

**ATTENTION**

This program requires the physician to accept Sooner Care and to stress tobacco cessation with patients. Funds for this loan repayment program are provided by the Tobacco Settlement Endowment Trust and the Oklahoma Health Care Authority.



**PMTTC**

**Physician Manpower  
Training Commission**

**Oklahoma Medical Loan Repayment Program  
Candidate Application**

\_\_\_\_ - \_\_\_\_

Loan Repayment for primary care physicians practicing in Health Professional Shortage Areas (HPSAs), Medically Underserved Areas (MUAs) or communities approved by the Physician Manpower Training Commission

**Please submit a head & shoulders photo with this application.**

Name \_\_\_\_\_ M.D. or D.O. SS# \_\_\_\_\_  
(First, Middle, Last) (circle one)

Medical License Number \_\_\_\_\_ Specialty \_\_\_\_\_

Address \_\_\_\_\_  
(Street/P.O. Box, City, State and Zip) (E-mail address)

Phone Number ( ) \_\_\_\_\_ Cell Phone Number ( ) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Hometown \_\_\_\_\_ Marital Status \_\_\_\_\_

Spouse Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ SS# \_\_\_\_\_

Spouse Occupation \_\_\_\_\_ Spouse Hometown \_\_\_\_\_

Number of Children \_\_\_\_\_ Ages \_\_\_\_\_

Applicant: Parents' Name (or Living Relative) Address and Phone \_\_\_\_\_

\_\_\_\_\_

Medical College(s), City and State

Dates Attended

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Residency Training Institution, City and State

Dates Attended

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List the community name and facility where you plan to practice:

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Explain your community/state area choice:

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Do you presently have any scholarships or loans which have a practice obligation?

Yes  No

If yes, please explain \_\_\_\_\_

Please provide the amount owed for educational loans: \_\_\_\_\_

The Physician Manpower Training Commission is given permission to contact any parties or to obtain the sources of information, which it deems necessary to verify my eligibility for this scholarship/loan.

The Physician Manpower Training Commission, in compliance with Title VI of the Civil Rights Act of 1974 and Title IX of the Education Amendments of 1972 (Higher Education Act), does not discriminate on the basis of race, color, national origin or sex in any of its policies, practices, or procedures. This provision includes, but is not limited to, employment and financial services.

I hereby declare that the information contained in this application is true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ 

Date of Application \_\_\_\_\_

**Please return to:**

**Physician Manpower Training Commission  
5500 North Western Avenue, Suite 201  
Oklahoma City, Oklahoma 73118  
(405) 843-5667 FAX (405) 843-5792**

7/8/2015

