

## Family Medicine Resident's Rural Rotation Resident Application

Funded by the  
Texas Higher Education Coordinating Board  
Administered by the  
Faculty Development Center

Resident's Name \_\_\_\_\_ SS# \_\_\_\_\_

PGY Level (Circle One) 1 2 3 Resident's Email \_\_\_\_\_

Residency Program \_\_\_\_\_

Residency Director \_\_\_\_\_

Residency Coordinator \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_ Email \_\_\_\_\_

Desired Date of Rural Rotation: From \_\_\_\_\_ To \_\_\_\_\_

### SUPERVISOR PREFERENCE

- |    |           |            |               |
|----|-----------|------------|---------------|
| 1. | Last Name | First Name | Location/City |
| 2. |           |            |               |
| 3. |           |            |               |

### Please check all the statements that apply.

\_\_\_\_\_ The Resident possesses a Full Texas Medical License.

Texas License Number \_\_\_\_\_

\_\_\_\_\_ The Resident possesses an institutional, temporary, or resident license.

Institutional Permit/resident license Number \_\_\_\_\_

\_\_\_\_\_ The malpractice insurance the resident has through the residency program covers this Rural Rotation Experience.

Malpractice Insurer \_\_\_\_\_

By signing this document, the Resident and the Program Director certify that the above information is correct and true.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Family Medicine Resident's Rural Rotation  
Resident Application**  
(con't)

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Resident's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Resident's Telephone \_\_\_\_\_ Personal Email Address \_\_\_\_\_

Medical School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Undergraduate College \_\_\_\_\_

Major \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Please briefly describe the type of learning experience you desire from your rotation:

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**Directions: Residents must complete the resident application and obtain required signatures. The resident's application must be received by the Faculty Development Center prior to the start of the rural rotation. Residency program directors are responsible for forwarding Rural Rotation forms to:**

**Carla Price  
Faculty Development Center  
1600 Providence Drive  
Waco, Texas 76707  
cprice@wacofdc.com  
Phone (254) 752-2636  
Fax: (254) 756-0358**