

**PHYSICIAN MANPOWER TRAINING COMMISSION**  
**Physician/Community Match Program**

**APPLICATION**

Name \_\_\_\_\_ SS# \_\_\_\_\_  
(First, Middle, Last)

MD \_\_\_\_\_ DO \_\_\_\_\_ Specialty \_\_\_\_\_ License # \_\_\_\_\_

Address \_\_\_\_\_  
(Street/P.O. Box, City, State and Zip) (E-mail address)

Phone Number ( ) \_\_\_\_\_ Pager Number ( ) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Hometown \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse Occupation \_\_\_\_\_ Spouse Hometown \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Applicant: Parents Name, Address and Phone \_\_\_\_\_

Medical College(s), City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_

PostGraduate Training Institution(s), City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_

Anticipated Date of Completion of PostGraduate Training (Month/Year) \_\_\_\_\_

Or current practice location \_\_\_\_\_

In what extra-curricular activities (community, hobbies, avocational) have you participated while in medical school and/or postgraduate training?

\_\_\_\_\_

Physician/Community Match Program Application  
Continued

Do you know a rural community that will sponsor you?  Yes  No

If yes, name of town \_\_\_\_\_

What date will you begin practicing medicine in the community? \_\_\_\_\_

List, in order of preference, the rural communities or areas in which you prefer to practice:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Explain your community/state area choice:

\_\_\_\_\_  
\_\_\_\_\_

Do you presently have any scholarships or loans which have a practice obligation?

Yes  No

If yes, please explain

\_\_\_\_\_

Do you presently have a medical license in another state(s)?  Yes  No

If yes, which state(s) \_\_\_\_\_

Do you now, or have you ever had a restricted license?  Yes  No

If yes, please explain

\_\_\_\_\_

The Physician Manpower Training Commission is given permission to contact any parties or to obtain the sources of information, which it deems necessary to verify my eligibility for this scholarship/loan.

The Physician Manpower Training Commission, in compliance with Title VI of the Civil Rights Act of 1974 and Title IX of the Education Amendments of 1972 (Higher Education Act), does not discriminate on the basis of race, color, national origin or sex in any of its policies, practices, or procedures. This provision includes, but is not limited to, employment and financial services.

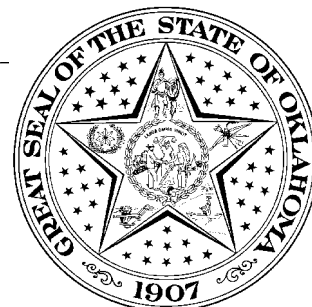
I hereby declare that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

Please return to:

Physician Manpower Training Commission  
5500 North Western Avenue, Suite 201  
Oklahoma City, Oklahoma 73118  
(405) 843-5667 FAX (405) 843-5792



2/07/09