APPLICATION
FAMILY MEDICINE ELECTIVE

Waco Family Medicine Residency Program

Please complete and mail (or e-mail as an attachment) to:

Nick Schwedock, M.D.
Predoctoral Education Coordinator
Glenna Walker, Residency Coordinator
(coordinator@wacofpc.org)
Waco Family Medicine Residency Program
1600 Providence Dr.
Waco, Texas 76707
(254) 750-8267

Dates will be scheduled after receipt of the application, two letters of recommendation and 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:_____

Telephone Number:_____ Hobbies:_____

Undergraduate Education:_____

Medical School:_____

How did you hear about our program?_____

_____

Briefly state what you wish to receive from this elective, and your current career goals, so we may better plan for your educational experience.

_____

_____

_____