

Vermont Educational Loan Repayment Program for MDs, DOs, APRNs, and PAs 2021 APPLICATION FORM

The **Vermont Educational Loan Repayment Program for Healthcare Professionals** is funded through the Vermont Department of Health, and administered on behalf of the state by the University of Vermont Larner College of Medicine Area Health Education Centers (AHEC) Program.

The purpose of this state loan repayment program is to increase access to primary health and dental care in underserved communities and to address the health professional shortages that cause disparities in access to health care in Vermont.

You are also encouraged to explore whether you and your worksite are eligible for National Health Service Corps (NHSC) funds. Visit <http://nhsc.hrsa.gov> for more information. NHSC awards may be larger than the state-funded awards. An individual may not receive NHSC and state funds concurrently. To explore eligibility for the federal Public Service Loan Forgiveness Program (PSLF), visit www.studentaid.gov. You may be actively enrolled in PSLF while receiving Vermont educational loan repayment.

With this application you are applying for funding consideration from multiple available sources: The State of Vermont, the U.S. Department of Health and Human Service's 'State Loan Repayment Program (SLRP)', and supplemental or matching funds from your employer or other community organization; a coordinated approach is used to administer these pooled resources. The overarching eligibility for these funds is based on documented workforce needs. Many of the eligibility requirements are identical, however certain funding sources may have specific requirements which are identified in the Program Overview and Participant Eligibility section. Award decisions and their subsequent administration will be in compliance with funder requirements; service contracts identify the source(s) of award funds and obligations. **To strategically respond to needs in the state and best use of limited funds, program eligibility and selection criteria can change annually. Refer to the Program Overview and Participant Eligibility for this cycle's information.**

How to Apply: There are **three types** of applications; all use this application form.

Type 1: For practitioners currently practicing in Vermont, select **RETENTION** as type on the application. In this case, the practitioner is initiating the application process. An up to two-year service commitment is required and will be defined in an award offer and its service obligation agreement. Employer matching funds are required.

Type 2: For employers/practice sites recruiting a new practitioner, select **RECRUITMENT** as type on the application. The employer/practice site manager initiates the process by completing an application, if the position is being actively recruited and is expected to be filled in the next twelve months. A one-year service commitment is required. Employer matching funds are required.

Type 3: For UVM Medical Center residents and UVM Larner College of Medicine graduates (regardless of residency program location) in their final year of training and seeking employment in Vermont as a primary care or psychiatry physician starting in 2021, select **JOB SEEKER** as type on the application. In this case, the physician is initiating the application process. *We understand that you are unlikely to know your employer at this time. Once hired, your practice is required to supply additional information.* Training must be completed and employment must start in 2021; funds are not disbursed until after the employment start date and a fully-executed service contract has been received. A one-year service commitment is required. Employer matching funds are encouraged, but not required.

Where to Send the Application: UVM Office of Primary Care and AHEC Program
1 South Prospect Street, Mail Stop 430 AR5
Burlington, VT 05401
Attn: Rebecca T. Dubois
(802) 656-2658 or rebecca.dubois@uvm.edu

Deadline & Award Notification: Application must be received by **September 10, 2020**. It is the applicant's responsibility to ensure that the application has been received and is complete by the stated deadline. **Late applications will not be accepted.** All applications must be typed, as facilitated by this form. Only complete applications will be considered. See Application Checklist. The schedule for reviewing and making award decisions will depend on several factors, including the number of applications received. Award decisions will be announced in February (estimated).

VT Educational Loan Repayment Program is contingent upon the availability of appropriated funds from the federal and state governments.

Vermont Educational Loan Repayment Program for MDs, DOs, APRNs, and PAs

2021 PROGRAM OVERVIEW and PARTICIPANT ELIGIBILITY

The purpose of this state loan repayment program is to increase access to primary health and dental care in underserved communities and to address the health professional shortages that cause disparities in access to health care in Vermont.

