

Texas Higher Education Coordinating Board  
Family Medicine Rural Rotation Program  
FY 2017 Resident Application

**Directions:** The application must be received by the Coordinating Board by **August 12, 2016**. Program Directors will be notified by **August 26, 2016** which residents have been selected for funding for FY 2017. 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](mailto: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