

Louisiana State University School of Medicine - New Orleans

Primary Care Scholar Application

If you have questions about the Primary Care Scholar Program, or wish to submit an application, please contact the Primary Care Programs Coordinator at primarycare@lsuhsc.edu.

PATRICK F. TAYLOR PRIMARY CARE SCHOLAR PROGRAM (PFT):

- A medical school program for those interested in practicing family medicine, general internal medicine, general pediatrics, or geriatrics anywhere in Louisiana after training.
- PFT students participate in unique primary care focused curricular and extracurricular experiences.
- Includes a contractual post-training commitment to practice primary care in Louisiana for 1.5 years for each year that a \$25,000 medical school tuition exemption is received.
- Must be a Louisiana resident.
- Students in the Rural Scholar Track are not eligible for the Patrick F. Taylor Primary Care Scholar Program.
- A signed contract commits the PFT awardee to practice in Louisiana in a specialty approved by the Primary Care Program Committee in order to fulfill the terms of the post-training practice commitment.
- Primary Care Scholar students are subject to the rules outlined in the PFT contract for medical services after graduation from residency. Default on the terms of the PFT contract is subject to a financial penalty.
- PFT students join an interest group in one of the eligible primary care specialties listed above.
- Primary Care Scholar students may choose to do their clinical years at the Baton Rouge Branch Campus or the main campus in New Orleans. Baton Rouge Branch Campus students complete all of their third year clerkships in Baton Rouge and may do "away"rotations anywhere during their fourth year, including rotations out-of-state. New Orleans students enter the clerkship lottery and may preferentially receive assignments in Lafayette, Baton Rouge, Bogalusa or Lake Charles if desired.
- Primary Care Scholar students maintain contact with the PFT Program throughout medical school, residency and the years of practice for which they are obligated to serve out the terms of their PFT contract.

PERSONAL INFORMATION

Please complete all required fields.

1) Name:

2) Permanent Address:

Address Line 1:

Address Line 2:

City:

State:

Zip:

3) Home Parish:

4) Current Address:

Address Line 1:

Address Line 2:

City:

State:

Zip:

5) Cell Phone Number : ()

6) Permanent Email Address:

7) List the college(s) and high school that you attended. Please include city, state, and dates attended (ex: 08/2016 – 05/2020)

College: City State

Degree: Major: Dates Attended:

College: City State

Degree: Major: Dates Attended:

High School: City: State:

Dates Attended:

8) Please provide specific information about any immediate and extended family that live in eligible communities and practice locations in Louisiana. (i.e., relationship, community, occupation, etc.)

9) List all extracurricular activities during college and/or medical school, e.g., volunteer work, clubs, etc. Please indicate the duration and nature of your participation.

10) Describe your involvement in your home community prior to and since applying to medical school, e.g., community groups, activities, or volunteer efforts, etc.

11) List your hobbies and interests.

11) What medical specialty possibilities have you considered?

12) Based on your own personal experience, observations and insights, describe the roles and responsibilities of a primary care physician.

13) Why do you feel you are a suitable candidate for the Patrick F. Taylor Primary Care Scholar program (PFT)?

III. REFERENCES AND SIGNATURES

14) List two references.

Select individuals who can provide information about your involvement in your home community and your suitability for the Primary Care Scholar Program.

Name:

Position:

Address:

Email & Phone:

Name:

Position:

Address:

Email & Phone:

15) Do you have any commitments or obligations that will interfere with practicing medicine in Louisiana immediately following completion of a residency program (i.e., military, ROTC, religious, etc.?)

YES: NO:

If yes, please describe:

If you are interested in applying to the **Patrick F. Taylor Primary Care Scholar Program** please check the box and sign below:

- I UNDERSTAND*** the requirements and obligations of the **Patrick F. Taylor Primary Care Scholar Program (PFT)**. I understand that if accepted, I will have a contractual commitment to participate in and complete the Primary Care Scholar medical education components summarized above:

Signature:

Date: