

**WWAMI State TRACK Student Application  
2009 - 2010 Academic Year**

Student Information					
<b>Name:</b>			<b>Entering Year &amp; First Year Site:</b>		
_____	_____	_____			
Last	First	MI			
<b>Email:</b>			<b>Telephone #</b>	<b>Cell Phone #</b>	
<b>Mailing Address:</b>			<b>Date of Birth:</b>		
_____			_____		
Street	City	State	ZIP		
<b>R/UOP SITE (If applicable)</b>			<b>Ill Project:</b>		
<b>R/UOP Preceptor:</b>			<b>Status:</b> <input type="checkbox"/> Paper completed/approved <input type="checkbox"/> Petition Approved		
<b>Check the WWAMI State TRACK Option you are applying for:</b>					
<input type="checkbox"/> <b>Alaska</b> Third Year	<input type="checkbox"/> <b>Idaho</b> Third Year or Fourth Year	<input type="checkbox"/> <b>Spokane</b> Third Year	<input type="checkbox"/> <b>Wyoming –</b> Rural Clinical Experience	<input type="checkbox"/>	<b>Billings, MT</b> Third Year
				<input type="checkbox"/>	<b>Missoula, MT</b> Third year
<b>Spouse/Partner /Children</b>					
Spouse/Partner Employment Needs:					
Type of Work:					
<b>Track Students provide their own housing throughout their Track experience.</b>					
Will you need housing when returning to Seattle for your third or fourth-year clerkships or for other required experiences (i.e. Capstone)?				Yes	No
If so, would you like to apply to stay with a UW Alumni agreeable to host students?				Yes	No
Please state why you wish to participate in the state track requested.					

By signing the Track application, I hereby give the faculty of the specific Track program my permission to access my UWSOM student files and to contact my R/UOP preceptor, if applicable.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Applications are due November 15, 2008**

TO: Angie Wick, Clinical Curriculum Manager, Suite A-300, UW School of Medicine

Box 356340, 1959 N.E. Pacific Street, Seattle, WA 98195

## **WWAMI Office Contact Information**

### **SPOKANE TRACK**

#### **WWAMI (E WA) Office for Clinical Medical Education**

Deb Harper M.D., Assistant Dean

John McCarthy, M.D., Assistant Dean

Janie Ford, Administrator

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### **ALASKA TRACK**

#### **WWAMI (AK) Office for Clinical Medical Education**

Tom Nighswander, M.D., Assistant Dean

Michelle Devine, Administrator

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### **MONTANA**

#### **WWAMI (MT) Office for Clinical Medical Education**

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### **IDAHO TRACK**

#### **WWAMI (ID) Office for Clinical Medical Education**

Suzanne Allen, M.D., Assistant Dean

Administrators

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