

# WANT TO PRACTICE MEDICINE IN RURAL NORTH DAKOTA? RURALMED

## A state-sponsored program

### PURPOSE

RuralMed is a state-sponsored program designed to increase the number of health care providers for rural North Dakota.

### HOW TO APPLY

A medical student who wants to apply should submit the following materials to the office of Student Affairs & Admissions:

- Complete the RuralMed application; this gives written permission for the RuralMed selection committee to review the student's complete medical school application.
- A one- to two-page essay addressing why the student wants to participate in, and is a good choice for, RuralMed.

### BENEFITS

Students accepted for RuralMed will have the cost of tuition up to four years paid for, through a forgivable student loan, in return for practicing in rural North Dakota.

### ELIGIBILITY

RuralMed is open to students pursuing a medical career in any specialty, in which they can fulfill their service commitment in rural North Dakota.

### REQUIREMENTS

The student must:

- Enroll as a medical student at the UND SMHS
- Maintain status in good standing
- Complete four years of medical education
- Enter a graduate residency
- Establish a practice in rural North Dakota within six months of completing their graduate residency
- Practice in rural North Dakota for 5 years

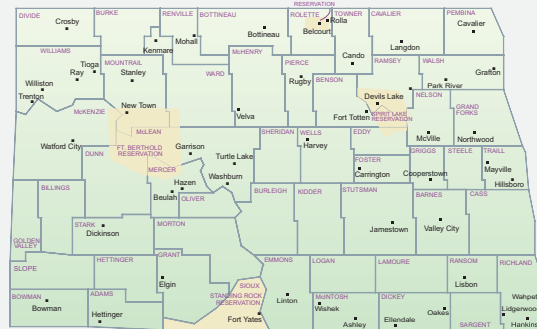
### DEFINITIONS

**Rural** is defined as all locations except:

- Bismarck-Mandan
- Fargo-West Fargo
- Grand Forks
- Minot

**Tuition** is the amount of money charged on Campus Connection and published on the official UND website for each trimester of enrollment.

### ELIGIBLE RURAL PRACTICE LOCATIONS



### FOR MORE INFORMATION, CONTACT

Angela Osborn, Associate Director  
Office of Student Affairs & Admissions, W101  
School of Medicine & Health Sciences  
University of North Dakota  
1301 N. Columbia Road, Grand Forks, ND 58202-9037  
701.777.4221, Fax: 701.777.4942  
[saa@UND.edu](mailto:saa@UND.edu)  
[med.UND.edu/student-affairs-admissions/financial-aid](http://med.UND.edu/student-affairs-admissions/financial-aid)

Funding for RuralMed is provided by the North Dakota Legislature with monies appropriated to the UND SMHS.

# RURALMED APPLICATION



## STUDENT FINANCIAL AID OFFICE

SMHS Suite W101

1301 N Columbia Rd, Stop 9037

Grand Forks, ND 58202-9037

Office: 701.777.2849

Fax: 701.777.4942

med.UND.edu/student-affairs-admissions

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

UND email: \_\_\_\_\_@UND.edu

RuralMed is a state-sponsored program designed to increase the number of health care providers for rural North Dakota. **Priority consideration is given to first-year medical students, then any medical student.**

The Center for Rural Health at the UND SMHS has an interest group that connects RuralMed participants to learn from each other, navigate through the rest of medical school and residency in preparation for their rural service and have an open forum to discuss questions and concerns. This group meets quarterly and an email reminder about the meeting will be sent if you list your email address below.

If you would like to be part of this interest group and allow SAA to share your contact information with Stacy Kusler, Workforce Specialist with the Center for Rural Health, please initial by your Opt In below and provide your preferred contact information. Your decision to opt in or opt out will not influence your ability to be accepted into the RuralMed Program.

\_\_\_\_\_ I Choose to Opt In to the Interest Group

\_\_\_\_\_ I Choose to Opt Out of the Interest Group

Preferred contact information: \_\_\_\_\_

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### **PLEASE READ AND COMPLETE THE FOLLOWING:**

Rural is defined as all locations except Bismarck-Mandan, Fargo-West Fargo, Grand Forks, and Minot. Tracking of your service commitment will be completed by the UND SMHS or its designee.

Please include a short essay addressing why you want to participate in, and are a good choice for, RuralMed. Please identify any specialty you are interested in and how your specialty intention will benefit rural North Dakota.

By signing this RuralMed Program Application, I hereby give my written permission for the RuralMed selection committee to review my complete medical school application, my RuralMed Program application and any attachments in its entirety. Furthermore, I certify all information provided in this application is true and complete.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_