REGENTS PHYSICIAN LOAN FORGIVENESS AWARD PROGRAM

Candidate Information Bulletin
2012 Competition

All applications must by postmarked by
June 1, 2012

Awards are contingent upon appropriation of funds in the 2012 session of the New York State Legislature.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of K-16 Initiatives and Access Programs
Scholarships and Grants Administration Unit
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THE UNIVERSITY OF THE STATE OF NEW YORK

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FORM

Application for the 2012 Regents Physician Loan Forgiveness Award Program

I. GENERAL PROGRAM INFORMATION

This Bulletin provides information about the State-funded Regents Physician Loan Forgiveness Award Program. In 2012 (pending the appropriation of State funds during the 2012 session of the New York State Legislature), 80 awards will be granted to physicians who agree to practice primary care medicine in an area of New York State designated by the Board of Regents as having a shortage of physicians. Award amount is based on undergraduate and medical school student loan amounts and loan interest expense.

Award recipients will receive two annual payments of up to $10,000 each year for two years. Recipients who have incurred more than $20,000 in eligible expenses may apply for an additional two-year award. The amount of the award received will be based upon the amount of undergraduate and medical school loans and loan interest expense incurred by the physician.

Offers for 2012 awards will begin to be made to eligible individuals in July 2012. Applicants who are unsuccessful in this competition may compete in subsequent years, provided they continue to meet the eligibility requirements.

II. ELIGIBILITY

To be considered for a Regents Physician Loan Forgiveness Award, applicants must meet the following eligibility criteria:

A. Applicants must be licensed to practice medicine in New York State.

B. Applicants must have completed a professional residency program within the five years immediately preceding the period for which the first award would be granted or will complete training in 2012 in an accredited residency program in **family practice, pediatrics, internal medicine, emergency medicine or obstetrics. Psychiatry is also considered primary care in certain State facilities.**

C. Applicants must be residents of New York State.

D. Applicants must also be:

1. citizens of the United States, or
2. aliens lawfully admitted for permanent residence in the United States, or
3. individuals of a class of refugees paroled by the Attorney General of the United States under the parole authority pertaining to the admission of aliens to the United States.

E. Applicants cannot currently be a recipient of any of the Federal Loan Physician Repayment Award programs.

III. TERMS AND CONDITIONS

A. Awards:

Maximum payment per two-year award is $20,000, up to a cumulative maximum of $40,000. Each annual payment is limited to a maximum of $10,000. Physicians who have incurred more than $20,000 in eligible expenses may reapply for an additional two-year award. Physicians who are in default of a student loan are not eligible for a Regents Physician Loan Forgiveness Award.

Note: Physicians who are awarded the Regents Physician Loan Forgiveness Award are provided with IRS Form 1099 (miscellaneous) for their tax records. Award recipients should contact their tax advisor for possible tax implications of these awards.

B. Service Requirements:

Award recipients must agree to practice medicine in an area of New York State designated by the Regents as having a shortage of physicians for a period of twelve months for each annual payment received. Such practice shall mean full-time (at least 35 hours per week) employment in direct patient care in the designated shortage area being served or to the designated population being served. **However, in no case shall the total number of months of service required be less than twenty-four.** Award recipients must agree to serve all patients regardless of ability to pay. A sliding fee scale can be established for the uninsured based on income. Physicians in training who receive an award will not receive credit toward their required service for time spent in training programs. Payments received during training will be for service expected after training is completed. Such service will commence within six months from the date of notification of the award or within three months of completion of residency if the recipient is presently in a residency program.

Recipients further acknowledge that if he/she fails to comply with requirements concerning this service agreement, the full amount of all award monies plus interest will be subject to repayment. The repayment amount will be determined by the formula:

$$A = \frac{2\,B(t-s)}{t}$$

in which "A" is the amount to be repaid; "B" is the sum of all payments made to the recipient and the interest on this amount which would be payable if, at the time such payments were made, they were loans bearing interest at the maximum prevailing rate; "t" is the total number of months of obligated service; and "s" is the number of months of service actually rendered. Any amount which the President of the Higher Education Services Corporation is entitled to recover under this paragraph shall be paid within the five-year period beginning on the date that the recipient failed to comply with the service conditions. In the event that repayment is required, a recipient agrees to the exercise of jurisdiction over

this cause of action by the courts of New York State and to the execution of a judgment rendered by the New York courts in any jurisdiction. A formal service agreement will be mailed to successful candidates when they are offered an award.

IV. APPLICATION

All candidates must submit an application to the Scholarships and Grants Administration Unit, Room 967, EBA, Albany, NY 12234 by June 1, 2012. Candidates renewing their award should complete sections I, II, III and VI only. New applicants must complete the entire form. Return the application as soon as possible. All entries on the application must be typed or legibly printed in ink. Failure to submit a complete application may result in disqualification.

V. SELECTION CRITERIA

The law requires Regents Physician Loan Forgiveness Awards to be made in the following order of priority:

A. **FIRST PRIORITY** will be given to applicants who are completing the second year of the service requirement and are reapplying for an additional two-year award.

B. **SECOND PRIORITY** will be given to new applicants who agree to practice in an area determined by the Regents to have a severe shortage of primary care physician services, and who satisfy one of the following three criteria:

1. specific training in a primary care specialty determined by the Regents to be in short supply or in obstetrics; or
2. specific training or experience in serving a shortage area; or
3. specific training or experience matching a specific medical need existing in a shortage area.

