

Texas Higher Education Coordinating Board
Family Medicine Rural Rotation Program
FY 2018 Resident Application

Directions: The application must be received by the Coordinating Board by **August 16, 2017**. Program Directors will be notified by **August 31, 2017** which residents have been selected for funding for FY 2018. Residency program directors are responsible for forwarding Rural Rotation Application forms. Submit an **electronic PDF copy** of this completed form to familypractice@thehb.state.tx.us. **Handwritten applications will not be accepted.**

Resident Information

Resident Last Name:	Resident First Name	Resident MI
Date of Birth	Gender	Place of Birth
		City, State, Country
Address	Email	
City	State	Zip Code
		Telephone

Education

Medical School	Date of Graduation
Undergraduate College	Date of Graduation
	Major

Residency Information

Residency Program	PGY Level
Residency Director	Residency Coordinator
Telephone	Email
Desired Date of Rural Rotation: From	To

Will you still participate in a rural rotation if you are not selected to receive funding?

Supervisor Preference
(Last Name, First Name)

Location/City

- 1.
- 2.
- 3.

License and Insurance Information (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
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
Date

Program Director's Signature
Date