



State Grant and Special Programs
 Phone: 1-800-692-7392 Fax: 717-720-3786
 1200 North Seventh Street, Harrisburg, PA 17102-1444

New Economy Technology Scholarship (NETS) Program Out of State Medical Residency Deferment Request for Work Obligation

Section I - Student Information

**Pennsylvania Higher Education
 Assistance Agency (PHEAA)**

State Grant and Special Programs
 New Economy Technology Scholarship
 P.O. Box 8157
 Harrisburg, Pennsylvania 17105-8157
 Fax 717-720-3786

Please print the following information:

Account Number or SSN: _____

Name: _____ Date of Birth ___/___/___

Address: _____

City, State, Zip: _____

Telephone-Home: _____ Telephone-Other: _____

E-mail: _____

Section II - Deferment Request - Must be completed by recipient. See definition and certification statement on page 2.

I meet the qualifications on page 2 for this deferment, have provided the requested documentation, and request that the NETS employment obligation be deferred.

Student Agreement

I agree: (1) with the Certification Statement on page 2, (2) that my deferment will begin the date my full-time residency began, and (3) that this deferment will not be granted unless all applicable sections of this form are completed and documentation is submitted.

My plans to return to work in Pennsylvania are as follows: _____

Student Signature: _____ Date: _____

Section III - Authorized Residency Official's Certification

Instructions for Residency Official: Item (1), item (2) and item (3) of this section must be completed. The residency official, in lieu of completing this section, may attach the institution's employment verification report listing the required information.

I certify, to the best of my knowledge and belief that the person named above:

(1) Began a **full-time** continuous internship/residency on (MM-DD-YY) _____ - _____ - _____

(2) Is currently performing a **full-time** medical internship or residency: Yes No

(3) Is reasonably expected to complete his/her internship/residency on (MM-DD-YY) _____ - _____ - _____

Name of Healthcare Institution: _____ EIN (Federal Tax ID): _____

Address: _____ Telephone: () _____

City, State, Zip: _____

Signature of Authorized Official: _____ Date Signed: _____

Name/Title of Authorized Official: _____ E-mail Address: _____

Return completed form to PHEAA at address in Section I.

NETSMedicalResidencyDeferRequest.EmploymentForms.NETSEmployment.NETS

Qualifications for Deferment Information

Definition of Deferment:

A DEFERMENT is a period during which I am entitled to postpone fulfillment of the NETS employment obligation agreed to in the New Economy Technology Scholarship Master Promissory Note(s) I signed. This deferment may not exceed six years in duration.

Certification Statement:

(1) I am enrolled in a FULL-TIME medical internship or residency at a healthcare institution outside of Pennsylvania because I was unable to secure one in my specialty within Pennsylvania (documentation is attached). (2) The information provided in Section I on page 1 is true and correct; (3) I will provide continued verification, every six months, to PHEAA to support my continued deferment status; (4) I will notify PHEAA immediately when the condition that qualified me for the deferment ends; and (5) I have read, understand, and meet the requirements of the deferment (noted above and on page 1) for which I have applied.

Post-Deferment Work Obligation:

Within 12 months of the end of the deferment period, I will be required to begin full-time employment in Pennsylvania in a field related to a NETS approved program of study. In addition, I must work full-time for one year (12 months) for each **academic year** (2 semesters or 3 quarter terms) of full-time NETS funds I received. Each full-time semester award carries a 6-month work obligation and each full-time quarter award carries a 4-month work obligation. Likewise, each half-time semester award carries a 3-month work obligation and each half-time quarter award carries a 2-month work obligation.