



State University of New York  
**Upstate Medical University**

**Department of Family Medicine**

Madison-Irving Medical Center  
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 Syracuse, NY 13210  
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 Fax: 315-464-6982

Received \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_



**Rural Medical Education Program Application**

Applications for the RMED program for 2009 will be due in the Family Medicine office by February 29, 2008. To apply, you must complete and sign both the application form and attached authorization releases.

**1. Name in full:**

Last

First

MI

**2. Telephone:**

**3. Gender:**

Female

Male

**4. Current Address:**

No. & Street

County

City

State

Zip Code

**E-mail Address:**

**5. Campus:**  Syracuse  Binghamton

**6. Graduating Class:**

**7. Curriculum:**  4 year  5 year

**8. Marital Status:**  Single  Married, Spouse's Name:

**9. Personal Interests/Hobbies:**

**10. Where did you grow up?**

City

State

Zip

**11. What fields are you currently considering for your career?**

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

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

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

**15. Do you have a physical limitations or medical problems about which your instructors should be aware?** (If yes, please explain)  Yes  No

**16. Who is your academic advisor?**

**17. 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.

Canandaigua	Ithaca/Trumansburg	Ogdensburg	Watertown
Canton/Potsdam	Lowville	Oneonta	Watkins Glen
Cortland	Malone	Oneida	
Glens Falls	Massena	Oswego/Pulaski	
Hamilton	Norwich	Waterloo/Geneva	

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

**19. Why do you want to participate in the Rural Medical Education Program and how does it related to your career?**

**20. 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 SCOEES 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.

I certify that the information here is complete and correct to the best of my knowledge and belief.

Date

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
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