**Urban Underserved Medical Track (UMT) Application**

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| **Application Instructions.** Please complete and submit application via email to *Katie Hartness*cahartn@okstate.edu **Deadline for UMT consideration: July 31, 2025****UMT slots are limited to 10 qualified applicants** |

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CWID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical School Year \_\_\_\_\_\_\_\_\_\_\_ Cell Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Questionnaire**
* Where have you considered applying for residency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where have you considered practicing post-residency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What specialty are you currently considering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* List all languages you are fluent/proficient in along with your skill level.

Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skill Level: A.) Advanced B.) Good C.) Basic

Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Skill Level: A.) Advanced B.) Good C.) Basic

* In 1200 words or less, explain why you are interested in the Urban Underserved track and why you feel you should be accepted into the program. Please reference the webpage for a detailed description of the program. Attach your word/pdf narrative to this document.

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

1. **Signature**

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_