



# REGISTRATION APPLICATION

## For Practicing or Resident Physicians, Mid-levels and Dentists

**Division of Rural Health and Recruitment Job Fair**

**Thursday, October 22, 2009 8:30 a.m. to 4:00 p.m. The Resort at Glade Springs**

Please complete the information below and return by mail to Sandy Poe, Division of Rural Health and Recruitment, 350 Capitol Street, Room 515, Charleston, WV 25301-3716 or fax (304) 558-1437. This will enable us to have everything ready for you when you arrive at the Job Fair. You will also be able to sign in at our registration table located in the foyer on the day of the Job Fair.

### Personal Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

The following questions are requested, but response is voluntary:

Gender       Male       Female      Ethnic Origin \_\_\_\_\_      Citizenship: \_\_\_\_\_

### Professional Information:

Primary Specialty: \_\_\_\_\_

Name of Medical School or Residency Program: \_\_\_\_\_

City & State of Program: \_\_\_\_\_

Start Date: \_\_\_\_\_      Completion Date: \_\_\_\_\_

Sub-specialty: \_\_\_\_\_

Name of Program: \_\_\_\_\_

City & State of Program: \_\_\_\_\_

Start Date: \_\_\_\_\_      Completion Date: \_\_\_\_\_

Board Certified: \_\_\_\_\_      Date Available for Employment: \_\_\_\_\_

**West Virginia Department of Health and Human Resources  
Bureau for Public Health  
Office of Community Health Systems and Health Promotion  
Division of Rural Health and Recruitment**