

POST-RESIDENCY CERTIFICATION FORM FOR PRIMARY CARE LOAN RECIPIENTS

Yale University
Student Loan Billing and Payment Office
PO Box 208338
New Haven, CT 06520-8338

Phone: 203-432-2727
Fax: 203-432-2725
Email: slac@yale.edu

As a Primary Care Loan recipient you are required to practice primary health care until your loan is repaid in full. Please complete and return this form to the address shown above.

Part I: Borrower Information

Name: _____ Social Security Number: _____
Printed: (Last, First, MI)

Address: _____
Street City State Zip Code

Telephone: (____) _____ (home)

Telephone: (____) _____ (work)

Email Address: _____

Part II: Service Obligation Acceptable Practice Activities (please check your current practice):

- Primary Care Clinical Practice
- Clinical Preventive Medicine
- Occupational Medicine
- Public Health
- Senior/Chief Resident in primary care residency program
- Faculty, Administrator or Policy Maker certified in one of the primary health care disciplines
- Geriatrics
- Adolescent Medicine
- Adolescent Pediatrics
- Sports Medicine
- Training for Primary Care Faculty Career
- Training for Public policy Career
- Masters in Public Health
- Public Policy Fellowship
- Faculty Development Training
- Primary Care Fellowship

Comments: _____

Part III: Borrower's Certification

I certify that the information contained on this certification form is accurate and that I am in compliance with the obligations specified in my Primary Care Loan promissory note for Primary Health Care Service.

Borrower's Signature _____ Date _____