

HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM QUARTERLY SERVICE VERIFICATION FORM

- Please return completed form to our office within **14 days** after the end of the quarter.
- In **January and July** of each year you must submit monthly payment history.
- Form must be fully completed – Do not leave blanks - Incomplete form will be returned.
- Form must be signed and dated on or after the last day of the quarter (Mar 31st, Jun 30th, Sept 30th, and Dec 31st).

PART A – TO BE COMPLETED BY RECIPIENT *(please print clearly)* *(if you work at multiple sites, submit a separate form for each one)*

Year: **2009** Service Quarter: Jan-Mar Apr-Jun Jul-Sep Oct-Dec

Name: _____ Phone: _____

Address: _____ Email: _____

Check here if new address, phone number or name change.

Hours worked per week: Total Actual Hours worked this quarter (*required*): *Include all paid hours – except - do not include overtime or on-call hours. Maximum service credit you can receive is 480 per quarter – required minimum is 240 service credit hours per quarter.*

I certify that I am serving as a health professional in a designated shortage area, at an approved eligible site in the state of Washington.

Signature: _____ **Date:** _____

PART B – TO BE COMPLETED BY FACILITY ADMINISTRATOR *(This section must be completed)*

Name of Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I certify under penalty of perjury that the information stated above is true and correct. The person named above is providing service as a health professional at the above named facility and is eligible for loan repayment for the above stated period.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

PART C – PROGRAM INFORMATION

<p>Mail to: Health Professional Loan Repayment Program Higher Education Coordinating Board PO Box 43430 Olympia WA 98504-3430</p>	<p>Or fax to: (360) 704-6242 Phone: (360) 596-4817 Email: chrisw@hecb.wa.gov</p>
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Allow 7-10 business days to process payment. Forms received more than 30 days after the end of the quarter may be subject to further delay in processing. All funds are to be applied to the approved educational lender(s) as identified in your Award Notification. Failure to fulfill the terms of the contract will result in termination of future disbursements and require you to repay the program at double penalty.

REMEMBER: If you are receiving your payments by EFT - it is your responsibility to contact OFM to update any changes to your address, name or bank account information. Our office cannot make those changes for you. Contact them at: (360) 664-7779 or email vendorhelpdesk@ofm.wa.gov