2008-09 Financial Aid Certification Form

Name _________________________________________  UCI ID Number ____________________________

Due Date:  May 1, 2008

This form MUST be completed and returned by the indicated deadline in order to be considered for grants and/or scholarships.

Prior to enrollment at UCI, have you ever attended a Nursing or Health Professional School?

☐ Yes
☐ No

Primary Care Loan Program
The Health Professions Education Extension Amendments of 1992 require that a student must enter and complete a primary health care residency and practice primary health care* for a specific period to be eligible for participation in the Primary Care Loan program.

The law requires that a loan recipient agree to:
• Enter and complete a residency-training program in primary health care no later than four years after the date on which the student graduates from medical school.
• Practice in such programs through the date on which the loan is repaid in full.

If the borrower fails to enter and complete a primary health care residency and to practice in a primary health care field, the loan balance will be recomputed from the date of issuance at an interest rate of 18 percent a year, compounded annually, instead of 5 percent.

Please indicate your anticipated participation in the primary health care field:

☐ YES - I plan to enter and complete a Primary Health Care Program (PHCP), and I understand by choosing to enter a PHCP and submitting the necessary documentation I will be considered for a Primary Care Loan.

☐ NO - I do not plan to enter and complete a Primary Health Care Program (PHCP), and I understand by choosing not to enter a PHCP I am ineligible to receive Primary Care Loans.

☐ UNDECIDED - At this time, I do not plan to enter and complete a Primary Health Care Program, and I understand I will not be considered eligible for Primary Care Loans for the 2008-09 academic year.

I certify that I have read and understand the above information.

Signature ____________________________  Date ____________________________

Print Name ____________________________

*Primary Health Care includes family medicine, general internal medicine, general pediatrics, preventive medicine, or osteopathic general practice.