Category	Eligibility Standard
Description	Funded by federal State Loan Repayment Program (SLRP), state, and local funds. AHEC, on behalf of the state, shall make loan repayment awards in exchange for service commitments by eligible health care professionals. Recipient must have outstanding educational debt acquired in the pursuit of an undergraduate or graduate degree from an accredited college or university that exceeds the amount of the loan repayment award (see award amount minimum).
Award Amount and REQUIRED Employer Match (required for RETENTION and RECRUITMENT applications; not required for JOB SEEKERS)	Up to \$20,000 in state/federal funds per year. \$10,000 minimum in state/federal funds per year. State/federal awards <u>must be matched</u> by the employer/the practice or community matching funds. Effective for the 2018 application cycle, requests to waive the required match funds can no longer be considered. Match is not required for Job Seeker applicants; employers may voluntarily contribute match for these award recipients. Awards go directly to pay educational loans (lender will be requested to apply payment directly to loan principal to have the greatest impact on debt reduction).
Tax Liability	The federal Affordable Care Act passed on March 23, 2010 treats debt repayment under the Vermont Educational Loan Repayment Program for Healthcare Professionals as exempt for income tax purposes.
Prioritization for Awards HRSA-defined Medically Underserved Community (MUC): Medically Underserved Area (MUA), and/or Medically Underserved Populations (MUP) are high priority.	Program objectives/selection criteria are established annually by the Vermont Department of Health in consultation with AHEC, in accordance with Vermont laws, and the federal Public Health Service Act, to strategically respond to the most pressing health care workforce needs in the state. Priorities are those areas which are underserved with special consideration for Vermont's most rural, underserved and undersupplied areas (see federally designated Health Professional Shortage Areas (HPSAs) at http://hpsafind.hrsa.gov). Other factors <i>may</i> include local goals for improved service through workforce recruitment/retention; applicant educational loan debt level; number of hours per week that applicant works; serving as a preceptor to Vermont health professions students; or other awarding parameters.
Prioritization for Awards: Data-driven For HRSA MUC/MUA/MUP data, visit: https://datawarehouse.hrsa.gov/tools/analyzers/maufind.aspx	Applicants are encouraged to review available data about Vermont's health care practitioner workforce prior to completing an application. These data inform the state's prioritization for awards. Vermont Relicensure Survey (source: VT Department of Health): http://www.healthvermont.gov/health-statistics-vital-records/health-care-systems-reporting/health-care-workforce <ul style="list-style-type: none"> Vermont Primary Care Workforce Snapshot (source: VT AHEC): www.vtahec.org Health Professional Shortage Area (HPSA) designations and scores: http://hpsafind.hrsa.gov/
Citizenship	Recipients of federal SLRP funds must be United States citizens or nationals (naturalized citizens).
State of Residence	Recipient must be a Vermont resident (and legally authorized to work in the U.S.); must serve in Vermont.
Eligible Specialties	Primary Care: Family Medicine, General Internal Medicine/Adult Primary Care, Pediatrics; Obstetrics/Gynecology, Geriatrics, Psychiatry (mental health/substance use disorder).
Eligible Practitioners	Employment as a primary care physician (MD or DO), geriatrician, psychiatrist, or an advanced practice registered nurse (APRN), certified nurse midwife (CNM), or physician assistant (PA) employed by and delivering in a primary care practice (ambulatory/outpatient) or urgent care site or outpatient mental health/substance use disorder setting or inpatient mental health setting. See <i>Eligible Work Sites</i> .
Eligible Practitioners: Hours	Must practice a minimum average of 20 clinical hours per week (at an eligible worksite) during the year of service and at least 45 weeks per year; participants who take more than 7.14 weeks of leave in a service year (for any reason), fail to meet the 45 week minimum.

