



**Choose
West Virginia
PRACTICE PROGRAM**

2023-2024 Application

INSTRUCTIONS

Please type or print responses in blue ink and attach additional pages if needed. Applicants should fill out Section 1. Submit the completed application form by **December 1, 2023**.

Email: ChooseWV@wvhepc.edu

Fax: 304-712-9343

Mail: Health Sciences Division,
WV Higher Education Policy Commission
1018 Kanawha Blvd. Suite 700,
Charleston, WV 25301

SECTION 1 (TO BE COMPLETED BY THE APPLICANT)

1. First name	Middle initial	Last name	2. Date of birth
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3. **CURRENT mailing address:** Street address or PO box

City	State	Zip	County
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4. Phone Number(s)

5. Email Address(es)

6. **PERMANENT mailing address:** Street address or PO box

City	State	Zip	County
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7. School

8. Anticipated graduation date

9. Area of intended specialization

Family Practice	General Internal Medicine	Internal Medicine/Pediatrics
Pediatrics	Preventive Medicine	Geriatrics
OB/GYN	General Surgery	Neurology
Addiction Medicine	Psychiatry (includes Addiction, Child & Adolescent, and Geriatric)	
Other:		

10. Describe why you decided to go to medical school in West Virginia.



11. Background: Where were you born and raised? What family ties, if any, do you have to West Virginia? Have you ever lived or worked in West Virginia or an underserved area?

12. What personal and professional attributes make you a good match for receiving this award?

13. What do you believe are the positives and negatives of practicing and living in West Virginia?



14. If you receive this award, what impact would the service obligation have on your personal life? Do you have any professional or personal barriers to practicing in West Virginia?

15. Describe the type of practice you would like to have in WV. Include details like location, type of setting, etc.

16. Do you have any other service obligations, including military obligations? YES NO

If "YES," please describe:

17. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act, which requires that males between the ages of 18 and 25 register with the Selective Service. Are you in compliance?

YES NO DOES NOT APPLY

Comments:



I hereby certify that all of the above statements are true and correct.

I understand that, if I am awarded, I am obligated to practice full-time in an underserved area for one year for every academic year I receive an award.

I understand that if I fail to complete my training or fail to practice at an eligible service site as required, I am liable for repayment of each award I receive.

I also understand that false statements on this application may be grounds for breach of contract.

Signature of Applicant

Date