



State of Wisconsin Higher Educational Aids Board

Scott Walker
Governor

P.O. Box 7885
Madison, WI 53707-7885

Telephone: (608) 267-2206
Fax: (608) 267-2808

E-Mail: HEABmail@wisconsin.gov

Web Page: <http://heab.wisconsin.gov>

John Reinemann
Executive Secretary

PRIMARY CARE AND PSYCHIATRY SHORTAGE GRANT

Notice of Intent to Practice in an Underserved Area in the State of Wisconsin

Applicant Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Graduate Medical Education Training Program Information

I am currently enrolled in or recently graduated from a Graduate Medical Education Training Program and my area of specialty or subspecialty is:

Primary Care:

Family Practice

Internal Medicine

Pediatric

General Surgery

Psychiatry:

Psychiatry

Child Psychiatry

Anticipated or Actual Date of Program Completion: _____

Residency Program Name: _____ City: _____ State: _____

Medical School Attended: _____ City: _____ State: _____

Statement of Intent

I attest that, as of today, I have not accepted employment or am I in any other way affiliated as a physician in an underserved area in the state of Wisconsin. However, I intend to seek such employment within one of the specialties or subspecialties listed above. I understand that once I am employed within this capacity in an underserved area in the state of Wisconsin, I must complete and submit a Claim for Financial Assistance to the Higher Educational Aids Board in order for my application to be further considered.

Signature: _____

Date: _____

Original or electronic signatures will be accepted.

Return completed forms to:

Mail: HEAB-PCPSG
PO Box 7885
Madison WI 53707

Email: Deanna.schulz@wi.gov
Fax: 608-267-2808

For more information, contact:

Deanna Schulz
Phone: 608-267-2212
Email: Deanna.schulz@wi.gov