EVMS
Eastern Virginia Medical School

EXCEPTIONAL FINANCIAL NEED (EFN), FINANCIAL ASSISTANCE FOR DISADVANTAGED HEALTH PROFESSIONS STUDENTS (FADHPS) AND PRIMARY CARE LOAN (PCL) PROGRAMS POST-RESIDENCY CERTIFICATION FORM

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As an ***EFN and FADHPS recipient*** you are required to practice primary health care for 5 years after completion of residency.
As a ***PCL recipient*** you are required to practice primary health care until your loan is repaid in full (loans prior to 3/23/10). For PCL loan recipients after 3/23/10, you have to practice Primary Care for 10 years (this includes Residency training). Refer to your promissory note for additional information. Please complete and return this form to EVMS in the enclosed envelope.

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NAME:

____

PHONE NUMBERS

______________________ (work)

______________________ (home)

HOME ADDRESS:

____

City ____________ State ________ Zip ________

CURRENTLY IN RESIDENCY -
FROM __________ TO __________

EMPLOYER NAME:

____

RESIDENCY COMPLETED
MONTH/YEAR: ______________

EMPLOYER ADDRESS: ______________

City ____________ State ________ Zip ________

EVMS GRADUATE (MO/YR) _______

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CURRENT PRACTICE STATUS OR COMPLETING RESIDENCY IN:

_____ FAMILY MEDICINE

_____ GENERAL INTERNAL MEDICINE

_____ GENERAL PEDIATRICS

_____ PREVENTIVE MEDICINE

_____ OSTEOPATHIC GENERAL PRACTICE

_____ COMBINED MED/PEDIATRICS

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_____ SERVING IN A MEDICALLY UNDERSERVED COMMUNITY

_____ SERVING IN A RURAL AREA: NAME OF AREA ______________________

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I CERTIFY THAT THE INFORMATION CONTAINED ON THIS CERTIFICATION FORM IS ACCURATE AND THAT I AM IN COMPLIANCE WITH THE OBLIGATIONS SPECIFIED IN MY EFN/FADHPS AGREEMENT(S) AND/OR PRIMARY CARE LOAN PROMISSORY NOTE FOR PRIMARY HEALTH CARE SERVICE.

____

SIGNATURE

____

DATE

RETURN COMPLETED FORM TO:

EVMS
Attn: Student Loan Office
PO Box 1980
Norfolk VA 23501