

University of Arkansas for Medical Sciences
Primary Care Loan (PCL) Interest Form
2022-23 Application for Admitted College of Medicine Students
Federal Title VII Loan Program

COLLEGE OF MEDICINE STUDENTS ONLY: PLEASE COMPLETE AND RETURN THIS FORM TO THE FINANCIAL AID OFFICE, 4301 WEST MARKHAM #864, LITTLE ROCK AR 72205 OR EMAIL TO FINANCIALAID@UAMS.EDU OR Fax 501-686-8002. Priority Deadline: May 15th.

Do NOT submit this form if you are not interested in a Primary Care Loan. The Primary Care Loan Program requires both student and parent information on the FAFSA for **dependent students only**. *For this program, an independent student is defined as a student who is at least 24 years of age and has been independent for a minimum of three years.* If you do not meet this definition, you are considered a dependent student, for this program *only*, and will need to include parent information on the FAFSA. This dependency status does not affect your other federal student aid.

The purpose of this form is to assist the Financial Aid Office with identifying students who are interested in receiving a Primary Care Loan. Your Student Aid Report (SAR) will determine if you are eligible for consideration. Funds are limited and will be awarded to eligible students based on the date the PCL interest form is received.

For the Primary Care Loan Program, **Primary Care Medicine** is defined as: Family Medicine, General Internal Medicine, General Pediatrics, Combined Medicine/Pediatrics, Preventive Medicine or Osteopathic General Practice. *(See page 2 of this form for acceptable and unacceptable residency and practice activities)*

TERMS OF THE PRIMARY CARE LOAN

- 5% Fixed Interest Rate
- No fees are deducted from your loan.
- No interest accrues during medical school.
- No interest accrues during approved periods of residency training or deferment.

CONDITIONS OF THE PRIMARY CARE LOAN

- You must enter and complete a residency training program in primary health care not later than 4 years after completing medical school.
- You must enter and complete residency training in primary health care and practice in primary health care for 10 years (including the years spent in residency training) or through the date on which the loan is repaid in full, whichever occurs first.
- If you fail to comply with the service requirements of the program, the loan(s) begin to accrue at an annual rate of 2% greater than the rate at which the student would pay if compliant.

Please sign below if you wish to be considered for a Primary Care Loan. You will be approved on the basis of your Student Aid Report and on the availability of funds. *This form is not an official promissory note, but will be used by our office to identify students who wish to be considered for Primary Care Loans.* You will be sent a financial aid award letter to let you know whether or not you have been approved.

Printed Name: _____ **Student ID#/SSN:** _____

Anticipated Level (circle one): M1 M2 M3 M4 **Phone Number:** _____

Email: _____@uams.edu **Other Email:** _____

Signature: _____ **Date:** _____

ACCEPTABLE Residency Training

- Family Medicine
- Internal Medicine
- Pediatrics
- Combined Medicine/Pediatrics
- Preventive Medicine
- General Practice

ACCEPTABLE Practice Activities

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

UNACCEPTABLE Residency/Practice Activities

- Cardiology
- Gastroenterology
- Obstetrics/Gynecology
- Surgery
- Dermatology
- Radiology
- Rehabilitation Medicine
- Physical Medicine
- Emergency Medicine
- Other Subspecialty Training or Certification

The law requires that PCL recipients practice in primary care, but does not specify that the practice be full-time or that it involve a minimum number of hours per week. Even though part-time practice is acceptable, the recipient would be in breach of the service obligation if he or she were to obtain any type of subspecialty training that would allow him or her to sub-specialize during his or her remaining service.

If you have additional questions regarding the Primary Care Program, please contact our office at (501) 686-5451.