

**TACOMA FAMILY MEDICINE
RURAL FAMILY MEDICINE FELLOWSHIP
TACOMA, WASHINGTON**

Date: _____

Name: _____ SS#: _____ DOB: _____

Home Address: _____ Phone: _____

(City) (State) (Zip Code) Fax: _____

Work Address: _____ Phone: _____

Email address: _____

(City) (State) (Zip Code)

Location where you were raised: _____ Population _____
(Town/City) (State)

Location where your significant other was raised: _____
(if applicable) (Town/City) (State)

Population: _____ [] NA

BOARD CERTIFICATION

[] ABFP Year certified _____ Year renewed _____

[] Other Year certified _____ Year renewed _____

[] Board eligible

List all active licenses

State	License number	Expiration date
DEA CERTIFICATE	Certificate number	Expiration date

Rural Family Medicine Fellowship Application (cont.)

Certifications held and expiration date

BLS _____ ACLS _____ ATLS _____ PALS _____
 NRP _____ ALSO _____ Other _____ N/A

Medical Education

School of Graduation Degree Dates

Internship Type Dates

Residency Specialty Dates

Fellowship Specialty Dates

Professional Experience (if applicable)

Name/Type of Practice Dates

City State Zip Position

Name/Type of Practice Dates

City State Zip Position

Hospital Privileges

Name of Hospital Street Address City State Zip

Name of Hospital Street Address City State Zip

What year are you interested in applying for? _____

Please provide a **copy** of your

- **Medical School Diploma/Transcripts**
- **ABFP Board Certification** (if applicable)
- **Residency Certificate**

PLEASE INDICATE HOW YOU HEARD ABOUT US:

AAFP Website []
Publication Ads []
Word of Mouth []
Other []

- b) If you are in practice, what is compelling you to leave your practice for 1 year and spend it with us?**
5. **What have been your past rural experiences? (Medical School experience, Residency experience, prior practice – describe where you grew up, etc.**
6. **After completing the fellowship, where do you anticipate practicing and what type of practice do you see yourself in? (please be as specific as possible).**

Please enclose current curriculum vitae and provide us with Letters of Recommendation from the Director of your Residency Program and two other references.

REFERENCES:

Name/Title	Institution	Address	Phone

Signature

Date