

MEDICAL UNIVERSITY OF SOUTH CAROLINA
OFFICE OF FINANCIAL AID SERVICES

CERTIFICATION OF PRIMARY CARE TRAINING OR PRACTICE

As a recipient of funds from the Primary Care Pool, you agreed to certify annually that you are either training in or practicing primary health care according to the terms of your scholarship or loan agreement. If you received Federal Funds, failure to return this completed and signed form will result in severe financial penalties. A summary of your obligations and penalties associated with breaching them is attached for your reference. Please return this form as soon as possible. If you have any questions, please contact the Office of Financial Aid Services at (843)792-2536.

Current Addresses and Telephone Numbers:

Name _____

Work Address _____

Home Address _____

Home Phone(____) _____

Work Phone(____) _____

E-Mail Address _____

Date of MUSC Graduation _____

RESIDENCY TRAINING ACTIVITIES:

I am/was enrolled in a residency training program in the following field:

_____ General Internal Medicine

_____ Preventive Medicine

_____ General Pediatrics

_____ General Dentistry

_____ Family Medicine

_____ Other (please explain)

Name of Program _____

Begin Date _____ Projected End Date _____

Comments: _____

Certification of Primary Care Training or Practice, Page 2

PRACTICE ACTIVITIES:

I am currently practicing primary health care in the following field:

_____ **General Internal Medicine**

_____ **Preventive Medicine**

_____ **General Pediatrics**

_____ **General Dentistry**

_____ **Family Medicine**

_____ **Other (please explain)**

Comments: _____

Begin Date _____ **Projected End Date** _____

CERTIFICATION:

I certify that the information contained on this form is accurate and that I am in compliance with the primary care training and practice obligations specified in my agreement, for the scholarship and/or loan program(s) identified above.

Signature

Date

You must complete and return this form if you received funds from the following sources while a student at the Medical University of South Carolina:

Exceptional Financial Need (EFN) Scholarship

Financial Assistance for Disadvantaged Health Professions Students (FADHPS) Scholarship

Federal Primary Care Loan (PCL)

RETURN COMPLETED FORM TO:

MEDICAL UNIVERSITY OF SOUTH CAROLINA

OFFICE OF FINANCIAL AID SERVICES

45 Courtenay Drive

P. O. Box 250176

Charleston, S. C. 29425

Phone: (843) 792-2536 Fax: (843) 792-2060

HHS AWARDS: TERMS AND CONDITIONS

***Exceptional Financial Need Scholarship** awards require the following terms and conditions:

- (1) a student must complete the program of study for which the Scholarship was received;
- (2) a medical student agrees to enter and complete a residency training program in **PRIMARY HEALTH CARE** not later than 4 years after completing the medical degree and must practice in the primary care field for 5 years after completing a residency program;
- (3) a dental student agrees to practice in **GENERAL DENTISTRY** for 5 years (excluding any residency program).

In the event a recipient breaches his or her obligations, any amount the Federal Government is entitled to recover must be repaid by the scholarship recipient not later than three years after the date on which the individual breaches the agreement. The amount of repayment is made directly to the Federal Government and not to the school. The school is required to monitor the recipient and notify the Federal Government of a breach of obligation.

***Disadvantaged Health Professions Scholarship** recipients must agree to the same terms and conditions as outlined above for the Exceptional Financial Need Scholarships.

***Primary Care Loan** awards made to medical students require the following conditions be met. Students must:

- (1) enter and complete a residency training program in primary health care not later than four years after the date on which the borrower graduates from the institution; and,
- (2) practice primary health care until the loan is paid in full and certify to the school on an annual basis that he/she is practicing in primary health care.

In the event a borrower fails to comply with the agreement, the school must:

* immediately compute the balance due on the loan involved. For loans received between 1993 and November 1998, the interest rate is 12 percent per year, compounded annually from the date of issuance (using the original principal). For loans received after November 1998, the interest rate is 18 percent per year, compounded annually from the date of default; and

* require the borrower to repay the recomputed balance not later than three years after the date on which the borrower fails to comply with the agreement.