



# Florida Reimbursement Assistance for Medical Education | FRAME

## Primary Care/Mental Health

### Loan Certification Form

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

This form must be submitted for each qualified loan. If you have more than one lender, a separate form must be submitted for each lender. If a US Department of Education loan has been transferred to another processor, you must notify the FRAME team immediately.

A copy of a loan statement or other lender-generated loan documentation that includes all information below, must be submitted as a PDF to the FRAMEworks portal. The loan documents must be current, within two months of application.

If you have more than one loan with the lender identified in Section 2, please combine the loan amounts.

#### SECTION 1: Applicant Information

Applicant's Name: \_\_\_\_\_

#### SECTION 2: Loan Information

(Only principal loan balances are eligible for repayment.)

Lender's Name: \_\_\_\_\_

Borrower's Account Number: \_\_\_\_\_

|                       |               |           |
|-----------------------|---------------|-----------|
| Current Loan Balance: | Principal: \$ | Total: \$ |
|-----------------------|---------------|-----------|

#### Section 3: Loan Attestation

By signing below, I certify that that the loan referenced in Section 2 of this document: (1) is not currently in default status; (2) is for educational expenses and/or costs; and (3) has not been previously combined with any non-educational loans.

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 any supporting materials. The information I have supplied on this attestation and all supporting documentation is complete, true, and accurate.

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

\_\_\_\_\_  
Date

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

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.**