

Name (Last, First): _____ Date _____

ARIZONA STATE LOAN REPAYMENT PROGRAMS

CERTIFICATION and PRIVACY ACT RELEASE AUTHORIZATION

1. I hereby certify that, to the best of my knowledge, the loan(s) identified in the loan information form is/are educational loan(s), incurred solely for the costs of undergraduate or graduate education, including reasonable living expenses, leading to a degree in the health profession and specialty indicated in Section I of this application; and that the loan amounts do not reflect consolidated loans for other purposes.
2. I hereby certify that I am applying to enter into a contract with the state of Arizona for repayment of all or part of the educational loan(s) listed in this application.
3. I hereby certify that I will accept Medicare and Medicaid (AHCCCS) assignment and rates.
4. I hereby certify that I will implement/utilize a sliding fee scale and treat patients regardless of their ability to pay.
5. I hereby certify that I will not discriminate, and
6. I hereby certify that I have read and understand the default provision as specified in A.R.S. 36-2172(I): a participant in the primary care provider or rural private primary care loan repayment program who breaches the loan repayment contract by failing to begin or to complete the obligated services as specified in the contract will be in default of their contract and will liable for liquidated damages in an amount equivalent to the amount that would be owed for default under the Federal Grants to States for Loan Repayment or as determined and authorized by the Department.

PRIVACY ACT RELEASE AUTHORIZATION

I hereby authorize the U.S. Department of Health and Human Services (DHHS) and/or the Department of Defense to disclose any information contained in its files pertaining to my participation in the Public Health and National Health Service Corps Scholarship Training Program, the National Service Corps Scholarship Program, the Physician Shortage Area Scholarship Program, the National Health Service Corps Loan Repayment Program, the Nursing Education Loan Repayment Program, the Community Scholarship Program, the State Loan Repayment Program, or U.S. military service to the administrators of the Arizona State Loan Repayment program, a DHHS grantee under Section 338I of the Public Health Service Act. _____Initial

PRIVACY ACT RELEASE AUTHORIZATION

I hereby authorize the Arizona Department Health Services to disclose any personal information such as name, date of birth, Social Security number, and other confidential information such as account numbers, for the purpose of verifying information presented in this application. _____Initial

PRIVACY ACT RELEASE AUTHORIZATION

I hereby authorize the Arizona Department of Economic Security to disclose any information related to child support payments and delinquencies to the Arizona Department of Health Services for the purpose of verifying child support information as per [Executive Order 13019](#)-Supporting Families: Collecting Delinquent Child Support Obligations. _____Initial

WARNING: Any person who knowingly makes a false statement or misrepresentation or material omission in this loan repayment application, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment. I have read this statement and understand its contents.

(Initials of applicant)

I hereby certify that, to the best of my knowledge, the information contained in this application is accurate and authorize the Arizona Department of Health Services or its designee to verify all information presented.

Typed or Printed Name: _____

Signature: _____ Date: _____

State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____.

Notary Public

My Commission Expires: _____