

2023-2024
University of Illinois College of Medicine at Peoria
RSPP (RURAL STUDENT PHYSICIAN PROGRAM)
APPLICATION

(Please type or print legibly with black ink)

Student Information

Attach Recent Photo	Name: Last, First, Middle Initial	Student ID #
	Previous Last Name	Birthdate
	Street Address	
	City, State, Zip	Telephone
	E-Mail Address	

Applicant's Residential History:

List each residence, starting with your place of birth. (Use a separate sheet, if needed.)

City/Town	Population	County	State	Years in Residence	
				From	To

Family Information

Marital Status	Name of Spouse/Partner	
Occupation of Spouse/Partner	Highest level of education of Spouse/Partner	

Applicant's Parent's Current Residence and Occupation

Father's Name		
Address		Telephone
City		Occupation
State	Zip	County

Applicant's Parent's Current Residence and Occupation

Mother's Name		
Address		Telephone
City		Occupation
State	Zip	County

Educational Background (begin with high school)

Institution	Location City/State	Dates		Degree/Major
		From	To	
				High School (Circle One) Rural Suburban Urban
				RIMSAP student? Yes No (circle one) IRGmed Student Yes No (circle one)

Special Interests, Hobbies, Extracurricular Activities

Awards, Honors or Scholarships

Military or Other Commitments

Work History (use separate sheet if necessary)

Employer	Location City/State	Dates		Brief Job Description
		From	To	

RSPP Site Preference

Geographic Location
Size of Town
Type of Clinic
Reasons
Educational Interests

**Please answer all questions completely on a separate sheet:
(Type or write legibly.)**

1. Why are you applying to the Rural Student Physician Program (RSPP)? What do you expect to gain from your RSPP experience?

2. Relate a difficult, personal challenge in your life. How did it affect you? How did you deal with it?

3. Describe a situation where you needed to initiate/negotiate change. How did you deal with it? How did it affect you?

4. What factors in your life would prevent you from being fully engaged at your RSPP community site?

Please sign and date this application.

With my signature, I certify that the information on this form is correct and if accepted, I agree to participate in all aspects and components of the program. I understand that I am not guaranteed a specific site, geographic location, or practice. If I am not able to be matched with a preferred site, I may withdraw my application without penalty. I give permission to the Rural Student Physician Program to have access to any information from my medical school record (copy of AMCAS application, copy of MCAT scores and a copy of your current medical school transcript).

Signature

Date

Thank you for taking the time to supply this information. Only complete applications will be accepted. After applications have been reviewed, interviews with finalists and their partners (if applicable) will be scheduled.

The University of Illinois College of Medicine at Peoria is committed to the policy that all persons shall have equal access to its programs, facilities, opportunities and employment without regard to race, color, creed, religion, national origin, sex, age, marital status, disability, public assistance status, veteran status, military obligation or sexual orientation.

Return this form no later than **Mon, Sep 12, 2022.**

To: Dr. Jim Barnett, RSPP Director
Department of Family and Community Medicine
University of Illinois College of Medicine at Peoria
815 Main Street, Suite B
Peoria, IL 61602

Or drop off or email to: Hanna Drowns, RSPP Coordinator
Department of Family and Community Medicine
University of Illinois College of Medicine at Peoria
hdrowns@uic.edu
309-672-4593

Dawneva Sasse, RSPP Education Manager
Department of Family and Community Medicine
University of Illinois College of Medicine at Peoria
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309-643-6167

815 Main Street, Suite B
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Monday thru Friday
8:00 am – 4:30 pm