



## Tribal Medical Track (TMT) Application

**Application Instructions:** Please complete and submit application via email to  
Xan Bryant, [xan.bryant@okstate.edu](mailto:xan.bryant@okstate.edu).

Questions? Email [xan.bryant@okstate.edu](mailto:xan.bryant@okstate.edu) OR  
[michelle.loveless@okstate.edu](mailto:michelle.loveless@okstate.edu)

**Deadline for TMT consideration: July 31, 2025**

\*In-person interviews may be conducted following the application deadline for final admission decision.

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

Name \_\_\_\_\_

*Last*

*First*

*Middle*

CWID# \_\_\_\_\_

Cell Phone (    ) \_\_\_\_\_ Email address \_\_\_\_\_

#### Check all that apply:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> StORM Officer | <input type="checkbox"/> StORM Member | <input type="checkbox"/> 3+1 Student       |
| <input type="checkbox"/> NASOM Officer | <input type="checkbox"/> NASOM Member | <input type="checkbox"/> Completed SRE/STE |

### 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 (if yes, please explain)? \_\_\_\_\_  
\_\_\_\_\_
- Where is your hometown? \_\_\_\_\_
- What specialty are you currently considering? \_\_\_\_\_
- Where are you planning to apply for residency? \_\_\_\_\_
- Where have you considered practicing post-residency? \_\_\_\_\_
- Application continued on next page...



- Describe past tribal activities and how the TMT will prepare you to serve American Indian and rural communities? Include any other pertinent information and experiences, such as institutional or community service, scholarships, and participation in student groups or programs. Attach a one-page, 1200 word max, document (PDF or Word).

*\*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 \_\_\_\_\_