

## Oregon Residency Collaborative Alliance for Family Medicine

Application for 2024 – 25 Oregon Policy Scholars

Name		Date	
Medical School or Re	sidency		
Type of Applicant	Medical Student	FM Resident	Faculty
Program Year		Anticipated Completion Date	
Email		Cell Phone	
Please write a brief (1 advocacy is importan		d interest statement below. Let us knov	v who you are and why
			_
What issues are of mo	ost interest to you?		

Application Deadline: September 1, 2024.

Submit by email to Louisem@oafp.org

## **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	
I give my consent for the applicant to participate in the 24-25 Policy Scholars F	Program.
If you feel that additional information is pertinent to this application, please use the	space below to elaborate:
Signature	Date