



The University of Vermont

LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

David and Eleanor Ignat Scholars

Intent to Practice Medicine in Vermont Commitment Agreement

The purpose of this agreement is to acknowledge that the aim of the David and Eleanor is to strengthen the physician workforce pipeline and increase the number of new physicians practicing in Vermont to meet the health care needs of Vermonters.

By signing this agreement, if awarded Ignat Scholars funds, I agree to the following:

- I voluntarily applied to the David and Eleanor Ignat Scholars Incentive Scholarship/Loan Forgiveness Program
- My application to the David and Eleanor Ignat Scholars expresses my intent to practice medicine in Vermont (i.e., a future service commitment) for a minimum of one year (to commence within one year following the completion residency/fellowship training). I understand that all Ignat Scholars funds I may receive would need to be paid back under the terms of my promissory note if I do not fulfill this service requirement.
- I agree to remain in contact with the UVM AHEC Physician Placement Professional (PPP) during my residency/fellowship training and keep UVM AHEC apprised of my career plans. I understand that the AHEC Physician Placement Professional is a resource for information about Vermont's medical specialty and geographic workforce shortage areas, and physician vacancies statewide. The PPP is available to assist me in Vermont-based job exploration and recruitment processes.
- I agree during my residency training, I will send my CV to the AHEC Physician Placement Professional at the UVM Larner College of Medicine for the purpose of Vermont physician placement assistance.
- I acknowledge that funding is contingent on successful progression/completion of the curriculum of the UVM Larner College of Medicine. Transfer or withdrawal from the UVM Larner College of Medicine may result in a cancellation of the scholarship and a recall of its funding.

Printed Name:	
Forever E-mail:	
Cell Phone:	
Date:	
Signature:	

Please keep a copy of this document for your records.