

## Oregon Residency Collaborative Alliance for Family Medicine Application for 20 24 - 25 Oregon Policy Schola

Name			Date	
Medical School or Re	esidency			
Type of Applicant	☐ Medical Student	☐ FM Resid	lent	☐ Faculty
Program Year		_ Anticipated Completion	Date	
Email			Cell Phone _	
	100 – 200 words) bio and vhat issues are most impo		Let us know v	vho are, why advocacy is of
What issues are of m	nost 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.