Florida Reimbursement Assistance for Medical Education (FRAME) |

Loan Certification Form

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

*This form must be submitted to all of your US-based[1] educational loan financial institutions. Allow adequate time for the financial institution(s) to comply with this request and return the form(s) to you.
If you have more than one financial institution, a Loan Certification Form must be sent to each financial institution.
*The information in this document must be added to your online application in the FRAMEworks portal, and this document **must** be uploaded to the FRAMEworks portal before you can finish and submit your application.
*If the loan(s) has/have been sold or transferred to another financial institution or the loans are consolidated, submit this form to the current holder of the loan(s), not the original financial institution.

Section 1: Applicant Information

1.1 Applicant's Name:

1.2 Borrower's Account Number:

1.3 Social Security Number:

Section 2: Loan Information
(Only principal loan balances are eligible for repayment.)
If you have more than one loan from any financial institution, you may enter loans up to the maximum allowed for your provider type, as found in 64W-4.006(1).

2.1 Lender's Name:

2.2 Lender's Complete Mailing Address for 3rd Party Payments:

2.3 Lender's Federal Employer Identification Number (FEIN/EIN):

2.4 Type of Loan: ☐ US Department of Education Student Loan   ☐ Private Loan

2.5 Original Loan Information			2.6 Monthly Payment Information[2]						2.7 Current Loan Balance			
Loan Payment Beginning Date	Principal Loan Amount	Interest Rate	Principal Amount	Interest Amount	Total	Day in the month that payment is due	Is the loan under any type of deferment/ forbearance/ grace period?	Date deferment/ forbearance/ grace period ends:	As of:	Principal	Interest	Total
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
Total	$0.00		$0.00	$0.00	$0.00					$0.00	$0.00	$0.00

[1] A "US-based" financial institution is headquartered within the United States. Financial institutions headquartered outside of the U.S. are considered foreign and are thus ineligible, even if they have branches in the US.
[2] If the loan is under any type of deferment/forbearance, please enter the monthly payment once the deferment/forbearance ends.

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Applicant's Name: _____

Section 2: Loan Information
(Continued)

Lender's Name:

Original Loan Information			Monthly Payment Information						Current Loan Balance			
Loan Payment Beginning Date	Principal Loan Amount	Interest Rate	Principal Amount:	Interest Amount	Total	Day in the month that payment is due	Is the loan under any type of deferment/ forbearance/ grace period?	Date deferment/ forbearance ends:	As of	Principal	Interest	Total
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
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					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
					$0.00							$0.00
Page 2 Total	$0.00		$0.00	$0.00	$0.00					$0.00	$0.00	$0.00
Page 1 Total	$0.00		$0.00	$0.00	$0.00					$0.00	$0.00	$0.00
Grand Total	**$0.00**		**$0.00**	**$0.00**	**$0.00**					**$0.00**	**$0.00**	**$0.00**

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Applicant's Name: _____

Section 3: Loan Attestation

Attestation: Option 1 - By Lender

By signing below, I certify that:
1) This loan is not currently in default status,
2) The loan referenced in Section 2 of this document is for educational expenses and/or costs,
3) The loan referenced in Section 2 of this document has not been previously consolidated with any non-educational loans, and
4) Any payment received from the Florida Department of Health shall be applied to the outstanding principal balance only.

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

_____   _____
Staff's Title   Staff's Telephone Number

Attestation: Option 2 - By Applicant

Applicant Loan Attestation Supplemental Documentation Requirements:
1) Completion of all loan information in Section 2 of this document.
2) A copy of a loan statement or other lender-generated loan documentation that includes the information required in Section 2 of this document.

By signing below, I hereby attest that: This loan is not currently in default status, the loan referenced in Section 2 of this document is for educational expenses and/or costs, and All information and statements contained herein are true and do not misrepresent fact. I further attest that I have not evaded or suppressed any information in this application or

_____ _____ _____
Applicant's Signature   Date   Applicant's Printed Name

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.

FDOH reserves the right to correct any field in the FRAMEworks database that does not match the information attested to in this document.

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.