



Rural Medical Track (RMT) Application

Application Instructions:

Please complete and submit application via email to Brenda Neugebauer

brenda.neugebauer@okstate.edu

Questions? Email Brenda.neugebauer@okstate.edu or
michelle.loveless@okstate.edu

Deadline for RMT 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

- 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? _____
- Please explain why you believe the Rural Medical Track is a good fit for your interests and ambitions? 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 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 RMT program, any RMT specific courses will be dropped from my schedule, and I am responsible for contacting Clinical Education to reschedule.

III. Signature

Signed _____ Date _____