

Department of Family Medicine
Madison Irving Medical Center, Suite 200
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Phone: 315-464-6992 Fax: 315-464-6982

RMED
2014

APPLICATION

RURAL MEDICAL EDUCATION PROGRAM

Applications for the RMED program for 2014 will be due in the Family Medicine office by January 7, 2013. To apply, you must complete and sign both the application form and attached authorization releases.

Name: _____
Last First MI

Current address: _____
& Street County

City State Zip Code

Telephone: _____ Gender: **Male** **Female** Campus: **Syracuse** **Binghamton**

E-mail address: _____ Graduating Class: _____

Marital Status: **Single** **Married** - Spouse's Name: _____

Personal Interests/Hobbies: _____

Where did you grow up? _____
City State Zip Code

What fields are you currently considering for your medical career?

Do you have any special interests within primary care (e.g. obstetrics, sports medicine, and orthopedics)?

Do you have any current academic deficiencies? Yes No (If yes, please explain)

Do you anticipate academic problems in current coursework? Yes No (If yes, please explain)

Do you have any physical limitations or medical problems about which your instructors should be aware? (If yes, please specify)

Who is your academic advisor? _____

LIST OF POTENTIAL SITES

Rank order three or more of the following potential sites according to your preference. Although choice of sites cannot be guaranteed, these rankings will be taken into consideration. Not all sites are available every year and additional sites may be added.

Auburn	_____	Hamilton	_____	Oneida	_____
Batavia	_____	Hudson	_____	Oswego	_____
Canandaigua	_____	Ithaca/Trumansburg	_____	Pulaski	_____
Cortland	_____	Norwich	_____	Saranac Lake	_____
Canton/Potsdam	_____	Lowville	_____	Waterloo/Geneva	_____
Glens Falls	_____	Ogdensburg	_____	Watertown	_____
		Oneonta	_____	Watkins Glen	_____

Are there any extenuating circumstances that lead you to favor a particular site?

WHICH PROGRAM ARE YOU APPLYING TO?

___RMED9. This is a 9-month program. It includes completion of the Surgery and Family Medicine Clerkships, a recommended Radiology elective, and other clerkship experiences (Urology, Geriatrics, ENT, Ophthalmology) depending on availability and campus of origin. Most sites offer housing and a scholarship to help defer tuition and any extra expenses.

___RMED3. This is at least 3 months of clerkship and or elective time in the rural community. No housing or scholarship is available, and approval for clerkships other than family medicine must be obtained by the student.

Department of Family Medicine

RURAL MEDICAL EDUCATION PROGRAM

TRANSCRIPT RELEASE:

I hereby authorize the release of an official transcript of my academic record at SUNY Upstate Medical University to the Department of Family Medicine. I understand that the Department of Family Medicine will consider this information confidential.

MEDICAL LICENSING EXAMINATION SCORES RELEASE:

I hereby authorize the release of my scores on all parts of the U.S. Medical Licensing Examination, including those parts to be taken in the future, to the Department of Family Medicine. I understand that the Department of Family Medicine will consider this information confidential and will only use it in aggregation with that of other students for program evaluation purposes.

ANNUAL HEALTH ASSESSMENT RELEASE

I hereby authorize the Student Health Service to release my Annual Health Assessment to the Department of Family Medicine for transmission to health care facilities in which I may be placed for clinical rotations. I understand that the Department of Family Medicine will consider this information confidential.

Your signature is required for these offices to release your records to our office.

Signature _____ Date _____

You may submit this application via:

United State Postal Service by mailing it to: **Upstate Medical University
Department of Family Medicine
Attn: RMED
475 Irving Ave., Suite 200
Syracuse, NY 13210**

Interoffice mail by mailing to: **Family Medicine
RMED
MIMC
Suite 200**

Fax: 315-464-6982 attention RMED

Scan and E-mail: rmed@upstate.edu