



State of Louisiana  
**REGIONAL CONTRACT PROGRAM (RCP)**  
Application and Certification of Residency

Please **print**

II. Check institution(s) where you will apply for admission:

*Osteopathic Medicine*

- Nova Southeastern College of Osteopathic Medicine (FL)

*Podiatry*

- Rosalind Franklin University of Medicine and Science Dr. William M. Scholl  
College of Podiatric Medicine (IL)
- Kent State University College of Podiatric Medicine (OH)

*Optometry*

- Southern College of Optometry (TN)
- University of Alabama at Birmingham School of Optometry
- Northeastern State University College of Optometry (OK)
- University of Houston College of Optometry (TX)

Program effective term/year: (circle one)

Summer                      Fall                      Winter                      Spring                      20\_\_\_\_\_  
(year)

I. **BIOGRAPHICAL INFORMATION**

Name \_\_\_\_\_

Social Security # \_\_\_\_\_  
(last four digits only)                      xxx-xx-

Date of Birth \_\_\_\_\_

Permanent Louisiana Address \_\_\_\_\_

\_\_\_\_\_  
City/Town                      State                      Zip Code

Phone \_\_\_\_\_ ( ) \_\_\_\_\_

Email address \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**II. EDUCATIONAL INFORMATION**

**College(s) Attended and Degrees Earned**

<u>COLLEGE</u>	<u>YEAR(s) ATTENDED</u>	<u>DEGREE EARNED</u>

**III. SUPPORTING DOCUMENTATION**

This application **MUST** be accompanied by the items listed below:

<b>REQUIRED DOCUMENTATION</b>	<b>Check if Enclosed</b>
A letter of unconditional acceptance from the university (photocopy is acceptable) stating acceptance into both the institution and the degree program.	
A photocopy of the student's Louisiana driver's license or identification card.	
A photocopy of the current federal income tax return form indicating Louisiana domicile. As the applicant, if you are a <b>dependent</b> of your parents/legal guardian/spouse, then <b>that person's</b> supporting documentation indicating Louisiana domicile should be submitted. If you are an <b>independent</b> student, then supporting documentation showing a Louisiana domicile should have <b>your</b> name on it.	
A photocopy of a motor vehicle registration, home ownership, utility bill, or voter registration card.	

*The Board of Regents reserves the right to ask for additional documentation.*

PLEASE SIGN BELOW AND HAVE THIS APPLICATION **NOTARIZED** BEFORE RETURNING IT TO THIS OFFICE.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND UNDERSTAND THAT THE INFORMATION WILL BE USED IN REVIEWING MY ELIGIBILITY AS A LEGAL RESIDENT OF THE STATE OF LOUISIANA. I FURTHER UNDERSTAND THAT THE COMPLETION OF THIS FORM DOES NOT GUARANTEE CERTIFICATION AS AN RCP PARTICIPANT. I UNDERSTAND THAT THOSE DECISIONS ARE TO BE MADE BY THE RESPECTIVE INSTITUTION.

\_\_\_\_\_ *SIGNATURE OF APPLICANT*

SUBSCRIBED AND SWORN TO BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*NOTARY PUBLIC (please be sure to affix seal to this document)*

My Commission expires \_\_\_\_\_

**PLEASE DO NOT FAX. THE ORIGINAL APPLICATION AND DOCUMENTATION MUST BE MAILED TO:**

LeAnn Detillier  
 Louisiana Board of Regents  
 Academic and Student Affairs  
 P.O. Box 3677  
 Baton Rouge, LA 70821-3677