



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, if I am awarded a Rural Health Service Program financial incentive, I am obligated to:

Practice for at least one year full-time or two years half-time at an eligible site in a rural or underserved area of West Virginia.

I also understand that false statements on this application may be grounds for breach of contract.

I understand that I will be obligated to sign both a contractual agreement and a promissory note which include all service requirement details and consequences of failure to comply with service obligations under this program.

Signature of applicant

Date