

**PHYSICIAN MANPOWER TRAINING COMMISSION**  
**Family Practice Resident Rural Scholarship Program**

**APPLICATION**

Name \_\_\_\_\_ M.D. or D.O. SS# \_\_\_\_\_  
(First, Middle, Last) (circle one)

Medical License Number(s) List All \_\_\_\_\_ Maiden Name \_\_\_\_\_

Do you have now, or have you ever had a restricted license? \_\_\_ Yes \_\_\_ No (If yes, please explain)

\_\_\_\_\_

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

Phone Number ( ) \_\_\_\_\_ Cell Number ( ) \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Family Practice/General Practice Training Institution, City and State \_\_\_\_\_ Dates Attended \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Practice/General Practice Residency Level \_\_\_ 1st year \_\_\_ 2nd year \_\_\_ 3rd year

Anticipated Date of Completion (Mo/Yr) \_\_\_\_\_

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

\_\_\_\_\_

**Family Practice Resident Rural Scholarship Program Application  
Continued**

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

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

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 \_\_\_\_\_

Please read and initial each statement below:

I understand that participation in the PMTC Resident Rural Scholarship Program requires me to:

- Select and match with a community on or before the end of the second year of residency training \_\_\_\_ 
- Complete a one-month elective rotation in the matched community in third year of residency training \_\_\_\_ 

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 INCLUDE A PICTURE WITH THIS 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**

8/12/15

