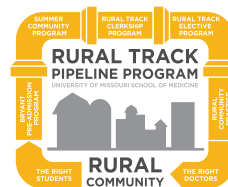




# BIO SKETCH – Medical Practice Information University of Missouri School of Medicine Rural Track Summer Community Program



**Physician Information** (you may tab through this form to fill it out – be sure to click on the appropriate check boxes.)

<b>Name (first middle last):</b>				<b>DOB (MM/DD/YYYY):</b>	
<b>Email:</b>				<b>Cell phone:</b>	
<b>Alternate Email:</b>				<b>Gender:</b>	<b>MD / DO:</b>
<b>Discipline:</b>	<input type="checkbox"/> Child Health	<input type="checkbox"/> Family Medicine	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neurology	
	<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Other:		
<b>Race/Ethnicity (optional): (X all that apply)</b>	<input type="checkbox"/> American Indian/ Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Hawaiian/Other Pacific Islander	
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Other:		

## Facility Information

<b>Clinic Name:</b>			
<b>Street Address:</b>			
<b>City, State, Zip:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Office Manager:</b>		<b>Email:</b>	

## Physician's Typical Schedule

	AM	PM	Amount of Time / On Call Schedule
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Bio Sketch for \_\_\_\_\_

Date: \_\_\_\_\_

**Practice Information**

<b># of physicians in the clinic/practice</b>						
<b>Describe the general mix of patients seen</b>						
<b>% of Patients:</b>	Over 65		Under 18		Procedures commonly performed:	
<b>Estimated # per week:</b>	Outpatients		Inpatients (if applicable)		If inpatient, what hospital:	
<b>% of inpatients:</b>	Over 65		Under 18			

<b>Teaching Experience</b> – Estimate the <b>number</b> of students/residents you have taught over the past five years:							
Medical students		Resident physicians		Nursing students		Others	
Total time a typical learner spends/spent with you (in days or hours):							
<b>MISSOURI STATE LICENSURE #:</b>							
<b>BOARD CERTIFICATION (date and specialty)</b>							

If you are not currently board certified, please explain your status and your plans for obtaining board certification.

**Comments:**

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