



**APPLICATION**  
**SPORTS MEDICINE ELECTIVE**  
Waco Primary Care Sports Medicine Fellowship

Please complete and mail OR email to:  
Camryn Massingill, Recruiting Coordinator- [recruiting@wacofhc.org](mailto:recruiting@wacofhc.org)  
Waco Primary Care Sports Medicine Fellowship  
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 fellowship faculty.

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USMLE Step Scores or COMLEX Scores- Step 1 \_\_\_\_\_ Step 2 \_\_\_\_\_ Step 3 \_\_\_\_\_

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

## **Required Supporting Documentation**

1. USMLE Step scores or COMLEX 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. Letter of good standing
5. Immunization documentation:
6. Current Tb skin test
7. Tdap vaccine
8. MMR vaccine
9. Varicella vaccine (or proof of varicella infection)
10. Hepatitis B series
11. COVID Vaccine