



**Inspira Health Network**  
**165 Bridgeton Pike**  
**Mullica Hill, NJ 08062**  
**InspiraHealthNetwork.org**

**Inspira Physician Loan Repayment Assistance Program  
 Application**

<b>Personal Information (Please print in dark ink)</b>				
<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Social Security Number</b>	<b>Date of Birth</b>
<b>Street Address</b>			<b>State of Legal Residence</b>	<b>Place of Birth</b>
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Email Address</b>	<b>Citizenship</b>
<b>Home Phone</b>			<b>Cell Phone</b>	
<b>2. Specialty (please check one)</b> <input type="checkbox"/> Family Practice <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Internal Medicine <input type="checkbox"/> General Surgeon <input type="checkbox"/> Specialist (please name) _____				
<b>3. Please describe any practice experience you may have relevant to serving the needs of the medically underserved.</b>  _____ _____				
<b>Graduate Education/Residency Information</b>				
<b>Date Undergraduate Studies Began</b>	<b>Date Graduate/ Professional Studies Began</b>	<b>Graduation Date</b>	<b>Degree Awarded</b>	
			Date: _____	
<b>Graduate Program Name:</b>	<b>Residency Program Name</b>	<b>New Jersey Progression License #</b>		
_____	_____	_____		
_____	_____	Date Issued: _____		
Board Certified <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____				

Graduate Program Street Address: _____ _____	Residency Program Completion Date: _____	Board Eligible ___ Yes ___ No Date: _____  Specialty _____  Date Scheduled to Take Exam: _____	
<b>Graduate Loan Information</b>			
1. Lender Name:	Address:	Original Loan Amount \$ _____	Current Loan Balance (Principal/Interest) \$ _____/\$ _____
Loan Name	Is Loan in Deferment/Forbearance? ___ Yes ___ No If yes, date deferment/forbearance ends?	Is Loan in Default? ___ Yes ___ No  If yes, date of default:	
2. Lender Name:	Address:	Original Loan Amount \$ _____	Current Loan Balance (Principal/Interest) \$ _____/\$ _____
Loan Name	Is Loan in Deferment/Forbearance? ___ Yes ___ No If yes, date deferment/forbearance ends?	Is Loan in Default? ___ Yes ___ No  If yes, date of default:	
3. Lender Name:	Address:	Original Loan Amount \$ _____	Current Loan Balance (Principal/Interest) \$ _____/\$ _____
Loan Name	Is Loan in Deferment/Forbearance? ___ Yes ___ No If yes, date deferment/forbearance ends?	Is Loan in Default? ___ Yes ___ No  If yes, date of default:	
4. Lender Name:	Address:	Original Loan Amount \$ _____	Current Loan Balance (Principal/Interest) \$ _____/\$ _____
Loan Name	Is Loan in Deferment/Forbearance? ___ Yes ___ No If yes, date deferment/forbearance ends?	Is Loan in Default? ___ Yes ___ No  If yes, date of default:	
Have you ever declared bankruptcy or defaulted on a student loan? ___ Yes ___ No If yes, please indicate the name of lender, loan program and dates? _____ _____			

<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="text-align: center;"><b>Principal unpaid balance of ALL graduate health professional loans listed for redemption:</b></p> <p style="text-align: center;"><b>Grand Total \$ _____</b></p> </div>			
Employment Information			
Please refer to the list of New Jersey Medically Underserved Index for the area where you will be serving:			
Practice Name:		Full-Time Employment Start Date:	
Practice Address:			
City	State	Zip Code	Telephone:
Contact Person:			
Release From Liability/Certification & Authorization			
<p>I _____, hereby release from liability Inspira Health Network, and its staff, agents, and employee for a acts performed in good faith without malice in connection with the evaluation of my application, credentials and qualifications, and hereby release from liability any and all individuals and organizations, who in good faith and without malice provide information to this program regarding my professional competence, ethics, character and loan information.</p> <p>I certify that the information on this application is true, correct and complete to the best of my knowledge and believe and made in good faith. I certify that I am not participating in any other loan repayment program and that I am not in default on a government or commercial student loan. I understand that Inspira is relying on this certification.</p> <p>I authorize you to obtain verification of my eligibility status and student loan debt. In addition, I agree to comply with all policies, regulations and directives of Inspira. I also understand that I must remain employed as a direct patient care professional on a full-time basis at a qualified facility during my participation in the program in order to qualify for loan repayment.</p>			
_____		_____	_____
Print Name		Signature	Date

**Supporting Documents****(Please include the following documents with the provider application)**

- \_\_\_\_\_ Copy of diploma from a graduate health professional program
- \_\_\_\_\_ Copy of residency completion certificate (if applicable)
- \_\_\_\_\_ Copy of specialty board certification (if applicable)
- \_\_\_\_\_ Copy of New Jersey professional license
- \_\_\_\_\_ Copy of Medical School transcripts
- \_\_\_\_\_ Letter of recommendation from residency/graduate health professional program director recommending participation in this loan redemption program
- \_\_\_\_\_ Letter(two) additional letters of reference
- \_\_\_\_\_ Detailed loan information (Note: master promissory note; original loan dates, original loan amounts and outstanding loan balances must be indicated for all loans listed. If you have consolidated your loans for graduate education costs, you must attach a copy of the original loan documents for health professional education that were consolidated into a new loan)
- \_\_\_\_\_ Copy of resume
- \_\_\_\_\_ Copy of most recent federal tax return
- \_\_\_\_\_ Copy of employment contract (if available)
- \_\_\_\_\_ Copy of work schedule

**Email Application and Documents To:**

[loanrepayment@ihn.org](mailto:loanrepayment@ihn.org)

*Note: Do not send incomplete applications or you will put your application at risk of rejection.*

**Application Period: November 1st - December 31st**  
Review & Interview Period: December 31st - January 15th