



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Residency Program: _____

Year in Training as of July 2019: PGY1 ___ PGY2 ___ PGY3 ___

Candidates for resident representatives must have participated in one OAFP activity.
Please list OAFP activity in which you have participated:

Are you currently serving, or have you served, on an OAFP committee/commission? Yes ___ No ___
If so, what committee/commission?

Have you attended previous National Conferences of Family Medicine Residents and Students?
Yes ___ No ___ If so when?

Have you served as a resident delegate/alternate delegate to the OAFP Members Assembly?
Yes ___ No ___ If so when?

Are you interested in running for an elected national leadership position? (See attachment.)
Yes ___ No ___

Will you be receiving other funding to attend National Conference/Congress? Yes ___ No ___
(Please note: other funding received by selected delegate/alternate will be deducted from the OAFP Foundation scholarship.)

Statement (no more than one typewritten page) shall be provided with application form. Statement should include information about your interest in family medicine and why you wish to represent Ohio family medicine residents as their delegate/alternate delegate to the National Congress of Family Medicine Resident Members.

Verification of Eligibility (to be completed by the residency program director):

I verify that this applicant is a resident in good standing at this residency program.

Name (please print): _____ Title: _____

Signature: _____ Date: _____

Deadline: Application, CV and statement must be received via email (kmcguffie@ohioafp.org);
fax: 614/267-9191; or by mail postmarked by **Monday, May 6, 2019** addressed to:
OAFP Foundation, Kaitlin McGuffie, 4075 North High St., Columbus, OH 43214