

**2023-24 (FY 2024)**

# Family Medicine Rural Rotation Program Resident Application

**Directions:** The application must be received by the Coordinating Board by August 21, 2023. Program Directors will be notified by September 5, 2023 which residents have been selected for funding for FY 2024. Residency program directors are responsible for submitting all Rural Rotation Documentation on behalf of the resident. **Submit an electronic PDF copy of this completed form to [familypractice@highered.gov](mailto:familypractice@highered.gov).** Handwritten copies will not be accepted.

## Resident Information:

Last Name:		First Name:		Middle Initial:
Date of Birth	Gender	Place of Birth		
Address		Email		
City	State	Zip Code	Phone Number	

## Education

Medical School	Date of Graduation
Undergraduate College	Major
Date of Graduation	

## Residency Information:

Residency Program	Residency Coordinator
Residency Director	PGY Level      Email
Will you still participate in a rural rotation if you are not selected to receive funding	
Desired Date of Rural Rotation: From      To	

## Supervisor Preference Information:

(Last Name, First Name)	Location/City
1.	
2.	
3.	

## License and Insurance Information: (Please check all 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	Program Director's Signature
Date	Date