

# REGENTS PHYSICIAN LOAN FORGIVENESS AWARD PROGRAM

All applications must be postmarked by

Awards are contingent upon appropriation of funds by the 202  
Session of the New York State Legislature.

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT

Office of Access, Equity and Community Engagement Services  
Room 90EBA  
Albany, New York 12234  
518-474-3719  
[www.nysed.gov/postsecondaryservices](http://www.nysed.gov/postsecondaryservices)



January 202

B.



# I. GENERAL PROGRAM INFORMATION

This Bulletin provides

- c. Temporary protected status pursuant to the Federal Immigration Act of 1990
- d. Without lawful immigration status (including those with DACA status)

2. \_\_\_\_\_ s outside of NYS and the physician is or has ONE of the following:

- a. U.S. citizen
- b. Permanent lawful resident
- c. Of a class of refugees paroled by the attorney general under his or her parole authority pertaining to the admission of aliens to the U.S.
- d. U-Visa
- e. T-Visa
- f. Temporary protected status pursuant to the Federal Immigration Act of 1990
- g. Without lawful immigration status (including those with DACA status)

E. Applications cannot currently be a recipient of any of the Federal Loan Physician Repayment Award programs.

### III. TERM AND CONDITIONS

#### A. Awards:

Maximum payment per two year award is \$20,000, up to a cumulative maximum of \$40,000. Each annual payment is limited to a maximum of \$10,000. Physicians who have incurred more than \$20,000 in eligible expenses may reapply for an additional two year award. Physicians who are in default of a student loan are not eligible for a Regent Physician Loan Forgiveness Award.

Note: Physicians who are awarded the Regents Physician Loan Forgiveness Award are provided with IRS Form 1099 (miscellaneous) for their records. Award recipients should contact their tax advisor for possible tax implications of these awards.

#### B. Service Requirement:

Award recipients must agree to practice medicine in an area of New York State Designated by the Regents as having a shortage of physicians for a period of twelve months for each annual payment received. Such practice shall mean full time (at least 35 hours per week) employment in direct patient care in the designated shortage area being served or to the designated population be



## V. SELECTION CRITERIA

The law requires Regents Physician Loan Forgiveness Awards to be made in the following order of priority:

- A. FIRST PRIORITY will be given to applicants who are completing the second year of the service requirements and are reapplying for an additional two year award
- B. SECOND PRIORITY will be given to new applications who agree to practice in an area determined by the Regents to have a severe shortage of primary care physician services, and who satisfy one of the following three criteria:
  1. Specific training in a primary care specialty determined by the Regents to be in short supply or obstetric; or
  2. Specific training or experience in serving a shortage area; or
  3. Specific training or experience matching a specific medical need existing in a shortage area

## VI. NOTIFICATION OF RESULTS

Pending legislative funding, candidates will be advised of the results of the competition beginning in July 2024. Candidates who are offered a loan forgiveness award will be required to submit their acceptance or declination of the award within 15 business days of receipt of the notification letter. Failure to file an acceptance within the prescribed period will result in cancellation of the award offer. It is the responsibility of all candidates to keep the Scholarships and Grants Administration Unit advised of any changes in their mailing addresses so they may receive correspondence in a timely fashion. In addition, please note, all candidates are encouraged to contact the Scholarships and Grants Administration Unit during the award period (July August) to check on the status of their applications.

## VII. ALTERNATE WINNERS

If an award is declined by the original .02 301.733inal .02 301.733inalthe origi-12 0 6122Ea





Section I: Identifying Data

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**Section II: Professional Background**

Provide the Name and Address of the medical school from which you graduated.

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Date of graduation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Provide the Name and Address of the hospital/facility in which you served/are serving your residency and date of completion.

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Date of completion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Are you currently licensed to practice medicine in New York State?  
Yes No

If yes, give your license number: \_\_\_\_\_

Date issued: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

Please check your specialty

- Obstetrics
- Family Practice
- Pediatrics
- Internal Medicine
- Psychiatry
- Emergency Medicine

Are you Board eligible? Yes No

Are you Board certified? Yes No

Please provide the following information for the site at which you are physically working.

Site Name: \_\_\_\_\_ Date started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**Section IV: Reference (new applicants only)**

List the names and addresses of two people who are not related to you, who know you well, and who are in a position to comment on your professional ability and/or interest in practicing medicine in an area of New York State designated by the Regents as having a shortage of physicians. Current employers, supervisors, or instructors are preferred.

Name	Address	Telephone

**Section V: Self Recommendation (new applicants only)**

Please attach a statement in 200 words or less recommending yourself for a Regents Forgiveness Loan Forgiveness Award. Comment on your academic performance, career goals, potential for professional work, special abilities and/or skills relative to patient care, your commitment to work with the underserved and any previous professional experience working with this population. Your self-recommendation represents 60% of our overall evaluation of your application.

**Section VI: Certification**

I, the undersigned, being the applicant for a Regents Physician Loan Forgiveness Award, hereby affirm, subject to penalty of perjury, that the information on this form and any attachments hereto is accurate and complete to the best of my knowledge and belief. Also, I understand and