



Tribal Medical Track (TMT) Application

Application Instructions. Please complete and submit application via email to Xan Bryant, xan.bryant@okstate.edu.

Questions? Email xan.bryant@okstate.edu OR kent.smith@okstate.edu

Deadline for TMT consideration: August 31, 2022

TMT slots may be limited to 15 qualified applicants

I. Personal Information (Please PRINT or type in blue or black ink.)

Name _____ Female

Last _____ *First* _____ *Middle* _____ Male

CWID# _____ Date of Birth: _____

Medical School Year _____ Are you a 3+1 Student? _____

Mailing Address _____

Number and Street _____ *City* _____ *State* _____ *ZIP Code* _____

Cell Phone () _____ Email address _____

II. Questionnaire

- ***Tribal Enrollment (CDIB) and American Indian Heritage (self- identify)**

- Do you possess a CDIB for a federally recognized tribe? YES or NO

- Do you self-identify with a federally recognized tribe? YES or NO

- What is your tribal affiliation(s) (CDIB and/or Heritage)? _____

- Are you active in tribal activities (explain if yes)? _____

- Where did you graduate high school? _____

- Where have you considered practicing post-residency? _____

- What specialty are you currently considering? _____

- Describe past tribal activities and how the TMT will prepare you to serve American Indian and rural communities? Add a one-page (500 words max) document (pdf or Word) if warranted.



**The data from this part of the application is not required for an applicant to be considered for the Tribal Medical Track. Data provided, however, will be used for reporting purposes.*

The Oklahoma State University Center for Health Sciences will provide equal employment and/or educational opportunity on the basis of merit and without discrimination because of age, race, ethnicity, color, religion, sex, sexual orientation, genetic information, gender, gender identity or expression, national origin, disability, protected veteran status, or other protected category.

My signature below acknowledges my understanding that if I were to later opt out of the TMT program, any TMT specific courses will be dropped from my schedule, and I am responsible for contacting Clinical Education to reschedule.

III. Signature

Signed _____ Date _____