



TO: **Physicians Practicing in Vermont**
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.

Physicians 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 Retention

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 Retention Application

- If you are 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.

Pages 1-3, **plus** the Statement of Need are to be completed by the physician applying for the award; page 4, **plus** Special Considerations are to be completed by the employer, employing agency, or match provider.

A. Personal Information

Name: _____ Social Security Number: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Town & State of Residence: _____

E-mail: _____

Phone: _____ Fax: _____

U.S. Citizen? **Yes** **No** If no, current visa type: _____

Physician Specialty: _____

Board Certified? **Yes** **No** If no, Board Eligible? **Yes** **No**

Do you have an existing service obligation in return for scholarship, loan forgiveness or loan repayment (such as National Health Service Corps, or from a University or State Program)?
Yes **No**

If yes: Name of Program: _____

 Address: _____

 Contact Person: _____ Phone: _____

 Terms of obligation (or buy-out, if applicable):

Education:	Name of School/Program	State	Degree	Date of Degree/Completion
Undergraduate				
Graduate				
Medical School				
Residency Program				
Other				

B. Required Statement of Need

Attach a statement explaining why you have chosen to practice in this area. Please include information on how the Educational Loan Repayment Program and other factors may influence your decision to remain in this area. If you are *reapplying* for funds, indicate how past awards have contributed to reducing your educational debt. ***This descriptive material is very important and very carefully considered by the Selection Committee.***

(ATTACH REQUIRED STATEMENT)

C. Practice Information

Name of Practice: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Days/Week: _____ Hours/Week: _____

Date employment began: _____

Type (circle one): **Public** **Private, not forProfit** **Private, for Profit**

Is this a salaried position? **Yes** **No**

Primary Service Area – Town(s): _____

Other Practice Sites:

a) Town: _____ Days/Week: _____ Hours/Week: _____

b) Town: _____ Days/Week: _____ Hours/Week: _____

Are you currently on staff at a hospital? **Yes** **No**

If yes, what hospital?: _____

DUE: POSTMARKED by SEPTEMBER 18, 2009

Freeman Physician Retention

D. Outstanding Educational Loans: List all outstanding student **educational** loans. The Freeman Medical Scholars Program must be able to verify these with U.S. commercial lending institutions AS EDUCATIONAL LOANS. These must be ONLY YOUR STUDENT LOANS, and MAY NOT include any consolidated loans with another person, NOR MAY THEY INCLUDE mortgage, car, personal, business or any other type of loan except your own student educational loans. Attach additional pages, if necessary.

STUDENT LOAN ID Commercial Lending Institution and Loan Number (s) List: Name/Address/Phone/Fax and LOAN ID	ACCOUNT NUMBER (if different from the LOAN ID)	Date of Origin of Educational Loan	TOTAL ORIGINAL AMOUNT OF ED. LOAN (principle on origination date)	CURRENT LOAN AMOUNT (actual principle+ interest on this month's statement)
				Total

(NOTE: If you have consolidated loans with another person, or you have consolidated some of your educational loans with other types of loans, or both, please contact us to establish if you have the necessary documentation to calculate the proportion of the consolidated loans which are your own student/educational loans and can be claimed here.)

* * * * *

Certification: I certify that the information given in this application and attachments is accurate and complete to the best of my knowledge. I understand that the information I have provided is subject to verification and that willfully providing false information may result in disqualification from participation in this program. Further, I certify that I have read the Program Description and understand the tax liability, patient policies, and service commitment associated with the Educational Loan Repayment award.

Signature: _____ Date: _____

Return completed application to: UVM College of Medicine, Freeman Med Scholars Program
 89 Beaumont Ave, Office of the Dean, Given E-126
 Burlington, VT 05405
 Attn: Laurie Hurowitz, PhD

E. EMPLOYER and / or COMMUNITY INFORMATION

To be completed by employer, employing agency, or match provider.

Name of Physician Applicant: _____

Name of Organization: _____

Contact Person: _____ E-mail: _____

Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Does the applicant have a current contract with your organization? **Yes No N/A**

If yes, do you anticipate renewing the contract when it expires? **Yes No N/A**

Will the practice site/institution or another institution in the region offer a **community match** to enhance the award? **Yes No**

If yes, name of organization providing the match: _____

Please indicate the type/amount of the match: **Fixed match amount** \$ _____,
Dollar-for-dollar match _____, or
Other _____

Will you be providing other services and incentives to help ensure that this practitioner will remain in your facility or the community? **Yes No**

If yes, please describe: _____

Special Considerations: Information included in this section is very important for the Selection Committee that reviews applications. Please attach additional pages for this section.

Describe any special or extenuating circumstances that should be considered in evaluating this application. This can include problems in recruiting, circumstances that make retention difficult, results of consumer surveys, input from other providers or other issues you feel worthy of consideration. **(ATTACH SPECIAL CONSIDERATIONS)**

Signature: _____ Date: _____

_____, _____
Print Name Print Title

Return completed application to: UVM College of Medicine, Freeman Med Scholars Program
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Burlington, VT 05405 Attn: Laurie Hurowitz, PhD