Florida Reimbursement Assistance for Medical Education (FRAME) | Application

Please type or write legibly. Any illegible field will make this form incomplete.

SECTION 1. Applicant Information

Name: Last:	First:	Middle:	
Mailing Address: Street Address or PO Box			
City	State	ZIP Code	County
Physical Address: ☐ Same as the mailing address (if yes, go to phone #)		Street Address	
City	State	ZIP Code	County
Telephone Number:		Email Address:	
Date of Birth:		Social Security Number[1]:	
Gender: ☐ Male ☐ Female	Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Native American ☐ Other		
Please select one: ☐ I am a US Citizen OR ☐ I am a US national, as defined by 8 U.S.C. 1401			

I am licensed as: (select only one)

☐ Licensed Practical Nurse[2] (LPN) ☐ Registered Nurse[1] (RN) ☐ Advanced Practice Registered Nurse[1] (APRN)

☐ Autonomous Practice APRN[1,3] ☐ Physician Assistant (PA) ☐ Physician (MD, DO)

I provide direct patient care in the primary care field of: [4] (select only one)

☐ Family/General Practice ☐ Gynecology ☐ Pediatrics (general)

☐ Internal Medicine (general) ☐ Obstetrics ☐ Psychiatry (MD/DO only)

Medical License Number:	
National Provider Identifier (NPI) Number:	If none, why?
Medicaid Provider Number:	If none, why?

[1] **NOTICE OF COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS** - Florida law requires agencies that collect an individual's social security number to state in writing the purpose for its collection. The Department of Health is authorized to collect your social security number pursuant to 119.071(5)(a)2., Florida Statutes, because collection is imperative for the performance of the Department's duties and responsibilities as prescribed by law. This notice is provided pursuant to section 119.071(5)(a), Florida Statutes. For the FRAME program, established pursuant to section 1009.65, Florida Statutes, social security numbers are collected and used only for identification purposes and to ensure that loan reimbursement awards are properly applied to the correct individual's qualified loan with a financial institution. Social security numbers collected for this purpose will remain confidential.

[2] If you received an award from any other State of Florida-funded student loan repayment program since July 1 of the previous year you are not eligible for FRAME. This includes, but is not limited to, the loan reimbursement program offered by the Florida Department of Education.

[3] Autonomous Practice APRNs must be engaged in autonomous practice as defined in Section 464.0123(3)(a), F.S., in a primary care Health Professional Shortage Area (HPSA) with a HPSA score of at least 18. If you are not engaged in autonomous practice or not located in a HPSA with a high enough score, you should apply as an Advanced Practice Registered Nurse.

[4] If you are not actively practicing primary care, you are not eligible for this program, even if you did a residency in one of these categories.

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Applicant Name: _____
Please Type

SECTION 2. Loan Payment Preference

You may skip this section if you are requesting loan reimbursement from only one lender, even if you have multiple loans with your lender.

The number of educational loan lenders:

Please specify what portion of the allowable amount you wish to be applied to each lender you have a loan with.

Payment Preference	Lender	Principal Balance	Portion of Allowable Amount to be applied
1st Preference		$	%
2nd Preference		$	%
3rd Preference		$	%

SECTION 3. 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

How many employers do you currently have: _____

Employers (please list):

(You will need an Employment Verification Form from each employer, including yourself, if you are not an employee)

SECTION 4. 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 student loan repayment from a different state of Florida agency, that I have not applied to receive student loan repayment from a different state of Florida agency, nor do I intend to apply for student loan repayment from a different state of Florida agency.

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.