



Florida Reimbursement Assistance for Medical Education (FRAME)

New Lender Registration Form

SECTION I: Borrower Account Information
To be completed by applicant

Applicant's Name:			
Social Security Number:		Borrowers Account 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. The Florida Department of Health requires all lenders to be registered with the state of Florida in order to receive third party payments on my behalf in the event that I am selected for an award. Please provide the requested information below.

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

Lender's Name:
Lender's Complete Payment Address:
Lender's FEID/EIN Number:
Lender registered to receive third party payments from the State of Florida: <input type="checkbox"/> Yes <input type="checkbox"/> No

In the event that your company has not previously completed its registration to enable the processing of payments from the State of Florida, please complete your vendor registration by following the guidance provided below:

1. A representative will need to visit the Florida Department of Financial Services State of Florida Vendor Portal website at <https://flvendor.myfloridacfo.com/>.
2. Create an account to enable the submission of the lenders Substitute W-9 Tax Form. Additional information pertaining to this requirement can be found by visiting <https://www.myfloridacfo.com/division/aa/vendors>.

If you have any questions regarding this process, please contact the Florida Department of Health FRAME Program via email at framesupport@flhealth.gov, or by phone at 850-841-8540.

By signing below, I certify that the provided information is correct and the lender registration to receive payments has been complete.

_____ 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.