



TO: **Physician Recruiters**
FROM: Mildred A. Reardon, MD, MACP, Director, Freeman Medical Scholars Program and
Laurie Hurowitz, PhD, Freeman Program Administrator
DATE: July 2009
RE: Educational Loan Repayment Application

The **Freeman Foundation Educational Loan Repayment Program for Physicians** is funded by a gift from the Freeman Foundation to the UVM College of Medicine. It is administered by the University of Vermont, College of Medicine, Freeman Medical Scholars Program. The purpose of the program is to ensure a stable and adequate supply of physicians to meet the health care needs of Vermonters.

How to Apply. There are two ways to apply for educational loan repayment funds:

- For physicians currently practicing in Vermont, use the **RETENTION** application. This application is completed by both the physician and his/her current employer.
- For employers/practice sites recruiting a new physician, submit the **RECRUITMENT** application. The employer/practice site manager should complete an application if the position is being actively recruited and is expected to be filled in the next eighteen months.

Where to Send the Application. UVM College of Medicine
Freeman Medical Scholars Program
89 Beaumont Ave, Office of the Dean, Given E-126
Burlington, VT 05405
Attn: Laurie Hurowitz, PhD

Commitment and Obligations. Award recipients sign a contract for one year of service for each year of the award. Educational loan repayment funds are considered taxable income and reported to you on a 1099 form.

Deadlines and Award Notification. Applications must be **postmarked by September 18, 2009**, to be considered for the current allocation. You should receive confirmation of receipt by e-mail within two weeks. Please contact us if you have not received confirmation after you have submitted an application. The schedule for reviewing and making award decisions will depend on a number of factors, including the number of applications received. It is anticipated that award decisions will be announced in **January 2010**.

More Information? Please check our website for more information and application forms at www.freemanmedicalsolars.org, e-mail Laurie.Hurowitz@uvm.edu, call (802) 656-4319 or go to www.vtahec.org and click on Educational Loan Repayment Programs.

If you are recruiting for a physician practicing Family Medicine, Internal Medicine, Pediatrics, Obstetrics/ Gynecology, Psychiatry, or Hospitalists: please submit an application to the Vermont Educational Loan Repayment Program for Primary Care Practitioners. That one application will automatically be considered by both the Primary Care and Freeman Selection Committees. The Primary Care application is available at www.vtahec.org, or by calling (802) 656-2658.

DUE: POSTMARKED by SEPTEMBER 18, 2009

Freeman Physician Recruitment

**FREEMAN EDUCATIONAL LOAN REPAYMENT PROGRAM FOR PHYSICIANS
2009-2010**

Program Description

Administered by UVM College of Medicine, Freeman Medical Scholars Program
- funded by a gift from the Freeman Foundation to the UVM College of Medicine -

Component	Guidelines
Description	Funded by a gift from the Freeman Foundation to the UVM College of Medicine, to ensure an adequate physician supply in the state of Vermont.
Eligible Physicians	Medical doctor or doctor of osteopathy in specialty care or primary care.
Eligible Loans	Educational loans obtained through a U.S. student loan program.
Hours	Must practice at least 20 hours per week in VT during the year of service.
Award Amount	Up to \$20,000 per year from program funds, plus any local contribution.
Tax Liability	This is taxable income, reportable on the tax form 1099. Taxes can be deducted from the total award and sent to the physician.
Award Duration	One year. Must reapply annually.
Award Maximum	Maximum of 10 years of Freeman Educational Loan Repayment support per individual.
Obligation	One year of service per year of funding.
Default	Must repay proportionally to unserved period, plus collection costs.
Ineligible Service	No credit for practice prior to date of contract; no credit for practice while in school or training. Recipients who take a leave of absence will have to extend the end date.
Ineligible Physicians	Those with a current loan repayment contractual obligation from other sources; practitioners holding J-1 visa waivers.
Patient Policies	Must provide care regardless of client's ability to pay; must accept clients on Medicare and Medicaid.
Eligible Service Areas – Preference will be given to:	<ul style="list-style-type: none">• An area with less than the average recommended number of FTE physicians to serve the population. This may be based on the total, adult/child, or individual specialty categories. It will reflect the recommendations of the Graduate Medical Education National Advisory Committee (GMENAC), and information from the National Technical Information Service, HRSA and physicians licensing survey data of the state of Vermont.• An area with only one provider of that specialty, regardless of the rate.• An area where the loss of one provider due to retirement or relocation would reduce the area to less than average.• Areas with a documented special need.
Prioritization for Awards	To be established by an advisory committee and may include local goals for improved service, previous difficulty in recruitment or retention, the individual risk of leaving the community, applicant need & other factors.

**FREEMAN EDUCATIONAL LOAN REPAYMENT PROGRAM FOR PHYSICIANS
2009-2010 Recruitment Application**

- If you are recruiting for a physician in **Family Medicine, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Psychiatry, or Hospitalist**, please submit an application to the Vermont Educational Loan Repayment Program for Primary Care Practitioners. That one application will automatically be considered by both the Primary Care and Freeman selection committees. The Primary Care application is available at **www.vtahec.org** or by calling (802) 656-2658.
- This application should only be completed in advance of hiring a physician.
- Please complete one form for each physician for which loan repayment is being sought.

A. To be completed by Recruiting Organization (if applicable):

Name of Organization: _____

Contact Person: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Physician Specialty being Recruited : _____

B. To be completed by Physician Establishing a New Practice (if applicable):

Contact Person: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Physician Specialty being Recruited: _____

C. Practice Information (if available):

Name of Practice: _____

Primary practice site and towns served by site: _____

Will the physician practice at other sites? **Yes** **No**
If yes, name town(s): _____
