

POST-RESIDENCY CERTIFICATION FORM FOR PRIMARY CARE LOAN RECIPIENTS

Saint Louis University  
Student Loans  
One Grand Blvd  
DuBourg Hall, Rm 2  
St. Louis, MO 63103

Phone: 314-977-2407  
Fax: 314-977-3437  
Email: kupferme@slu.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 (Please Print)**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_  
(Last, First, MI)

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street City State Zip Code

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

- |  |                                   |
|--|-----------------------------------|
| Primary Care Clinical Practice                         | Urgent Care                       |
| Clinical Preventive Medicine                           | Sports Medicine                   |
| Occupational Medicine                                  | Training for Primary Care Faculty |
| Public Health  | Training for Public Policy        |
| Senior/Chief Resident in Primary Care                  | Masters in Public Health          |
| Faculty, Administrator or Policy Maker in Primary Care | Public Policy Fellowship          |
| Geriatrics   | Faculty Development Training      |
| Adolescent Medicine                                    | Primary Care Fellowship           |
| Adolescent Pediatrics                                  | Hospitalist                       |

**I am no longer practicing Primary Care**

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Part III: Borrower's Certification**

I certify the information contained in this document is accurate and that I am in compliance with the primary care obligations specified in the primary care loan note signed at the time of disbursement. Falsification of certification will result in implementing penalties retroactively, adjusting the repayment schedule from the date of non-compliance. Interest penalties of 2%, 12%, or 18% will occur based on the penalty rate identified within the original promissory note.

I understand I will be required to reaffirm my commitment on an annual basis until the loan is repaid.

\_\_\_\_\_  
Borrower Signature Date