



PHYSICIAN MANPOWER TRAINING COMMISSION

APPLICATION

FOR

OKLAHOMA RURAL MEDICAL EDUCATION LOAN AND

SCHOLARSHIP FUND

GENERAL INFORMATION

THE OKLAHOMA RURAL MEDICAL EDUCATION LOAN AND SCHOLARSHIP FUND was created to provide financial assistance to residents of the State of Oklahoma who are engaged in the study of allopathic or osteopathic medicine and who have as their professional goals the practice of medicine in a PMTC approved community.

A maximum amount of \$15,000 per year of medical school may be awarded to an individual by the State of Oklahoma through the Physician Manpower Training Commission. In return for this assistance, the student agrees, upon completion of his/her primary care postgraduate training, to provide one year of medical practice (in a PMTC approved rural community) for each year of financial aid. Primary care, as defined by the Physician Manpower Training Commission, includes family/general practice, internal medicine, ob/gyn, pediatrics and emergency medicine.

Should the recipient of an award change his/her goals and choose not to engage in such practice, he/she must repay to the State of Oklahoma all funds received under this contract and accrued interest computed at the current prime rate plus one percent, with said interest to accrue from the date each payment is made. No interest is charged, however, for the period of internship/residency, as long as it does not exceed five (5) years from the completion of medical school.

If the scholarship recipient fails to begin or complete the period of obligated service incurred, for any reason, the State of Oklahoma shall be entitled to recover an amount equal to three times the funds awarded, plus interest as described above.

NOTE: Student must be a resident of Oklahoma and must not have other service obligations, which would conflict with the obligation of the Physician Manpower Training Commission Scholarship Program.

**APPLICATIONS AND LETTERS OF REFERENCE MUST BE RECEIVED AT THE
PMTc OFFICE BY MARCH 31ST**

PLEASE PROVIDE A PHOTO WITH YOUR COMPLETED APPLICATION

SSN _____

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS (PERMANENT) _____

ADDRESS (PRESENT) _____

PHONE NUMBER (_____) _____ CELL PHONE (_____) _____

EMAIL ADDRESS _____

HOMETOWN _____ DATE OF BIRTH _____

MARITAL STATUS _____ # OF CHILDREN _____ AGES _____

SPOUSE'S NAME _____ MAIDEN NAME _____ SSN _____

SPOUSE'S HOMETOWN _____ OCCUPATION _____

APPLICANT PARENT'S NAME (or Living Relative) _____

PARENTS' ADDRESS (or Living Relative) _____

PARENTS' PHONE NUMBER (or Living Relative) (_____) _____

EDUCATION

HIGH SCHOOL: INCLUDE THE COMMUNITY AND YEAR OF GRADUATION

PRE-MED COLLEGE(S) _____ DATE OF ATTENDANCE _____ DEGREE _____

EMPLOYMENT

EMPLOYER _____ JOB TITLE _____ DATE OF EMPLOYMENT _____

_____ TO _____

_____ TO _____

_____ TO _____

_____ TO _____

NAME OF MEDICAL/OSTEOPATHIC COLLEGE ATTENDING _____

HOW WILL YOU BE CLASSIFIED DURING THE UPCOMING YEAR OF MEDICAL COLLEGE?

MSI _____ MSII _____ MSIII _____ MSIV _____

WHAT TYPE OF PRIMARY CARE INTERNSHIP/RESIDENCY TRAINING DO YOU ANTICIPATE, AND WHY?

LIST THE TYPE OF EXTRACURRICULAR ACTIVITIES YOU HAVE BEEN INVOLVED IN WHILE IN COLLEGE OR MEDICAL SCHOOL:

LIST, IN ORDER OF PREFERENCE, THE COMMUNITIES IN WHICH YOU MAY LIKE TO PRACTICE:

- 1) _____ 3) _____
2) _____ 4) _____

EXPLAIN YOUR COMMUNITY CHOICES:

DO YOU PRESENTLY HAVE ANY SCHOLARSHIPS, WHICH HAVE A PRACTICE OBLIGATION? YES _____ NO _____ IF SO, PLEASE EXPLAIN.

NAMES OF PERSONS FROM WHOM YOU HAVE SOLICITED REFERENCES.

1. _____
(NAME) (OCCUPATION)

2. _____
(NAME) (OCCUPATION)

3. _____
(NAME) (OCCUPATION)

PLEASE INITIAL AFTER EACH STATEMENT BELOW; I UNDERSTAND THAT MY PARTICIPATION IN THIS SCHOLARSHIP PROGRAM REQUIRES THAT;

- ◆ I serve one year for each year I receive the scholarship in a PMTC approved rural community. _____
- ◆ I am required to pursue a primary care specialty during postgraduate training. _____

NOTE: THE COMPLETED APPLICATION AND THREE LETTERS OF REFERENCE ARE DUE NO LATER THAN MARCH 31st. PLEASE REMEMBER TO PROVIDE A PHOTO WITH YOUR COMPLETED APPLICATION.

**SEND TO: PHYSICIAN MANPOWER TRAINING COMMISSION
5500 NORTH WESTERN AVENUE, SUITE 201
OKLAHOMA CITY, OKLAHOMA 73118
(405) 843-5667 FAX (405) 843-5792
www.pmtc.ok.gov**

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.

SIGNATURE OF APPLICANT _____

DATE _____