



**AGREEMENT FOR
PRIMARY CARE PRACTITIONER LOAN REDEMPTION PROGRAM OF NEW JERSEY
(Year 3 & 4)**

WHEREAS, the New Jersey Legislature has established the Primary Care Practitioner Loan Redemption Program (“Program”) pursuant to the Health Care Cost Reduction Act of 1991 to promote health care services in medically underserved areas of the state; and

WHEREAS, the Higher Education Student Assistance Authority has received a grant from the National Health Service Corps to promote health care services in Health Professional Shortage Areas (HPSAs); and

WHEREAS, the Higher Education Student Assistance Authority will administer the Program; and

NOW, THEREFORE, in consideration of the terms and conditions contained herein,

I, _____, agree as follows:

Individual’s Name

1. For the period from _____ to _____, (Circle one: Year 3 Year 4),
I will provide primary care medical/dental services on a full time basis (minimum 35 hours), or a part-time basis pursuant to section 6 below, to patients in the Municipality of _____ County at the following practice site:*

Name

Address

2. I will provide these services to all regardless of ability to pay; will accept Medicaid patients and Medicare assignment.
3. At no time can extra employment interfere with my primary responsibility of full patient care services to the medically underserved.
4. The outstanding balance on my qualifying loans at the time I entered my first agreement for the Program, as defined by N.J.S.A. 18A:71C-32, was \$ _____, the “Loan”.
 - (a) I understand that under the Program, that if this agreement is for my third year in the program, I will receive a Loan redemption based on a calculation of 28% of the Loan after the third full year of service, and if this agreement is for my fourth year in the program I will receive a Loan redemption based on a calculation of 28% of the Loan at the end of the fourth year of service.
 - (b) I understand that, should the Loan be less than \$120,000, a pro-rated amount of interest costs for the Loan will be added to each annual payment.
 - (c) In no event shall Loan redemption exceed \$120,000 in total for all service performed as part of the Program.
 - (d) I understand that in no event shall Loan redemption exceed my outstanding balance on my qualifying loans at the time of payment, unless I am entitled to pro-rate interest amounts pursuant to section 4(b) above.
 - (e) Redemption checks shall be issued by the Higher Education Student Assistance Authority and made payable to the lending institution. If I am entitled to pro-rated interest amounts pursuant to section 4(b) above and I submit verification documents to substantiate that all qualifying loans have been paid in full, then the pro-rated interest checks will be made payable directly to me.
5. I understand that I am not obligated to complete any service period if I become ineligible for the program, nor shall I receive any consideration (or proration of the applicable annual payment) for completion of less than the required period listed above.
6. I understand that pursuant to N.J.S.A. 18A:71C-37 d. I am permitted to fulfill my third and fourth year service obligations on a part-time basis with the approval my employer. I further understand that if I



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fulfill my third and/or fourth year service obligation on a part-time basis my redemption credits accrue on a pro rata basis and I must attach an addendum to this agreement, signed by my employer, stating the hours I will be working and the date range required to fulfill the equivalent of one year of full-time service.

7. I have read a copy of the “LRP Policies and Procedures Manual” and agree to all the terms and conditions contained therein. In particular, to remain eligible for this Program I agree to:
- (a) remain a resident of the State of New Jersey;
 - (b) maintain a license/certification to practice medicine/dentistry in the State of New Jersey;
 - (c) remain current with payments on any qualifying student loan;
 - (d) maintain satisfactory performance and evaluation of my services.
 - (e) maintain a mutually acceptable contract with the placement site.
 - (f) deliver primary care services to patients at the approved site to which I am assigned a minimum of 40 hours per week if I am working full-time or for the agreed amount of hours needed to fulfill my service obligation, as listed on the addendum to this agreement, if I am working part-time.

I understand that any default in these terms and conditions may result in the termination of my participation in this Program and of this Agreement and result in my ineligibility for this Program. In addition, this Agreement may be terminated or I may be deemed ineligible if: (a) I am convicted of a felony or an act of gross negligence in the performance of any service; or (b) my license to practice as a primary care practitioner is suspended or revoked.

IN WITNESS WHEREOF, I hereby sign this Agreement as of the date written below.

By: _____

Signature of Individual *Date*

Name

Address

City *Zip Code*

Social Security Number

Sworn before me this _____ day of _____

Notary Public

ACCEPTED AND ACKNOWLEDGED BY THE HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY.

By: _____

Name *Date*

**Unauthorized changes in practice sites are a violation of this contract. Do not change the practice sites designated in this agreement without written authorization from the Higher Education Student Assistance Authority.*