



## FAMILY MEDICINE ELECTIVE APPLICATION

Please complete and email to [recruiting@wacofhc.org](mailto:recruiting@wacofhc.org) OR mail to:  
Glenna Walker, Recruiting & Alumni Coordinator  
Waco Family Medicine Residency  
1600 Providence Dr.  
Waco, TX 76707

Dates will be scheduled upon receipt of this application and the supporting documentation listed on page 2, and upon a completed review by the Predoctoral Education Committee.

Dates: 1st choice From: \_\_\_\_\_ To: \_\_\_\_\_

2nd choice From: \_\_\_\_\_ To: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Undergraduate Education: \_\_\_\_\_

Medical School: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

\_\_\_\_\_

Briefly state your goals for this elective and your current career plans so that we may better plan for your educational experience.

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Please email [recruiting@wacofhc.org](mailto:recruiting@wacofhc.org) or call (254) 313-4267 with any questions.



FAMILY MEDICINE ELECTIVE  
APPLICATION  
Required Supporting Documentation

1. Two letters of recommendation
  - Letters should be emailed or mailed directly by the authors to the address listed on the application.
2. Copy of med school transcript
3. USMLE Step 1 scores or COMLEX 1 scores

If accepted, you will be asked to provide the following documents:

1. Criminal background check (national)
2. Current drug screen (10 panel)
3. Proof of liability insurance
4. Proof of personal health insurance
5. Copy of driver's license
6. Proof of current CPR
7. Letter of good standing
8. Immunization documentation:
  - Current TB skin test or T-Spot
  - Tdap vaccine
  - MMR vaccine
  - Varicella vaccine (or proof of varicella infection)
  - Hepatitis B series
  - Flu shot

These items can often be provided by your medical school in a single document.

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