

Louisiana State University School of Medicine at New Orleans

Patrick F. Taylor Primary Care Award Application

1. Name: _____

Home Telephone: (____) _____ Social Security #: _____

2. Home Address: _____

City: _____ State: _____ Zip Code: _____

3. Home Parish: _____

4. Present Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Personal E-mail: _____

5. Please give us specific information about your immediate & extended family that live in Louisiana (i.e. relationship, community, occupation, etc.)

6. List the schools you have attended , including town & state:

College(s) _____ Degree _____ Major _____ Dates _____

_____ Degree _____ Major _____ Dates _____

High School _____ City _____ State _____ Date _____

11. Describe your personal experience and knowledge of primary care:

12. Based on your personal experience, observations and insights, describe what you believe the roles and responsibilities of a primary care physician to be:

13. Why do you feel you would be a suitable candidate for the Patrick F. Taylor Primary Care Award?

14. List three references. These individuals should be different from those providing your letters of recommendation for medical school. Select individuals who can provide information about your involvement in community and your suitability for the Primary Care Award.

Name: _____ Position: _____

Address: _____ Phone: _____

Name: _____ Position: _____

Address: _____ Phone: _____

Name: _____ Position: _____

Address: _____ 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:

COMMITMENT: I UNDERSTAND THE REQUIREMENTS AND OBLIGATIONS OF THE Patrick F. Taylor Award. I AM WILLING TO MAKE A FULL COMMITMENT TO practice primary care (general internal medicine, family medicine, geriatrics, or general pediatrics) in Louisiana after completion of residency training.

Signature: _____ Date: _____