**Rural Medical Track (RMT) Application**

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| **Application Instructions.**  Please complete and submit application via email to Jen Poplaski, [*jen.poplaski@okstate.edu*](mailto:jen.poplaski@okstate.edu)  *Questions? Email Jen Poplaski* [*jen.poplaski@okstate.edu*](mailto:jen.poplaski@okstate.edu) *or*  *Nancy Thornburgh* [*nancy.thornburgh@okstate.edu*](mailto:nancy.thornburgh@okstate.edu)  **Deadline for RMT consideration: May 1, 2021**  **RMT slots are limited to 24 qualified applicants** |

1. **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Questionnaire**

* Where did you graduate high school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Where have you considered practicing post-residency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* What specialty are you currently considering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In one paragraph, explain why you believe RMT is a good fit for your interests and ambitions? Attach a one-page (500 words max) document (pdf or word) if warranted.

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***\*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.***

1. **Signature**

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