<p>Educational Debt</p> <p>Current debt must exceed \$25,000</p>	<p>Educational debt is verified. Loan(s) must be in good standing. The current loan balance must be greater than the total amount of an educational loan repayment award (see minimum award amount). Qualifying debt are educational loans obtained through a U.S. student loan program and may not include any loans consolidated with another person or borrowed for another person's educational pursuit, nor may they include mortgage, car, credit card, personal, family, business, or any other type of non-educational loan.</p> <p>If awarded funds, each recipient is required to continue making their own monthly payment(s) in addition to this award to further reduce overall educational debt; the recipient's own debt reduction effort is viewed favorably in future applications. A goal of this program is to work in a partnership between the recipient, the State of Vermont, U.S. Department of Health and Human Services, and communities/practices/employers/foundations to reduce educational debt; these funds are a direct investment in Vermont's workforce and achieving debt reduction must be demonstrated to show impact and ensure the program's continuation.</p>
<p>Finances</p>	<p>Applicant must <u>not</u>: have any federal judgment liens; have defaulted on any federal payment obligations; have any federal or non-federal debt written off as uncollectible; have received a waiver of any federal payment obligation.</p>
<p>Ineligible Practitioners</p> <p>Those with breach of contract for a previous service obligation</p>	<p>Those not listed as "eligible practitioners." Practitioners holding J-1 visa waivers. Practitioners with a current contractual service obligation with the federal government, state, or other entity, including loan repayment contractual obligation from other sources, unless that service obligation will be completely satisfied before this program's contract has been signed. Please note that certain provisions in employment contracts can create a service obligation (e.g., an employer offers a physician a bonus in return for the physician's agreement to work at that facility for a certain period of time or pay back the bonus.) Individuals who have Primary Care Loans through the Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions are not eligible.</p>
<p>Eligible Work Sites</p>	<p>Primary Care practices (ambulatory/outpatient) or urgent care sites or outpatient mental health/substance use disorder settings or inpatient mental health settings or employees (paid) who work at a Free Health Care Clinic in Vermont that offer continuity of care and chronic condition prevention/management. Federal SLRP funds will be limited to practitioners employed at federally qualified health centers (FQHCs), and rural health centers (RHCs); these sites are located in federally-designated Health Professional Shortage Areas (HPSA). Providers must work in a HPSA that corresponds to their training and/or discipline. For example, a psychiatrist must serve in a mental health HPSA. State funds can be used more broadly than the SLRP funds.</p>
<p>Eligible Work Sites: Patient Policies</p>	<p>Accepts patients with coverage under Medicare, Medicaid, Vermont's Children's Health Insurance Program (Dr. Dinosaur), or other state-funded health care benefit programs.</p>
<p>Reapplication & Lifetime Maximum</p>	<p>Retention award recipients will have up to 2-year service commitments; awards identified as Disbursement 1 and Disbursement 2. Re-application is not needed for the second year. Employment will be verified prior to disbursement of funds. Job Seeker and Recruitment awards will have 1-year service commitments and must reapply for consideration in future years. May receive loan repayment funds for a maximum of six years per individual.</p>
<p>Service Obligation Period</p>	<p>Retention contracts are for up to 2 years (24 months) of service (effective 2016). One disbursement per year of service; recipients will have an auto renewal for a second year's disbursement following employment verification. Service period will be defined in award contract and cannot start prior to a fully executed contract or work start date, whichever is later. No credit for practice prior to executed contract. No credit for practice while in school or training. No credit during a leave of absence. Recipients who take a leave of absence (for any reason) are required to extend the service contract end date. Job Seeker and Recruitment contracts are for 1 year (12 months) of service.</p>
<p>Changing Job Site/Request to Transfer</p> <p>(a new job opportunity does not meet this requirement)</p>	<p>An award is for a specific worksite and timeframe. Awards/contracts are not transferable. Changing worksites (within VT) during a service obligation is rarely authorized. Authorization of a worksite transfer requires extenuating, and unforeseen compelling circumstances. If allowed by the funding source(s), exceptions may be granted at the discretion of the program director. A request for a worksite transfer exception must be made prior to changing job sites. A breach of service contract may result if the participant leaves the job without prior approval. Participants who voluntarily resign from their worksite(s) without prior approval from the program director or are terminated by their worksite(s) for cause may not receive a transfer to another worksite and may be placed in breach of contract.</p>

