



## Rural Medical Track (RMT) Application

### 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**

### 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

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

- 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.

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