VI. NOTIFICATION OF RESULTS

Pending legislative funding, candidates will be advised of the results of the competition beginning in July 2012. Candidates who are offered a loan forgiveness award will be required to submit their acceptance or declination of the award within 15 business days of receipt of the notification letter. **Failure to file an acceptance within the prescribed period will result in cancellation of the award offer.** It is the responsibility of all candidates to keep the Scholarships and Grants Administration Unit advised of any changes in their mailing address so that they may receive correspondence in a timely fashion. In addition, please note, all candidates are encouraged to contact the Scholarships and Grants Administration Unit during the award period (July - August) to check on the status of their application.

VII. ALTERNATE WINNERS

If an award is declined by the original recipient, it will be immediately re-awarded to the next highest-ranking candidate in the competition. Should an alternate receive notice that he/she has become eligible for an award, the same conditions regarding acceptance or declination of the award apply.

VIII. PAYMENT PROCEDURES

The Office of K-16 Initiatives and Access Programs, Scholarships and Grants Administration Unit of the State Education Department has responsibility for conducting this award competition and designating award recipients. The processing of award payments, however, is assigned to the Higher Education Services Corporation (HESC), a separate State agency. **HESC will verify your student loan information and employment prior to making payment.**

IX. DESIGNATED SHORTAGE AREAS

While there are not expected to be major shifts in approved practice areas each year, some areas may be removed from the designated list and some new areas added. **Award recipients are limited to practice opportunities in certain areas, or sites or serving populations approved for the year in which they begin practice.** A State-obligated physician who is practicing in an area or at a site or serving a population that was designated at the time of placement would continue to receive service credit even if that area, site, or population was removed from designation in a subsequent year.

The Board of Regents has approved, effective January 1, 2012, a revised list of shortage areas, the Supplementary Bulletin for 2012 **Regents Designated Physician Shortage Areas in New York State.** This list can also be found on our Web site at www.highered.nysed.gov/kiap/.

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Department Use Only

LF:

LF/DH:

Application for the 2012 Regents Physician Loan Forgiveness Award Program

Section I: Identifying Data

1 Full Name

Last

First

Middle

2 Social Security Number
(Leave this blank if you do not have a U.S. Social Security Number)

3 Birth Date Month Day Year

4 Mailing Address

Line 1

Line 2

Line 3

City

State Zip Code

Country/ Province

5 Telephone/E-mail Address

Daytime Phone

Area Code Phone

E-mail Address (Please print clearly)

6 Are you a resident of New York? ☐ **Yes** ☐ **No**

7 Are you a citizen of the United States or a permanent resident holding a 1-555 or 1-551 Card Status? ☐ **Yes** ☐ **No**

If no, what is your current immigration status? _____

8 Check below the categories that most accurately reflect your gender and racial/ethnic background:

☐ **Female** ☐ **Male**

☐ **American Indian/Alaskan Native** ☐ **Asian/Pacific Islander**

☐ **Black** ☐ **Hispanic**

☐ **White-Non Hispanic** ☐ **Other (specify):** _____

Section II: Professional Background

Provide the Name and Address of the medical school from which you graduated.

_____

_____

Date of graduation: _____ / _____ / _____
mo. day yr.

Provide the Name and Address of the hospital/facility in which you served/are serving your residency and date of completion.

_____

_____

Date of completion: _____ / _____ / _____
mo. day yr.

Are you currently licensed to practice medicine in New York State? ☐ Yes ☐ No

If yes, give your license number: _____ Date issued: _____ / _____ / _____
mo. day yr.

Please check your specialty:

☐ Obstetrics ☐ Family Practice ☐ Pediatrics ☐ Internal Medicine
☐ Psychiatry ☐ Emergency Medicine

Are you Board eligible? ☐ Yes ☐ No

Are you Board certified? ☐ Yes ☐ No

Section III: Shortage Area Practice Site

Please provide the following information for the site at which you are physically working.

Site Name: _____ Date started: _____ / _____ / _____
mo. day yr.

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact person: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Employer (If different than site) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact person: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Type of Facility: (check one) Previous recipients: Please provide your Regents Loan Forgiveness identification number: _____

☐ Hospital - inpatient service (specialty) _____
☐ Hospital - outpatient service (specialty) _____
☐ Psychiatric service ☐ Correctional service ☐ School-based clinic
☐ Private practice (specialty) _____
☐ Designated AIDS service center ☐ Ambulatory care (e.g., community health center or family planning clinic)
☐ Other, specify _____

Section IV: Reference (new applicants only)

List the names and addresses of two people who are not related to you, who know you well, and who are in a position to comment on your professional ability and/or interest in practicing medicine in an area of New York State designated by the Regents as having a shortage of physicians. Current employers, supervisors, or instructors are preferred.

Name	Address	Telephone

Section V: Self Recommendation (new applicants only)

Please include below or attach a statement in 200 words or less recommending yourself for a Regents Physician Loan Forgiveness Award. Comment on your academic performance, career goals, potential for professional work, special abilities, and/or skills relative to patient care, your commitment to work with the underserved and any previous professional experience working with this population. Your self-recommendation represents 60% of your overall evaluation of your application.

Section VI: Certification

I, the undersigned, being the applicant for a Regents Physician Loan Forgiveness Award, hereby affirm, subject to penalty of perjury, that the information on this form and any attachments hereto is accurate and complete to the best of my knowledge and belief. Also, I understand and agree that submission of this award constitutes authorization to the Higher Education Services Corporation to release to the New York State Education Department such information concerning loans for education as may be necessary to verify any statement made herein.

Applicant Signature

Date