

REGENTS PHYSICIAN LOAN FORGIVENESS AWARD PROGRAM

Candidate Information Bulletin 2025 Competition

All applications must be postmarked by
July 11, 2025

Awards are contingent upon appropriation of funds by the 2025
Session of the New York State Legislature.

The University of the State of New York
THE STATE EDUCATION DEPARTMENT

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THE UNIVERSITY OF THE STATE OF NEW YORK

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Application for the 2025 Regents Physician Loan Forgiveness Award Program

I. GENERAL PROGRAM INFORMATION

This Bulletin provides information about the State-funded Regents Physician Loan Forgiveness Award Program. In 2025 (pending the appropriation of State funds during the 2025 session of the New York State Legislature), 80 awards will be granted to physicians who agree to practice primary care medicine in an area of New York State designated by the Board of Regents as having a shortage of physicians. Award amount is based on undergraduate and medical school student loan amount and loan interest expense.

Award recipients will receive two annual payments of up to \$10,000 each year for two years. Recipients who have incurred more than \$20,000 in eligible expenses may apply for an additional two-year award. The amount of the award received will be based upon the amount of undergraduate and medical school loans and loan interest expense incurred by the physician.

Offer for 2025 awards will begin to be made to eligible individual in July 2025. Applications who are unsuccessful in this competition may compete in subsequent years, provided they continue to meet the eligibility requirements.

II. ELIGIBILITY

To be considered for a Regents Physician Loan Forgiveness Awards, application must meet the following eligibility criteria:

- c. Temporary protected status, pursuant to the Federal Immigration Act of 1990
- d.

served. **However, in no case shall the total number of months of service required by less than twenty-four.** Award recipients must agree to serve all patients regardless of ability to pay. A sliding fee scale can be established for the uninsured based on income. Physicians in training who receive an award will not receive credit toward their required service for time spent in training programs. Payments received during training will be for service expected after training is completed. Such service will commence within six months from the date of notification of the award or within three months of completion of residence if the recipient is presently in a residency program.

Recipients further acknowledge that if he/she fails to comply with requirements concerning this service agreement, the full amount of all award monies plus interest will be subject to repayment. The repayment amount will be determined by the formula:

$$A = \frac{2 * B(t - s)}{t}$$

in which "A" is the amount to be repaid; "B" is the sum of all payments made to the recipient and the interest on this amount which would be payable if, at the time such payment were made they were loans bearing interest at the maximum prevailing rate; "t" is the total number of months of obligation to the recipient.

V. SELECTION CRITERIA

conducting this award competition and designating award recipients. The processing of award payments, however, is assigned to the Higher Education Services Corporation (HESC), a separate State agency. **HESC will verify your student loan information and employment prior to making payment.**

IX. DESIGNATED SHORTAGE AREAS

There have been changes in the approved practice areas; some areas may be removed from the designated list and some new areas added. **Award recipients are limited to practice opportunities in certain areas, or sites or serving populations approved for the year in which they begin practice.** A State-obligated physician who is practicing in an area or at a site or serving a population that was designated at the time of placement would continue to receive service credit even if that area, site, or

Section I: Identifying Data

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Section II: Professional Background

Provide the Name and Address of the medical school from which you graduated.

Date of graduation ____ / ____ / ____
mo. day yr.

Provide the Name and Address of the hospital/facility in which you served/are serving your residency and date of completion.

Date of completion: ____ / ____ / ____
mo. day yr.

Are you currently licensed to practice medicine in New York State?
Yes No

If yes, give your license number: _____

Date issued: ____ / ____ / ____
mo. day yr.

Please check your specialty

- Obstetrics
- Family Practice
- Pediatrics
- Internal Medicine
- Psychiatry
- Emergency Medicine

Are you Board eligible? Yes No

Are you Board certified? Yes No

Please provide the following information for the site at which you are physically working.

Site Name: _____ Date started: ____ / ____ / ____
mo. day yr.

Street Address: _____

City: _____ State: _____ Zip code: _____ County: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Employer (If different than site) _____

Street Address: _____

Section IV: Reference (new applicants only)

List the names and addresses of two people who are not related to you, who know you well, and who are in a position to comment on your professional ability and/or interest in practicing medicine in an area of New York State designated by the Regents as having a shortage of physicians. Current employers, supervisors, or instructors are preferred.

Name	Address	Telephone

Please attach a statement in 200 words or less recommending yourself for a Regents Forgiveness Loan Forgiveness Award. d. Comment on your