

Texas Higher Education Coordinating Board
 Family Medicine Rural Rotation Program
 FY 2019 Resident Application

Directions: The application must be received by the Coordinating Board by **August 17, 2018**. Program Directors will be notified by **August 31, 2018** 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
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 2
 .
 3
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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