

UNIVERSITY OF COLORADO DENVER (UCD)
Health Information Technology (HITEC) Scholarship
Recipient Agreement – Fall 2011

In accepting the scholarship funds awarded by the Office of the National Coordinator (ONC) for the Health Information Technology (HITEC) University-Based Training Program, I understand and agree to comply with the following conditions:

1. I will pursue a Certificate or Masters Degree in Health Information Technology at the University of Colorado Denver. I understand that Certificate students must complete the program in one year from the initiation of the scholarship. I understand that Masters Degree students must complete the program in two years from the initiation of the scholarship.
2. I understand that this is a HIT workforce development program and acknowledge that I am new to the HIT workforce.
3. I will register for at least six credits each fall and spring semester, and three credits in the summer term taking courses in the certificate or masters program as specified above in order for this award to be applied to my account.
4. I understand that UCD may choose to withdraw the scholarship award if I am unable to maintain satisfactory academic performance during the course of my studies at UCD.
5. If accepted into the program, I will complete the Federal Financial Report (PHS-2271) as required by law prior to starting any coursework.
6. I understand that recipients of the Masters Degree stipend are bound to Section 117 of the Internal Revenue Code for tax treatment of scholarships.
7. The maximum amount of tuition and fees payable to a certificate student is \$10,000. I will be responsible for any fees that exceed that amount.
8. Upon graduation from the program, I will seek employment in the area of Health Information Technology and to comply with the reporting requirements of paragraph 7 below.
9. I will comply with the provisions of Colorado HB 1023 which requires that students who apply for public benefits from the state of Colorado must sign an affidavit attesting to their lawful presence in the United States and submit certain identification demonstrating their lawful presence in the United States.
10. If I do not complete the certificate or masters degree program within the timeframe specified, I will forfeit the fellowship and will repay all the scholarship funds to UCD.
11. I will provide UCD with annual status reports for three years after graduation with documentation of employment that meets the tracking criteria required to provide to ONC.
12. The terms and conditions of this Agreement will be governed by the laws of the state of Colorado.

Signature: _____ Date: _____

Printed Name: _____

Certificate Program: (<i>select one</i>)	Executive Clinical Leader	Health IT Subspecialist
Health Information Management/Exchange Specialist		Masters Degree

Start date: August 22, 2011

Projected end date: August 20, 2012