

| Name  |                      |                              | Date                                 |  |
|---|----------------------|------------------------------|--------------------------------------|--|
| Medical School or Residency   |                      |                              |                                      |  |
| Type of Applicant   | Medical Student      | FM Resident                  | E Faculty                            |  |
| Program Year  |                      | _ Anticipated Completion Dat | e                                    |  |
| Email   |                      | Cel                          | Phone                                |  |
| Please write a brief (100 – 200 words) bio and interest statement below. Let us know who are, why advocacy is of interest to you and what issues are most important to you. |                      |                              |                                      |  |
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| What issues are of mo   | ost interest to you? |                              |                                      |  |
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| Application Deadline:   | September 5, 2023    |                              | Submit by email to: Louisem@oafp.org |  |
| 3439 NE Sandy Blvd № 264, Portland, OR 97232  |                      |                              |                                      |  |

## **Residency Director** Approval

In order for you to participate in this program, approval must be gained from the Residency Director of the program in which you are presently registered.

Applicant's Name

Residency Program Director

 $\Box$  I give my consent for the applicant to participate in the 23-24 Policy Scholars Program.

If you feel that additional information is pertinent to this application, please use the space below to elaborate:

| Signatura | Data |
|-----------|------|
| Signature | Date |