

**2025-2026**  
**University of Illinois College of Medicine at Peoria**  
**RURAL STUDENT PHYSICIAN PROGRAM**  
**(RSPP) APPLICATION**

***Student Information***

<b>Attach Recent Photo</b>	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

***Emergency and/or Family Contact Information***

1. Relationship	Name				
Address					
City			Telephone		
State		Zip	County		

2. Relationship	Name				
Address					
City			Telephone		
State		Zip	County		

3. Relationship		Name	
Address			
City		Telephone	
State	Zip	County	

**Pet**    Yes   

          No   

*\*If yes, do you have a care plan while you are at the RSPP site?*

***Educational Background (begin with high school)***

Institution	Location City/State	Dates		Degree/Major
		From	To	
				High School Rural Suburban                      Urban
				RIMSAP student? Yes                      No  EquIMEDStudent Yes                      No

***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 \* Optional**

Geographic Location
Size of Town
Type of Clinic
Reasons
Educational Interests

**Please answer all questions completely on a *separate sheet*:**

1. Why are you applying to the Rural Student Physician Program (RSPP)? What do you expect to gain from your RSPP experience?  
use separate sheet
  
2. Relate a difficult, personal challenge in your life. How did it affect you? How did you deal with it?  
use separate sheet
  
3. Describe a situation where you needed to initiate/negotiate change. How did you deal with it? How did it affect you?  
use separate sheet
  
4. What factors in your life would prevent you from being fully engaged at your RSPP community site?  
use separate sheet

**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).

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**Signature**

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**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 **Monday, July 8, 2024.**

Mail: 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

Email or drop off to: Dr. Jim Barnett, RSPP Director email: jameswb@uic.edu

Or

Dawneva Sasse RSPP Education Manager email: dsasse@uic.edu

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Monday thru Friday  
8:00 am – 4:00 pm