



Name \_\_\_\_\_ Date \_\_\_\_\_

Medical School or Residency \_\_\_\_\_

Type of Applicant     Medical Student                       FM Resident                       Faculty

Program Year \_\_\_\_\_ Anticipated Completion Date \_\_\_\_\_

Email \_\_\_\_\_ Cell 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.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

What issues are of most interest to you?

---

---

---

---

---

---

---

---

Application Deadline: September 5, 2023

Submit by email to: [Louisem@oafp.org](mailto:Louisem@oafp.org)