Award Cancellation or Contract Termination	<p>Award offers can be cancelled without penalty <u>prior</u> to a fully executed (i.e., signed) contract.</p> <p>The award and service contract is cancelled in its entirety in the event of a participant's death.</p> <p>Fully executed contracts may have service and repayment obligations waived if there occurs incapacity of the participant due to serious illness, or other compelling personal circumstances arise. Waiver decisions are at the discretion of the program director.</p> <p>Contract termination due to extenuating and unforeseen circumstances may be requested by a participant, in writing, and with repayment of loan repayment funds disbursed under that contract. The contract termination will not be effective unless the participant submits a written request, the request is approved by the program director, and the participant repays all loan repayment funds paid under the contract within 30 days.</p> <p>Awards are dependent on funding from the State of Vermont and/or U.S. Department of Health and Human Services. Should the program funding be withdrawn or reduced <u>prior</u> to award disbursement, the agreement will be terminated or revised.</p> <p>Temporary leave (up to one year) may be granted and the service period amended (i.e., extended) if compliance with the obligation is temporarily impossible or an extreme hardship.</p> <p>Changes in employment after a contract has been executed may result in a breach of service obligation.</p>
Breach of Service Obligation	<p>A breach of service can occur after a service contract has been fully executed (i.e., signed), whether funds have been disbursed or not.</p> <p>If the participant fails to begin or complete service following a fully executed contract, he/she will incur a debt to the State in an amount not less than the damages that would be owed under the NHSC Loan Repayment default provision. See http://nhsc.hrsa.gov/.</p> <p>Must repay as defined in the service contract, plus interest and collection costs. The interest rate is the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of the breach.</p> <p>Applicants are ineligible if they have ever breached, or received a waiver of a prior service obligation to the federal/state/local government or other entity, even if they subsequently satisfied the repayment obligation.</p> <p>Breach of service obligations are reported to funders and may result in reduced funding to the program. A breach of service has serious consequences for the individual as well as the VT State Educational Loan Repayment program as a whole.</p>
Eligible Work Sites: Patient Policies	<p>Practice sites/practitioners that charge patient membership/enrollment fees (under any name, i.e. health fee, direct-to-patient fee, concierge fee, etc.) are <u>not</u> eligible practice sites/practitioners for the VT Educational Loan Repayment (ELR) Program. A high priority for the VT ELR program is to increase access for Medicaid, rural, vulnerable, and underserved patient populations; membership fees are a barrier for the primary target population.</p>

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1. Save this pdf to your computer.
2. Rename the file to read "2021 PC ELR Applicant Last Name First Initial".
3. Forms must be completed using the fillable PDF and then printed.
4. Use TAB button to move from field to field. Save as you complete. You may return to it.

*Indicates required field

AHEC Internal Use Only	
App ID:	_____
Person ID:	_____
MI: email sent date	_____
MI/Notes:	_____

Application Type*

Retention - initiated by a practitioner already practicing in Vermont:

I am a Vermont resident, as required by the program.

Applicant must complete Sections A-D and applicant certifications/signature. Employer must complete Section E (note, Section E is a separate, standalone PDF).

It is the responsibility of the applicant to see that all sections are received by the due date.

Recruitment - initiated by practice/employer—must complete Sections D and E (note, Section E is a separate, standalone PDF):

One application must be completed for each position for which educational loan repayment is being sought.

- Discipline: Physician Advanced Practice Registered Nurse Physician Assistant Certified Nurse Midwife Specialty:
 Family Medicine Geriatrics Internal Medicine/Adult Primary Care Obstetrics-Gynecology Pediatrics
 Psychiatry

Job Seeker - initiated by a practitioner seeking a position in Vermont who meets these requirements:

I am a Vermont state resident, or plan to become one, as required by the program, and

I am a UVM Medical Center resident or UVM Larner College of Medicine graduate in my final year of residency/fellowship training, and I plan to begin practicing medicine in Vermont during 2021, as required by the program.

