



# Community Match Rural Physician Recruitment Program Community Application – 2010

Please PRINT or write legibly. Use black ink. Return this application to the Rural Practice Program Administrator by **February 28, 2010** along with the Community Designee Form. In order for this to be accepted, your Community Match physician must submit the Physician Application by **February 28, 2010**.

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City and County: \_\_\_\_\_ Date: \_\_\_\_\_

Population as of last federal census: \_\_\_\_\_

Name of physician: \_\_\_\_\_

What type of Primary Care Medicine would your physician plan to practice full time in your community? (Primary Care for purposes of this program is defined as: Family Medicine, General Internal Medicine, General Internal Medicine and Pediatrics, General Pediatrics, General Obstetrics and Gynecology, General Surgery, and Emergency Medicine)

You may request a specialty other than those listed above. Preference will be given to those planning to practice Primary Care.

\_\_\_\_\_  
\_\_\_\_\_

Number of physicians currently practicing this Primary Care specialty in or near your community:

\_\_\_\_\_  
\_\_\_\_\_

Is your community a federally designated **Medically Underserved Area** and/or a **Health Professional Shortage Area**? If yes; is it the city, county or particular clinic in which the physician would be practicing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach additional information regarding your community's need for this physician. If you are requesting a specialty other than Primary Care, please give specific reasons for doing so. Try to include as much of the following information as possible:

- The ratio of primary care physicians to the population
- The infant mortality rate
- Percentage of the population with income below the federal poverty level
- Percentage of population over age 60
- Percentage of physicians over age 60
- Level of accessibility to primary care in the area
- Other information you would like the Board to consider

**CERTIFICATION AND SIGNATURE:**

I understand that the information submitted by me on this application will be used to assist the Arkansas Rural Medical Practice Student Loan and Scholarship Board in determining my community's eligibility for the Community Match Loan and Rural Physician Recruitment Program. I also understand that the number of accepted applicants is also based on the amount of available funds.

\_\_\_\_\_  
SIGNATURE of Mayor or Community Designee TITLE DATE

Complete and return this form to Rural Practice Program Administrator, 4301 West Markham, #709-1, Little Rock, AR 72205.

**Community Match Loan and Rural Physician Recruitment Program**  
**COMMUNITY DESIGNEE FORM**

**COMMUNITY DESIGNEE:** This individual serves as the “contact person” for mailings, correspondence, etc. for the community and is the individual authorized by the community to obligate funds, disburse checks, and sign the Community Match contract. *The Community Designee is the Mayor of the contracting community unless he/she designates someone else (see the section below) to serve in this capacity, i.e., hospital administrator, etc.*

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_  
**Position / Organization / Entity**

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**City State Zip code**

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**If the COMMUNITY DESIGNEE is someone other than the Mayor of the city listed above, this form requires the signature of the Mayor, certifying that the community has authorized the individual listed above as its COMMUNITY DESIGNEE.**

**In the event that the Community Designee is a hospital or clinic administrator and he/she resigns from their position, the new administrator will automatically become the Community Designee.**

**SIGNATURE OF MAYOR (required):** \_\_\_\_\_

**PRINTED NAME AND TITLE (If different from above):**  
\_\_\_\_\_

**Please have this Community Designee Form Notarized.**

\_\_\_\_\_ My term expires: \_\_\_\_\_ Seal

Complete and return this form to Rural Practice Programs Administrator, 4301 West Markham, # 709-1, Little Rock, Arkansas, 72205.