

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: haley.held@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 by \_\_\_\_\_.

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
- Urgen
- Senior/Chief Resident in Primary Care
- Faculty, Administrator or Policy Maker in Primary Care
- Geriatrics
- Adolescent Medicine
- Adolescent Pediatrics
- Public Health
- I am no longer practicing Primary Care

- Training
- Masters
- Public P
- Faculty
- Primary
- Hospital

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