My employer has not been identified, but I continue to explore Vermont-based practice opportunities, or

My employer is identified or is likely to be: _____

Applicant must complete Sections A-C and applicant certifications/signature by due date.

APPLICATION REQUIREMENTS (Please complete applicable sections based on application type. Non-applicable fields will be greyed out.)

Section A. Practitioner Information is typed and complete (Retention and Job Seeker)

Section B. Practitioner Educational Debt is typed and complete (Retention and Job Seeker), including:

- Copies of all required documents from lenders verifying unpaid educational loans, and
- Summary items: 1) total unpaid educational loans; and 2) total monthly payments

Section C. Practitioner Statement is typed into space provided (Retention and Job Seeker)

Section D. Practice Site Information is typed and complete (Retention and Recruitment)

Section E. Employer Information is completed by employer/practice (note, Section E is a separate, standalone PDF) (Retention and Recruitment)

Certifications and Signature All certifications are checked and application is signed and dated (Retention and Job Seeker)

Application is received no later than September 10, 2020.

Please keep a copy of instructions, checklist, and completed application for your records.

Save progress before proceeding to next page.

A. Practitioner Information – Completed by Retention and Job Seeker

NAME		
FIRST Name*:	MIDDLE Name:	LAST Name*:
Former/Other LAST Name 1:	Former/Other LAST Name 2:	

ID NUMBERS	
Last Four SSN*:	National Provider Identifier (NPI):
	I do not have an NPI
	(*if NPI is blank, this must be checked)

STATE RESIDENT AND CONTACT INFORMATION	
I am a VT Resident*:	Yes No (State of Residence)
Home Mailing Address*:	_____
City*:	State*: Zip Code*:
Email is used for <u>most</u> communications; provide an email address that <u>you check regularly</u> :	
Primary Email*:	_____
Alternate Email:	_____
Primary Phone*:	Alternate Phone:

DEMOGRAPHICS (<i>optional, but encouraged as aggregated data are used for funder reporting purposes</i>)	
Birth Date (mm/dd/yyyy):	_____
Gender:	Male Female Not Listed _____
Ethnicity:	Hispanic or Latino Non-Hispanic/Non-Latino
Race: (Check <u>all</u> that apply)	
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White

CITIZENSHIP AND VISA TYPE (Citizenship; Ineligible Practitioners)	
Citizenship*:	U.S.A. Other (specify country): _____ If other, current visa type: _____
	(*Required if "Other" is filled)

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HEALTH CARE DISCIPLINE* ([Eligible Practitioners](#))

Physician-MD
 Physician-DO
 Advanced Practice Registered Nurse
 Physician Assistant
 Certified Nurse Midwife

SPECIALTY*: (Check all that apply) ([Eligible Primary Care Specialties](#))

Family Medicine
 Geriatrics
 Internal Medicine/Adult Primary Care
 Obstetrics/Gynecology
 Pediatrics
 Psychiatry

FIRST GENERATION COLLEGE GRADUATE*

Are you a first generation college graduate, i.e., are you from a family where neither parent completed college? Yes No

EDUCATION LEVEL	STATE OF INSTITUTION*	EDUCATION INSTITUTION*	GRAD YEAR* (or expected year of completion) (format: YYYY)
<u>High School</u> * (graduated from)	_____	_____	_____
Were you a VT resident when you graduated high school*?		Yes No	
<u>Undergraduate Degree</u> * (one degree)			
Degree: _____	_____	_____	_____
<u>Graduate Degrees</u> (enter up to 3)			
Grad Degree: _____	_____	_____	_____
Grad Degree: _____	_____	_____	_____
Grad Degree: _____	_____	_____	_____
<u>Medical School</u>	_____	_____	_____
<i>(*Required if health care discipline is either Physician-MD or Physician-DO)</i>			
<u>Residency/Fellowship Specialty</u> (including Primary Care) (enter up to 3)			
Specialty: _____	_____	_____	_____
Specialty: _____	_____	_____	_____
Specialty: _____	_____	_____	_____

