TO ALL RECIPIENTS OF FEDERAL TITLE VII FUNDING:
(Loans for Disadvantaged Students, Primary Care Loan, Health Professions Student Loan)

The Title VII HRSA programs provide substantive awards to schools such as ours to increase primary care, minority and disadvantaged students’ retention and graduation. Our school requires, all Awardees to sign a letter of commitment and compliance in order to receive their funds. Please check the boxes below, provide your initials after each statement, date and affix your signature below.

I. ____________________________________________________________________________________________, understand that if I do not fulfill the following then federal regulations require that I return all Title VII funds that I have received during the quarter in which I no longer meet the requirements. However, these Title VII awards may be replaced with other funding for which I am eligible. In addition, as long as I am receiving Title VII funding it is my intention to,

REMAIN enrolled as a full-time student in the medical school curriculum at UCSD. _____ (initial here)

MAINTAIN good academic standing. _____ (initial here)

COMPLY with all Title VII HRSA data requests during all years in the medical school curriculum or pharmacy school curriculum. _____ (initial here)

RESIDENCY TRAINING AND PRACTICE PLANS:

Please circle the appropriate response:

I. DO / DO NOT intend to serve in a medically-underserved community. Over →

I. DO / DO NOT intend to practice in a primary care field. Over →

I. DO / DO NOT intend to serve in a rural area. Over →

I. AM / AM NOT from a rural background. Over →

By completing and signing this form I acknowledge and certify my understanding of the terms, conditions and requirements associated with Title VII HRSA funds.

Signature: ________________________________ Print Name: ________________________________

UCSD Student ID#: ______________________ Class Level: _______ Date: ______________________
**Definition of Medically-Underserved Community:** Medically-underserved communities are designated as having shortages of primary medical care, dental or mental health providers and may be geographic (a county or service area), demographic (e.g., low income or Medicaid eligible) or institutional (e.g., federally qualified health centers, or state or federal prisons). Medically-underserved communities are areas or populations designated as having: too few primary care providers, high infant mortality, high poverty and/or high elderly populations.

The term “Medically-Underserved Community” means an urban or rural area or population that:

(A) is eligible for designation under Section 332 of the PHS Act as a health professional shortage area (HPSA);

(B) is eligible to be served by a migrant health center under Section 329 [now 330(g)] of the PHS Act, a community health center under Section 330 of the PHS Act, a grantee under Section 330(h) of the PHS Act (relating to homeless individuals), or a grantee under Section 340A [now 330(i)] of the PHS Act (relating to residents of public housing);

(C) has a shortage of personal health services, as determined under criteria issued by the Secretary under Section 1861(aa)(2) of the Social Security Act (relating to rural health clinics); or

(D) is designated by a state governor (in consultation with the medical community) as a shortage area or medically-underserved community.


**Examples of General Primary Care Fields:** Family Medicine, Internal Medicine, Pediatrics, combined Medicine/Pediatrics, Preventive Medicine, General Medicine. Practice activities include Occupational Medicine, Public Health, Public Policy Fellowship, Geriatrics, Adolescent Medicine, Sports Medicine.

**Definition of Rural Area, Rural Background:**
Rural = 2,500-49,999 people, not on the outskirts of metropolitan area
Remote = less than 2,500 people, isolated community