAP trainees. This application is designed to help us optimize your training experience and best assist you to meet your training goals.

Name: _____ Date: _____ Your pronoun(s): _____
Personal email: _____ Phone: _____
Mailing address: _____

1. Your current employer, school, or training program:

2. What medical, nursing, or allied health training are you in the process of getting?

- M.D. C.N.M. Residency in (medical specialty):
 D.O. B.S.N. P.A. Certification in (specialty):
 M.S.N. R.N. N.P. Certification in (specialty):
 Not Applicable Other:

3. What medical, nursing, or allied health degrees, certifications, or licenses do you currently hold?

- M.D. C.N.M. Residency in (medical specialty):
 D.O. B.S.N. P.A. Certification in (specialty):
 M.S.N. R.N. N.P. Certification in (specialty):
 Not Applicable Other:

4. In what state(s) are you licensed?

- I am not currently licensed

5. If you are currently in training, how far along are you in your current training?

- Year in school: _____ out of _____ years
 Year in clinical training: _____ out of _____ years
 I am not currently in school or training

6. If you are a Resident, is your Residency Program affiliated with RHEDI or Ryan?

- Yes No Unsure

7. What is your primary interest or reason for seeking training with MAP at this time?

8. Please identify at least three concrete goals you'd like to accomplish during this training rotation, being as specific as possible.

i.

ii.

iii.

9. Please describe any educational and/or work experience you have had in reproductive health care. Specifically, have you had any previous exposure or experiences that have addressed your goals identified above?

10. Is it your intention to become an abortion provider as a result of this training rotation?

Yes (*We will want to schedule a conversation to discuss your path to competency.*)

No Unsure (*Please explain*)

11. What dates are you interested in for your training rotation?

11a. Are these dates flexible? Yes No

11b. Do you have a second choice of dates?

11c. What year in training will you be during this time frame?

12. How many weeks/days do you have scheduled for this rotation?

13. Are there a **minimum** number of hours, days per week, or total hours you need to complete during this rotation?

No Yes (*Please explain*)

14. Are there any dates during your rotation you are **not available** to train (include Saturdays)?

15. Will you have access to a car during your rotation to travel to training sites?

Yes No

Comments:

16. If you will have other clinical or educational obligations during the rotation, please explain.

17. MAP has training opportunities in Illinois (Chicago, Peoria, and Granite City), Minnesota (Minneapolis), and Nebraska (Bellevue). Do you have a preferred city/state where you would like to train?

18. How did you hear about the Midwest Access Project?

19. Is there anything else you would like us to know?

Please send the completed training application to Kristie Monast at kmonast@midwestaccessproject.org and we will be in touch regarding training opportunities. Thank you!