



The University of Vermont

LARNER COLLEGE OF MEDICINE
OFFICE OF PRIMARY CARE & AHEC PROGRAM

Freeman Foundation Legacy Medical Scholarship

Intent to Practice Medicine in Vermont Commitment Agreement

The purpose of this agreement is to acknowledge that the aim of the Freeman Foundation Legacy Medical Scholarship (FFLMS) is to increase access to needed medical care by increasing the number of physicians *in Vermont*, particularly in identified workforce shortage areas.

By signing this agreement, if award FFLMS funds, I agree to the following:

- I voluntarily applied to the Freeman Foundation Legacy Medical Scholarship Program.
- My application to the Freeman Foundation Legacy Medical Scholarship expresses my intent to practice medicine in Vermont (i.e., a future service commitment).
- In accordance with this scholarship's purpose and in exchange for its funds, I agree in good faith to practice medicine in Vermont for a minimum of one year (to commence within one year following the completion residency/fellowship training).
- 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 FFLMS 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 through the Freeman Foundation Legacy Medical Scholarship.

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

Please keep a copy of this document for your records.

www.vtahec.org

1-800-442-3531