



State Loan Repayment Program Applicant Eligibility Attestation Form

I, (please print) _____ hereby confirm that I fully meet the following:

- Have no existing service obligations that will not be completed by September 30, 2016.
- Have not defaulted on a prior service obligation to the Federal government, a State or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means.
- Have not defaulted on any Federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans (e.g., student loans or home mortgage loans), or non-Federal payment obligations (e.g., court-ordered child support payment).
- Am not in breach of a health professional service obligation to the Federal, State or local government.
- Have not ever defaulted on any federal payment obligations (HEAL, Nursing Student Loans, federal income tax liability, FHA loans, etc.).
- Have never breached a prior service obligation to the federal/state/local government or other entity, even if you have subsequently satisfied the obligation.
- Am not currently excluded, debarred, suspended, or disqualified by a Federal agency.

Health Care Provider

Signature: _____ Date: _____

Notary

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Signature: _____