(If medical school specified, must enter at least one residency program specialty, e.g. family medicine)

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OTHER EDUCATIONAL LOAN AND SCHOLARSHIP PROGRAMS

Have you ever received a National Health Service Corps (NHSC) Scholarship*? Yes No
 Have you ever received a NHSC Educational Loan Repayment award*? Yes No

CURRENT OR OUTSTANDING SERVICE OBLIGATIONS (*Ineligible Practitioners*)

Do you have a contractual service obligation that extends into 2020 or beyond, from a scholarship, loan forgiveness, or loan repayment program other than AHEC Educational Loan Repayment, such as NHSC, military, or other federal, state, university, or employer program*? Yes No
(If yes, must complete Org/Program, Start Date, End Date)

Name of Organization/Program: _____

Service Start Date (mm/dd/yyyy): _____ Service End Date (mm/dd/yyyy): _____

OTHER BACKGROUND

Have you ever been or are you currently in default on any education loan*? Yes No

Have you ever been or are you currently in breach of contract on any service obligation agreement*?
 Yes No

Has your professional license been revoked, suspended, conditioned or reprimanded in the last 5 years*?
 Yes No *If "Yes", a brief explanation must be provided.*

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B. Practitioner Educational Debt – For Retention and Job Seeker – (Educational Debt)

Documentation Verifying U.S. Educational Loans

Please attach official documentation from your U.S. lender(s) listing your total debt of all currently unpaid **student loans** (any educational loan, including undergraduate) borrowed in your name for your educational pursuit. This documentation must be from the U.S. lender(s), such as a current statement of account, printed statement from Web account, or letter from the lender. The documentation must clearly indicate that these are educational loans obtained through a U.S. student loan program and may not include any loans consolidated with another person or borrowed for another person’s educational pursuit, nor may they include mortgage, car, credit card, personal, family, business, or any other type of loan.

Verification Documentation for unpaid educational loans must be dated and must be current—dated between July 1 to September 10, 2020. Documentation must be actual, not estimated, and include the following elements for each loan:

- Borrower Name, Loan ID #, Account # (may be different from Loan ID #)
- Lending Institution Name, Address, Phone
- Current Loan Amount Still Unpaid (principle amount + interest and fees)

RECRUITMENT applicants will be required to provide documentation at a later date (i.e., once the recruit has been identified).

I am including a printed copy of all required documentation to verify debt of all currently unpaid student loans, along with the rest of the mailed application*. Yes No

Summarize ALL of your documented educational debt combined:
If educational loans are from more than one lender, total should reconcile with loan verification documentation. Be sure that these amounts are corroborated by the required loan verification documentation. Applications with conflicting information will be "incomplete". Incomplete applications will not be considered.

Summary Totals - The amounts on the attached student loan documentation add up to/equal these totals:

Total of UNPAID Educational Loans verified by attached documentation*: \$ _____

Current Total Monthly Payment amount for these UNPAID loans*: \$ _____

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C. Practitioner Statement* – for Retention and Job Seeker

Personal Statement: (required for RETENTION and JOB SEEKER applications)

Please include a brief statement (type or paste below - must fit into space provided) about why you have chosen to practice in a Vermont community, or in the specialty care area in which you work. Also include:

- Your career goals and plans
- The contributions that you make to your practice and patient care, including underserved and vulnerable populations
- The contributions that you make to training the next generation of health care professionals (i.e., serving as a preceptor, job shadow opportunities for youth, working with AHEC's youth programs, etc.)

Information provided in the Personal Statement is considered carefully by the selection committee and is an important factor in award decisions.

