



RURAL MEDICAL EDUCATION PROGRAM APPLICATION

University of Illinois Rockford

Feel free to add additional pages where necessary.

1. Name _____
Social Security # _____
2. Permanent address _____ City _____ State _____ Zip _____
Permanent telephone (_____) _____
3. Home town _____ Home county _____
4. Present address _____ City _____ State _____ Zip _____
Where we can reach you this year. Please keep us informed of any changes.
Telephone (_____) _____ E-mail address (active user only) _____
5. How long have you lived at home address? _____ Present address? _____
6. Parent name(s) _____
Address _____ City _____ State _____ Zip _____
Telephone (_____) _____
Father's occupation _____ Mother's occupation _____
7. Please list your immediate and extended family who live in your tribal community and provide specific information about each (i.e., relationship, community, occupation, etc.).

8. Tribal affiliations (if applicable): _____
9. List the schools you have attended, including town and state:

College(s) _____	Degree _____	Major _____	Dates _____
_____	Degree _____	Major _____	Dates _____
High school _____	_____	City _____	State _____
Dates _____	_____	_____	_____
Middle school _____	City _____	State _____	Dates _____
Grade school _____	City _____	State _____	Dates _____
10. Please indicate:
 - A. College graduation date (bachelor's degree) _____
 - B. MCAT examination date(s) _____
 - C. When do you anticipate entering the U of I College of Medicine? _____



10. Describe your employment during the past five years, giving dates:

11. What other career possibilities have you considered?

12. List your hobbies and special interests:

13. Describe your involvement in your **hometown community** prior to and since attending college (i.e., community groups, activities, or volunteer efforts, etc.). Please indicate length of time of involvement.

14. List all extracurricular activities **during college** (e.g., volunteer work, clubs, etc.). Please indicate duration and nature of your participation.

15. What leadership positions have you held?



16. Name and location of the hospital serving your hometown community:

Indicate the contact that you have had with the hospital:

patient

visitor

volunteer

17. Name of your personal physician _____ Specialty _____

Address of your personal physician _____

How long has he/she been your doctor? _____

Have you discussed medicine as a career with your doctor? _____

18. Based on your personal experience, observations, and insights, describe the roles of the rural physician.

19. Describe your experience and knowledge of rural life or life in a tribal community.

20. Discuss how you would be a suitable candidate for the Rural Medical Education (RMED) Program:



21. List three people who are providing letters of recommendation. Select people who can describe your suitability for the RMED Program and involvement in your **hometown community** (i.e., teacher, local physician, clergy, member of chamber of commerce, mayor, extension leader, etc.).

Name Position

1. _____

2. _____

3. _____

All letters are to be current and addressed to the RMED Program

22. Do you have any commitments or obligations that will delay or interfere with practicing medicine in a rural tribal community immediately following completion of residency (i.e., military, ROTC, religious, etc.)?

Yes No

If yes, please describe:

23. How did you find out about RMED? _____

24. Have you previously applied to the RMED Program? Yes No

Commitment:

I understand the requirements of the RMED Program and am willing to make a commitment to fully participate in and complete the RMED Program and to practice in a rural tribal community.

Signature _____ Date _____

PLEASE NOTE

The RMED program involves a **dual** application process. For priority consideration, each applicant should complete the AMCAS application by November 1. This RMED application, three letters of recommendation, and a copy of your AMCAS application should be submitted to the address below by **December 1**. All application requirements of the Office of Medical College Admissions must be completed as stated in "Requirements for Admission" before final review. Information submitted in these applications and associated materials should be current, complete and accurate to the best of your knowledge. Falsification is reason to be dropped from the applicant pool.

The completed RMED application, three letters of recommendation and a copy of your AMCAS application MUST be received in the NAPP office by December 1.



Native American Pathways Program

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