



AGREEMENT FOR PRIMARY CARE PRACTITIONER LOAN REDEMPTION PROGRAM OF NEW JERSEY

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 _____, (Year 1 & 2), (Year 3), (Year 4)

I will provide primary care medical/dental services on a full time basis (minimum 40 hours) 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 sum total of qualifying loans through the Program is \$ _____, the “Loan”.
I understand that under the Program, at the end of the first full year of service, I will receive a Loan redemption in the amount of 18% of the Loan indicated above. At the end of the second full year of service, I will receive a Loan redemption in the amount of 26% of the Loan. After the third full year of service, I will receive a Loan redemption in the amount of 28% of the Loan. At the end of the fourth year of service, I will receive a Loan redemption in the amount of 28% of the Loan. 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. In no event shall Loan redemption exceed \$120,000 in total for all four years. Redemption checks shall be issued by the Higher Education Student Assistance Authority and made payable to the lending institution
5.
 - (a) I understand that the initial six (6) months of this service in the first year contract is a probationary period during which my performance and suitability to the program and practice site will be evaluated.
 - (b) I am not obligated to complete any service period (first through fourth year) 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.
 - (c) I understand that I am obligated to serve a minimum of two (2) years.
 - (d) I understand that should I nullify the contract before completing a second full year of service, I shall be required to pay 50% of the redeemed portion of indebtedness in not more than one year following nullification of this agreement. According to NJAC 9A: 16-2.6 Section B.4., if I fail to repay an amount due the program I may be



subject to litigation, offset of state tax refunds or rebates, reporting negative credit information to credit reporting agencies, ineligibility for any student assistance benefits administered by the Higher Education Student Assistance Authority, any of the information exchange or collection procedures set forth under Article 1 or to the extent loan redemption benefits are federally funded and as permitted by federal law, federal collection tools, including but not limited to, the Federal Treasury Offset Program. I will be liable for the debt incurred, interest on the debt, plus administrative costs and court costs associated with collection of the debt. Any amount not repaid when due will accrue interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States.

6. 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.*

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 medicine/dentistry 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 LRP.*