



MARSHALL UNIVERSITY

Joan C. Edwards School of Medicine

1. First name Middle initial Last name 2. Date of birth

3. CURRENT mailing address: Street address or PO box

City State Zip County

4. Cell/home phone 5. Work/day phone

6. Email Alternate email

7. PERMANENT mailing address: Street address or PO box

City State Zip County

8. Anticipated graduation date:

9. Area of intended specialization:

PHYSICIAN

- Rural Emergency medicine Family practice General internal medicine Pediatrics Internal medicine/pediatrics OB/GYN
 Geriatrics Psychiatry

Where are you applying for residency training and in what specialty?

10. Are you a resident of West Virginia? YES NO

If "yes," how many years?

What is your home county?

11. Background: Where were you born and raised? What family ties, if any, do you have in West Virginia? Have you ever lived or worked in rural West Virginia or another underserved area?

12. What personal and professional attributes make you a good match for practice in a rural or underserved area?

13. Do you have any professional or personal barriers to relocating to any part of the state?

14. Describe an impactful experience you have had in a rural or underserved area of West Virginia as a health professional.

15. Describe any related community research, service projects, or volunteer work you have done in rural or underserved areas of West Virginia.

16. Have you explored practice opportunities in West Virginia? YES NO

17. Do you have any other service obligations, including military obligations? YES NO
If "yes," please describe:

I hereby certify that all of the above statements are true and correct. I understand that false statements on this application may be grounds for breach of contract which may have significant adverse fiscal consequences for me.

I understand that, if I am awarded a Rural Health Service Program award, I am obligated to:

- Comply with any and all service obligation requirements and restrictions on service areas as set out in the Rural Health Service Award Policy, and
- Sign both a contractual agreement and a promissory note which include information about the service obligation details and the consequences of failure to comply with the service obligations under this program, and
- Stay in regular contact with the Center for Rural Health at Marshall University Joan C. Edwards School of Medicine throughout the remainder of my time in medical school and throughout my residency and the process of selection of my employment site. Failure to do so may result in breach of contract which may have significant adverse fiscal consequences for me.

Signature of applicant

Date