



The University of Vermont  
LARNER COLLEGE OF MEDICINE  
OFFICE OF PRIMARY CARE & AHEC PROGRAM

**VT AHEC Scholars Medical Student Incentive Scholarship/Loan Forgiveness Program  
Vermont Area Health Education Centers (AHEC) Supplemental Document**

The purpose of this document is to provide AHEC with information required for its role in the effective, shared administration of this longitudinal health workforce development program.

**By signing this document, I agree to the following:**

- I understand that the VT AHEC Scholars Medical Student Incentive Scholarship/Loan Forgiveness Program is funded by the State of Vermont, and administered by the Vermont Student Assistance Corporation (VSAC) in partnership with UVM AHEC.
- I acknowledge that the aim of the VT AHEC Scholars Medical Student Incentive Scholarship/Loan Forgiveness Program is to increase access to needed medical care by increasing the number of new physicians *in Vermont*, particularly in rural areas and undersupplied medical specialties.
- I voluntarily applied to the VT AHEC Scholars Medical Student Incentive Scholarship/Loan Forgiveness Program.
- I understand that the legal agreement/promissory note for this program is with VSAC.
- I understand AHEC's role in the program includes program promotion, selection committee process, longitudinal tracking of recipients, and Vermont employment placement assistance.
- I authorize AHEC to share with VSAC, and VSAC to share with AHEC, my information necessary for the effective administration of this program.
- I authorize UVM and AHEC to publish my name, educational and brief biographical sketch, and UVM "facesheet" photo in announcements pertaining to the program and its recipients.
- I agree to remain in contact with the UVM AHEC Physician Placement Professional (PPP) during my residency/fellowship training and keep UVM AHEC apprised of my career plans. I understand that the AHEC PPP is a resource regarding Vermont's medical specialty and geographic workforce shortage areas, and is up to date on vacancies statewide. The PPP is available to assist me in Vermont-based job exploration and recruitment processes.
- I agree to send my CV to the AHEC PPP in my final year of residency/fellowship training for the purpose of Vermont physician placement assistance.
- I give permission for my future Vermont employer to provide information to AHEC for this Program.
- I understand that AHEC will notify VSAC of my training and employment status as related to the terms and conditions of the promissory note, until the service obligation is met in full or the loan enters repayment.

Printed Name:		
Forever E-mail:		
Cell Phone:		
Signature:		Date:

*Return this form to VSAC along with your signed promissory note. Please keep a copy of this document for your records.*

[www.vtahec.org](http://www.vtahec.org) 1-800-442-3531