Press CTRL + E to access the form field properties toolbar in order to format text.

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D. Practice Site Information for Retention and Recruitment information (Eligible Work Sites)

(Must complete at least name and mailing address of Primary Site)

PRIMARY PRACTICE SITE
 Practice Site Name*: _____
 Mailing Address (Street or P.O. Box)*: _____
 City*: _____ State*: ____ Zip*: _____
 Phone*: _____

Physical Address Street: _____
 Town: _____

2nd PRACTICE SITE *(if practice name is entered, mailing address is required)*
 Practice Site Name: _____
 Mailing Address (Street or P.O. Box): _____
 City: _____ State: ____ Zip: _____
 Phone: _____

Physical Address Street: _____
 Town: _____

3rd PRACTICE SITE *(if practice name is entered, mailing address is required)*
 Practice Site Name: _____
 Mailing Address (Street or P.O. Box): _____
 City: _____ State: ____ Zip: _____
 Phone: _____

Physical Address Street: _____
 Town: _____

Save progress before proceeding to next page.

Retention and Job Seeker Certification – you must be able to certify all items and sign the application to have a complete application

(All boxes must be checked or this section is not complete)

I certify that I provide direct patient care and am an eligible practitioner working at an eligible work site per the program overview.

I certify that I have never breached or received a waiver of a prior service obligation to the federal/state/local government or other entity. ([Breach of Service Obligation](#))

I certify that I do not have any federal judgment liens, have never defaulted on any federal payment obligations, and have not had any federal or non-federal debt written off as uncollectible or received a waiver of any federal payment obligation. ([Finances](#))

I certify that I have read the program overview and understand eligibility requirements (established annually, i.e. may be different from one year to the next) and service commitment associated with the Vermont Educational Loan Repayment award.

I certify that I have more educational debt than the minimum award (see award amount minimum).

I certify that the information given in this application and applicable 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.

I agree to notify AHEC immediately if there are changes in my employment status (clinical hours, practice site).

I give permission for AHEC to verify information contained in this application and acknowledge that this process may include discussing my application with lender(s) and/or employer(s) listed in this application as well as with necessary personnel at the Vermont Department of Health and the Educational Loan Repayment Award Selection Committee.

I authorize my lender(s) and employer(s) to provide information that pertains to this application, including updates to previously provided information, and the Vermont Educational Loan Repayment Program for Health Care Professionals directly to AHEC.

I am responsible for giving my employer [Section E](#) of this application to complete (if applicable; may not apply to Job Seeker application type). I am responsible for this information to be received at AHEC by the application deadline.

Save progress before proceeding to next page.

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APPLICATION CHECKLIST *(Please complete applicable sections based on application type. Non-applicable sections will be greyed out.)*

Section A. Practitioner Information is typed and complete (**Retention and Job Seeker**)

Section B. Practitioner Educational Debt is typed and complete (**Retention and Job Seeker**), including:
Copies of all required documents from lenders verifying unpaid educational loans, and
Summary items: 1) total unpaid educational loans; and 2) total monthly payments

Section C. Practitioner Statement is typed into space provided (**Retention and Job Seeker**)

Section D. Practice Site Information is typed and complete (**Retention and Recruitment**)

Section E. Employer Information is completed by employer/practice (note, Section E is a separate, standalone PDF)
(**Retention and Recruitment**)

Certifications and Signature All certifications are checked and application is signed and dated
(**Retention and Job Seeker**)

Application is received no later than September 10, 2020

Please keep a copy of instructions, checklist, and completed application for your records.

Since this document contains sensitive information, we recommend that it is printed, signed, and mailed rather than sent electronically.

Applicant Signature: _____

Date: _____

Sign and return completed application to:

UVM Office of Primary Care and AHEC Program
1 South Prospect Street, Mail Stop 430 AR5
Burlington, VT 05401
Attn: Rebecca T. Dubois
(802) 656-2658 or rebecca.dubois@uvm.edu

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