

HEALTH PROFESSIONS STUDENT LOAN (HPSL), PRIMARY CARE LOAN (PCL), EXCEPTIONAL FINANCIAL NEED (EFN) SCHOLARSHIPS, FINANCIAL ASSISTANCE FOR DISADVANTAGED HEALTH PROFESSIONS STUDENTS (FADHPS), LOANS FOR DISADVANTAGED STUDENTS (LDS) AND NURSING STUDENT LOAN (NSL) PROGRAMS

INSTRUCTIONS: You as a borrower of a HPSL, PCL, LDS, or NSL, are responsible for the completion and return of this form to the institution from which you received loans. If you fail to submit this form to your school by the payment due date, your school is required to consider your loan past due, and must take actions to collect as required by program regulations, including the use of collection agents, credit bureaus, and litigation.

To request deferment of repayment on your HPSL, PCL, LDS, or NSL, this form must be filed with the school which made the loan at each of the following times:

- (1) when your first repayment installment is due,
- (2) annually thereafter as long as you are eligible for such deferment, and
- (3) when you cease to be in eligible deferment status.

Recipients of EFN or FADHPS scholarships with a primary care service obligation must complete this form annually during residency training to notify the school of their training activities.

A copy of the completed form should be retained for your own record.

NAME AND ADDRESS OF SCHOOL FROM WHICH FUNDS WERE RECEIVED:

NAME AND ADDRESS OF LOAN/SCHOLARSHIP RECIPIENT:

~~PART I - SIGNATURE OF LOAN/SCHOLARSHIP RECIPIENT~~

I request deferment of repayment of principal and interest on my (Check all that apply):

—Health Professions Student Loan(s)—Primary Care Loan(s)—Loans for Disadvantaged Students —Nursing Student Loan(s) for the period indicated under —A1 —A2 —B —C1 —C2 — D or — E below

I received —EFN —FADHPS funds and am notifying the school of my residency training activities.

I further agree to notify the school from which I received assistance immediately upon termination of my status as indicated below.

SIGNATURE OF BORROWER:

DATE

~~PART II - REQUEST FOR DEFERMENT OF REPAYMENT~~ - To be completed by borrower if he/she:

- A. 1. For Health Professions Student Loan and Loans for Disadvantaged Students Borrowers:
Pursues advanced professional training, including internships and residencies or participates in a fellowship training program or full-time educational activity, as defined by regulations of the Secretary of Health and Human Services.
- 2. For Nursing Student Loan Borrowers:
Pursues a full-time or part-time course of study at a collegiate school of nursing leading to a baccalaureate degree in nursing or an equivalent degree, or to a graduate degree in nursing, or is otherwise pursuing advanced professional training in nursing.

This is to certify that I am/was pursuing advanced professional training in _____
(type of training)
at _____
from _____ to _____

B. For Primary Care Loan Borrowers and EFN and FADHPS Recipients:

- 1. Participates in a 3 year residency program in allopathic or osteopathic family medicine, internal medicine, pediatrics, combined medicine/pediatrics, or preventive medicine approved by the Accreditation Council of Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA), or in a rotating or primary health care internship and general practice residency program approved by the AOA.
- 2. Participates in a residency program in General Dentistry.

This is to certify that I am/was pursuing advanced professional training in _____
(type of residency training)
at _____
from _____ to _____

C. Ceases to pursue the course of study at

1. A school of medicine, osteopathy, dentistry, pharmacy, podiatric medicine, optometry, or veterinary medicine, but (1) re-enters the same or another such school within the applicable grace period (1 year); or (2) engages in a full-time educational activity as defined by regulations of the Secretary of Health and Human Services, with the intent to return to the school as a full-time student.
2. A school of nursing leading to a diploma or associate degree in nursing, a baccalaureate degree in nursing or an equivalent degree, or to a graduate degree in nursing, but re-enters the same or another such school within the grace period (9 months).

This is to certify that I am/was a full-time health professions or full or half-time nursing student at _____

from _____ to _____ pursuing a course of study leading to a _____ (Degree).

D. Performs active duty as a member of a uniformed service or as a volunteer under the Peace Corps Act.

This is to certify that I was in the (enter Peace Corps or name of uniformed service) _____

from _____ to _____.

E. Pursues training as a nurse anesthetist at: _____

from _____ to _____.

PART III - CERTIFICATION OF DEFERMENT STATUS - To be completed by Official Authorizing Borrower's status.

(NOTE: Completion PART III is not required for internship or residency training activity.)

Please complete this Certificate of Deferment form and return to the borrower.

A. To be completed by official of institution where borrower is/was enrolled:

I certify that the information stated in (Check appropriate space) Part II:

____ A1 ____ A2 ____ C1 ____ C2 (or) ____ E above, is true and correct.

NAME AND ADDRESS OF SCHOOL OR HOSPITAL:

NAME AND TITLE OF AUTHORIZED OFFICIAL

SIGNATURE OF AUTHORIZED OFFICIAL/DATE

B. To be completed by the Commanding Officer or Peace Corps Official.

I certify that the information stated in Part II - D, above is true and correct.

Borrower's Uniformed Service* Serial Number: _____

NAME AND ADDRESS OF UNIFORMED SERVICE OR PEACE CORPS OFFICIAL:

NAME AND TITLE/RANK OF COMMANDING OFFICER OR PEACE CORPS HEADQUARTERS:

SIGNATURE OF COMMANDING OFFICER OR PEACE CORPS OFFICIAL/DATE

PART IV - INSTITUTIONAL ACTION - To be completed by school (or its agent) from which loan was made

____ APPROVED ____ DISAPPROVED REASONS FOR DISAPPROVAL _____

NAME AND TITLE OF OFFICIAL:

SIGNATURE OF AUTHORIZED OFFICIAL AND DATE

*The uniformed services of the United States are the Army, Navy, Marine Corps, Air Force, Coast Guard, National Oceanic and Atmospheric Administrations Corps, and the U.S. Public Health Service Commissioned Corps.

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines and imprisonment under Federal Statute.

