

YOU CAN RETURN THIS FORM ONLINE BY UPLOADING THE COMPLETED FORM AND ANY SUPPORTING DOCUMENTATION.

How do I upload the form and supporting documents?

Step 1: To upload the completed form and any supporting documentation, you must sign in to your online account at heartland.ecsi.net.

Step 2: Select the account you want to apply the deferment to by Viewing the Account.

Step 3: Under the **Documents Section**, click on the **Download or Upload Entitlement Form** button located at the top of the Documents page.

Step 3: Set the response to "Have you downloaded the entitlement form yet?" to **Yes**.

Step 4: Select the form name that you are uploading from the **Select a Form** dropdown list.

Step 5: Click on the **Choose a File to Upload** link and select the file you would like to upload. You can upload up to 5 documents per entitlement form type.

IMPORTANT: The file format for the document(s) that you upload must be PDF. The file size for each file uploaded must be less than 4MB per file.

Step 6: Once you have added all of the documents you would like to upload, click on the **Submit** button. You will receive an on-page confirmation that your documents have been uploaded successfully.

You can view the documents you uploaded under the Entitlement Documents section on the Documents page.

Don't have an online account?

Go to heartland.ecsi.net, click on the **Help Center**, and select **Are You New to Heartland ECSI**. Follow the instructions to Create a Profile and Connect an Account.

You can also return this form via U.S. Mail at the address listed on the form.

INSTRUCTIONS FOR COMPLETING THE POST-RESIDENCY CERTIFICATION FORM

Complete this certification form. If you don't have an SSN, please leave this field blank. Along with completing all requested information, please list your most frequently used email address to expedite communication about the status of your form.

You must sign and date this form in the fields specified on the form. Your signature must be a digital signature or an ink signature. Digital signatures include an uploaded image of your handwritten signature, drawing your signature with a cursor or stylus on a touch device, or an authenticated signature using a mathematical algorithm (such as Adobe Signature). **Typed signatures will not be accepted.** If the form is not properly signed, your request will be rejected.

Failure to submit this form timely and annually could result in an interest penalty imposed.

IMPORTANT: You must sign and date this form no more than 45 days before you submit the form.

**PRIMARY CARE LOAN PROGRAM
POST-RESIDENCY CERTIFICATION FORM**

As a Primary Care Loan recipient, you are required to practice primary health care. Please complete and return this form. An annual self-certification is required to avoid interest penalty.

Name: _____ Last 4 SSN: _____

Cell/Home Phone: _____ Student ID: _____

Home Address: _____

Email Address: _____

Name of Employer: _____ Work Phone: _____

Employer Address: _____

CURRENT PRACTICE

Family Medicine

General Internal Medicine

General Pediatrics

Preventative Medicine

Osteopathic General Practice

General Dentistry

BORROWER CERTIFICATION

I certify that the information contained on this Certification Form is accurate and that I am in compliance with the obligations specified in my Primary Care Loan Promissory Note for Primary Health Care Service.

Signature

Date

Please submit completed form to:



Indiana University
1024 E 3rd Street Room 122
Bloomington, IN 47405