

- o. Name of physician if known: _____
- p. Specialty identified: _____
- q. Underserved practice site/community identified:

- r. Area served by Practice Site (check one) NYC _____ Rest of state _____
- s. Requested Contract Begin Date: _____ / _____ / _____
Requested Contract End Date: _____ / _____ / _____
(Not to exceed 5 years)

III. Individual Physicians or Facilities That Have Identified Physicians Only: Please complete

- t. Current Position:
- Resident
(specialty) _____
- Fellow
(specialty) _____
- Practicing Physician
(specialty) _____
- u. Location of current position (facility or physician practice organization name, street address, city, zip):

- v. License # _____
- w. Start date of current employment: _____ / _____ / _____
- x. If the start date is prior to 5/1/08, is the current position located in, or serving an underserved area (circle one; see definition, page 3)? Y N N/A
- y. Is physician a U.S. citizen or permanent resident (circle one)? Y N