



OKLAHOMA OSTEOPATHIC ASSOCIATION  
ADVOCACY AND WELL BEING

### Resident Trustee Application

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

PGY: \_\_\_\_\_ Specialty: \_\_\_\_\_

Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Osteopathic medical school: \_\_\_\_\_

**Please list all:**

Professional activities:

\_\_\_\_\_

\_\_\_\_\_

Professional memberships:

\_\_\_\_\_

\_\_\_\_\_

Certifications:

\_\_\_\_\_

\_\_\_\_\_

Community activities:

\_\_\_\_\_

\_\_\_\_\_

Awards:

\_\_\_\_\_

\_\_\_\_\_

Following graduation from your residency, do you plan on practicing in Oklahoma? If so, where are you considering? \_\_\_\_\_

Why do you want to serve on the OOA Board of Trustees?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Please include one letter of recommendation along with your application. Please email completed applications to Maegan Dunn at [maegan@okosteo.org](mailto:maegan@okosteo.org).**