

2019 FUTURE PHYSICIANS FOR OKLAHOMA (FPO) PROGRAM APPLICATION

Student Information

Name: _____ Date: _____
Address: _____ SSN: _____
City/State/Zip: _____ Home Phone: _____
Home Town: _____ Cell Phone: _____
Permanent Address: _____ DOB: _____
Email Address: _____ Permanent Phone: _____

Relative or Friend who can reach you if you move from the above address:

Name: _____ Phone: _____

Optional Statistical Information

Gender: (Please circle) M F Marital Status: (Please circle) Married Single Divorced Widow
Ethnicity: (Please circle) African American Asian American Caucasian Hispanic Native American Other _____

Educational Information

Undergraduate School(s) Attended

Institution: _____ Dates: _____ Degree: _____
Institution: _____ Dates: _____ Degree: _____

OAFP Participation

Are you an OAFP Member? ____ Have you attended FCMIG Lunch Lectures? ____ If yes, how many? ____

Clinical Experience

Have you ever worked in a clinic or hospital in a clinical capacity? Yes ___ No ___ If yes, Where? _____

Position: _____ Length of time: _____

Program Information

This externship will require your attendance at the OAFP Scientific Assembly Thursday, June 13th and Friday, June 14th. You will then spend four weeks with you preceptor, Monday, June 4th - Friday, June 29th. There are no extensions. Application deadline is March 1, 2019. Students will be matched in mid-March, and are required to attend the FPO Orientation in May. Students will receive reimbursement for participation anywhere from \$1,000- \$2,000 depending upon the site of participation. Reimbursement will be issued upon completion of the externship and receipt of all required forms, i.e. reimbursement form, site time sheet, evaluation and Community Involvement Report.

Are you interested in a Rural Site? YES ___ NO ___

Area of the state you would like to be assigned: (list by preference, i.e. 1st, 2nd, 3rd, etc.) NW ___ NE ___ SW ___ SE ___ Central ___

Please list your top three (3) choices if you have a certain city in mind:

*Every effort will be made to place you at or near your preference, however, there is no guarantee you will receive your requested site.

1. _____ 2. _____ 3. _____

Possible sites include, but are not limited to:

Blackwell	Elk City	McCloud	Okarche	Ramona	Stillwater
Buffalo	Enid	Muskogee	Oklahoma City	Sallisaw	Tahlequah
Duncan	Frederick	Midwest City	Okeene	Shawnee	Tulsa
El Reno	Hobart	Norman	Purcell	Stigler	Weatherford

Is there a physician who is willing to sponsor you and be your preceptor? Name: _____ Location: _____
("Sponsorship" involves making a donation to the Foundation to help aid in the payment of the student stipend.)

Experience, Skills, Goals

1. Describe any prior experience with rural or community health.

2. Describe your personal goal(s) for participating in this program.

Additional information in considering your application, and any special circumstances that could prevent you from completing your externship?

I, _____ (STUDENT), agree to participate in the 2019 FPO Program and understand reimbursement will be paid to me upon completion of the externship and that required reimbursement form, site time sheet, evaluation, and Community Involvement Report must be submitted prior to issuance of the reimbursement.

Student Name (please print)

Signature of Student

If you have any questions, please contact Kari Webber, Deputy Director at the Family Health Foundation of Oklahoma, 405.842.0484 or webber@okafp.org.

Please return to:

Family Health Foundation of Oklahoma
12316A North May Ave, Ste. 231
Oklahoma City OK 73120
Fax 405.840.0138
Email: webber@okafp.org