WANT TO PRACTICE MEDICINE IN RURAL NORTH DAKOTA?

RURALMED

A state-sponsored program

PURPOSE
RuralMed is a state-sponsored program designed to increase the number of health care providers for rural North Dakota.

HOW TO APPLY
A medical student who wants to apply should submit the following materials to the office of Student Affairs & Admissions:
- Complete the RuralMed application; this gives written permission for the RuralMed selection committee to review the student’s complete medical school application.
- A one- to two-page essay addressing why the student wants to participate in, and is a good choice for, RuralMed.

BENEFITS
Students accepted for RuralMed will have the cost of tuition up to four years paid for, through a forgivable student loan, in return for practicing in rural North Dakota.

ELIGIBILITY
RuralMed is open to students pursuing a career in family medicine, internal medicine, or general surgery.

REQUIREMENTS
The student must:
- Enroll as a medical student at the UND SMHS
- Maintain status in good standing
- Complete four years of medical education
- Enter a graduate residency in an eligible specialty
- Establish a practice in an eligible specialty in rural North Dakota within six months of completing their graduate residency
- Practice in an eligible specialty

DEFINITIONS
Rural is defined as all locations except:
- Bismarck-Mandan
- Fargo-West Fargo
- Grand Forks
- Minot

Tuition is the amount of money published in the official UND catalog or bulletin for the academic term in which the tuition is incurred (for in state students).

Full-time practice is a minimum of 40 hours per work week in which 32 hours must be spent providing direct patient care. This does not include time spent “on call.”

Family Medicine means entering a practice as a licensed physician certified by the American Board of Family Medicine.

General Surgery means entering a practice as a licensed surgeon certified by the American College of Surgeons.

Internal Medicine means entering a practice as a licensed physician certified by the American Board of Internal Medicine and providing primary care without further specialization.

ELIGIBLE RURAL PRACTICE LOCATIONS

FOR MORE INFORMATION, CONTACT
Jennifer Duffy, Associate Director
Financial Aid, Student Affairs & Admissions
School of Medicine & Health Sciences
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med.UND.edu/student-affairs-admissions/financial-aid

*General surgery is only for those who signed a RuralMed contract in general surgery.

Funding for RuralMed is provided by the North Dakota Legislature with monies appropriated to the UND SMHS.
Student's Name: ___________________________________________ Student ID: ____________________

Address: _______________________________________________________________________________________

City, State & Zip: __________________________________________________________________________________

UND email: ___________________________________________@UND.edu

RuralMed is a state-sponsored program designed to increase the number of health care providers for rural North Dakota. RuralMed is open to students pursuing a career in family medicine, internal medicine, or general surgery. Priority consideration is given to first-year medical students pursuing family medicine, then first year medical students pursuing another eligible specialty, then any medical student pursuing family medicine.

PLEASE READ AND COMPLETE THE FOLLOWING:

Indicate in which specialty you are applying for the RuralMed Program.

☐ Rural Family Medicine    ☐ Rural General Surgery    ☐ Rural Internal Medicine

Rural is defined as all locations except Bismarck-Mandan, Fargo-West Fargo, Grand Forks, and Minot.

Tracking of your service commitment will be completed by the UND SMHS or its designee.

Please include a one- to two-page essay addressing why you want to participate in, and are a good choice for, RuralMed.

By signing this RuralMed Program Application, I hereby give my written permission for the RuralMed selection committee to review my complete medical school application, my RuralMed Program application and any attachments in its entirety. Furthermore, I certify all information provided in this application is true and complete.

Student's Signature: ___________________________________________ Date: ____________________