



**SECTION I. Applicant Information**

Name: Last:		First:		Middle:	
Mailing Address:		Street Address or PO Box			
City		State		ZIP Code	
County					
Physical Address:		Street Address			
<input type="checkbox"/> Same as the mailing address (if yes, go to phone #)					
City		State		ZIP Code	
County					
Telephone Number:			Email Address:		
Date of Birth:			Social Security Number:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnicity: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other			
Please select one: <input type="checkbox"/> I am a US Citizen OR <input type="checkbox"/> I am a US national, as defined by 8 U.S.C. 1401					

Provider Type (select only one):		
<input type="checkbox"/> Licensed Practical Nurse (LPN)	<input type="checkbox"/> Registered Nurse (RN)	<input type="checkbox"/> Advance Practice Registered Nurse (APRN)
<input type="checkbox"/> Autonomous Practice APRN	<input type="checkbox"/> Physician Assistant (PA)	<input type="checkbox"/> Physician (MD, DO)
Specialty (select only one)		
<input type="checkbox"/> Family/General Practice	<input type="checkbox"/> Gynecology	<input type="checkbox"/> Pediatrics (general)
<input type="checkbox"/> Internal Medicine (general)	<input type="checkbox"/> Obstetrics	<input type="checkbox"/> Psychiatry
<input type="checkbox"/> Other (option only for LPN, RN, and PA) Specify:		
Medical License Number:	National Provider Identifier (NPI) Number:(if applicable)	Medicaid Provider Number: (if applicable)

**SECTION II. Lender Information**

The number of educational loan lenders:

If you have 2 or more US-based educational loan lenders, please specify which lenders you have loans with, and how much you would like paid on each loan. Please be sure your total amount to be paid does not exceed the maximum allowed for your provider type.

Lender:	Principal Balance: \$	Amount to be paid: \$
Lender:	Principal Balance: \$	Amount to be paid: \$
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Max amounts to be paid by provider type: \$4,000 for LPN and RN; \$10,000 for APRN and PA; \$15,000 for autonomous practice APRN; and \$20,000 for physicians.

# Florida Reimbursement Assistance for Medical Education (FRAME) |

## Application

### SECTION IV. Educational Information

Please provide the information below for each certification or degree completed.

Educational Level	Completion Date	Institution Name	Institution City	Institution Country	Institution State
High School					
Certification					
Associate's Degree					
Bachelor's Degree					
Master's Degree					
Doctorate Degree					
Medical Degree					
Other					

### SECTION III. Employment Information

In what year did you first begin practicing in Florida?

How long have you practiced in a federally-designated HPSA located in Florida?    years,    months

I am an employee. Complete Employment Verification Form

Please select one:    I am in a practice with others, but not an employee. Complete Solo Practitioner Attestation.

I am a solo practitioner. Complete Solo Practitioner Attestation.

### SECTION V. Attestations

I hereby attest that all information and statements contained herein are true and do not misrepresent facts. I further attest that I have not evaded or suppressed any information contained in this application or any of the supporting materials. The information I have supplied on this application is complete, true, and accurate. To the best of my knowledge and belief, I am eligible for this program.

Furthermore, I attest that I am not currently receiving a state of Florida funded student loan repayment, that I have not applied to receive a state of Florida funded student loan repayment, nor do I intend to apply for a different state of Florida funded student loan repayment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

**NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.**