

INDIANA UNIVERSITY
Student Loan Administration
P. O. Box 1609
Bloomington, IN 47402-1609
812-855-4511
866-IU LOANS
FAX 812-855-5848

Name

Student ID

INDIANA UNIVERSITY
PRIMARY CARE LOAN (PCL) PROGRAM
REQUIRED ANNUAL POST-RESIDENCY CERTIFICATION FORM

As a PCL recipient you are required to practice primary health care until your loan is repaid in full. Please complete and return this form to us in the enclosed envelope. An annual self-certification is required until the loan is paid in full.

Home Address _____

Telephone Number _____

Employer _____

Address _____

Telephone Number _____

Current Practice Status: Family Medicine General Internal Medicine
 General Pediatrics Preventative Medicine
 Osteopathic General Practice General Dentistry

Comments: _____

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.

Signature of Borrower

Date