



The Rural Partnership

Connecting Physicians With Communities

APPLICATION

PRIMARY CARE RESIDENCY

STIPEND PROGRAM

The Tennessee Primary Care Residency Stipend Program is funded with resources from the Tennessee Bureau of TennCare and implemented by The Rural Partnership through an agreement with the following four medical schools: East Tennessee State University, John H. Quillen School of Medicine; Meharry College of Medicine; The University of Tennessee, Memphis Health Sciences and Vanderbilt College of Medicine.

Complete application packages must be submitted to The Rural Partnership by **March 30, 2008**. For additional information concerning the procedures of the program, please e-mail stipend@theruralpartnership.com or download an application or procedures at www.theruralpartnership.com.

1. Personal Information:

- A. Name _____
- B. Address _____
- C. City _____ State _____ Zip _____
- D. Phone _____ Cell _____
- E. Email _____
- F. Social Security Number _____
- G. Date of birth _____
- H. Were you born in Tennessee? Yes _____ No _____
- I. Were your parents born in Tennessee?
 - Father Yes _____ No _____
 - Mother Yes _____ No _____
 - Other family? Explain _____

2. How did you learn about the Tennessee Primary Care Residency Stipend Program?

3. Service Obligations:

I am not required to fulfill any other service obligation _____

4. Are you willing to establish your practice in an underserved area of Tennessee?

Yes _____ No _____

If so, do you prefer East, Middle or West Tennessee? _____

5. Please provide the following certificates and references:

- A. a written Personal Statement explaining the desire to participate in the Stipend Program and practice primary care in a rural/underserved area of Tennessee;
- B. a letter from the your program director supporting this application and indicating good standing in the residency program;
- C. final medical school transcript (sent directly by the medical school to The Rural Partnership);
- D. evidence of citizenship (birth certificate, certificate of naturalization or permanent resident status); and
- E. evidence of an unrestricted Tennessee medical license.

Signature: _____

Please print

Date: _____