



Florida Reimbursement Assistance for Medical Education (FRAME) |

Loan Certification Form

SECTION I: Applicant Authorization (To be completed by the applicant.)
(Only principal loan balances submitted with FRAME application will be considered.)

This form must be submitted to your US-based educational loan lender. Allow adequate time for the lender(s) to comply with this request and return the form(s) to you. If you have more than one lender, a Loan Certification Form must be mailed to each lender. If the loan(s) has/have been sold to another lender or the loans are consolidated, submit this form to the current holder of the loan(s), not the original lender.

Applicant's Name:
Social Security Number: Home Telephone Number:
Address:
Street City State ZIP Code

Lender: I have applied for an award in the Florida Department of Health's FRAME program. The program assists health care providers with the repayment of student loans incurred toward a medical education. I hereby authorize you to release any information requested by the Florida Department of Health, FRAME, regarding my loan(s). The Florida Department of Health will disburse payments directly to you. This payment must be applied to the outstanding principal balance only.

Applicant's Signature Date Applicant's Printed Name

SECTION II: Lender Loan Certification
To be completed by Lender and returned to the applicant

Lender's Name:
Lender's Complete Address:
Lender's FEID Number: Borrower's Account Number:
Original Loan Amount: \$ Interest Rate: % Loan Payment Begin Date:
Monthly Payment: Principal: \$ Interest: \$ Total: \$ Due Date:
Is loan under any type of deferment? Yes No Date Deferment Ends:
Loan Balance: Principal: \$ Interest: \$ Total: \$

By signing below, I certify that 1) this borrower is not currently in default status regarding the referenced loan(s), 2) the loan(s) referenced above were for educational expenses and/or costs, and 3) were not consolidated with any non-educational loans.

Signature of staff certifying loan information Date Staff's Printed Name

Staff's Title Staff's Telephone Number

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.