

## CHASE HEALTH EDUCATION RESIDENCY LOAN RESIDENCY / INTERNSHIP PROGRAM CERTIFICATION FORM

**Directions to the Student Applicant:**

- Complete the Section A of the form below.
- Ask an official from your school's registrar's office, bursar's office, financial aid office, resident hospital, or internship program to complete the certification Section B below.
- Please mail the completed form to:

Chase Health Education Program Processing Center  
c/o Great Lakes Higher Education Loan Services, Inc.  
P.O. Box 64080  
St. Paul, MN 55164-0080

<b>SECTION A.</b>	<b>APPLICANT INFORMATION</b>
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Name:

Date of birth:	SSN:	Phone:
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Current address:

City:	State:	ZIP Code:
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Medical School Graduation Date:

School/Resident Hospital or Internship Program Name:

City:	State:	ZIP Code:
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Please Select the Intended Use(s):

Residency interview and/or relocation expenses <input type="checkbox"/>	Internship interview and/or relocation expenses <input type="checkbox"/>	Medical boards and/or clinical exam related expenses <input type="checkbox"/>
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<b>SECTION B.</b>	<b>SCHOOL/RESIDENT HOSPITAL SECTION</b>
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School/Resident Hospital or Internship Program Name:

Address:	Phone:
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City:	State:	ZIP Code:
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School Official/Program Administrator Name:

Title:

Phone:

<b>CERTIFICATION</b>
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I understand by signing below, I certify that the information provided above is true, complete and accurate to the best of my knowledge and belief.

Signature of Official/Administrator	Title:	Date
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