State of Wisconsin
Higher Educational Aids Board

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Tony Evers
Governor

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
- ☐ Pediatric
- ☐ Internal Medicine
- ☐ 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 intend to seek 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: joy.dyer@wisconsin.gov
Fax: 608-267-2808

For more information, contact:

Joy Dyer
Phone: 608-267-2212
Email: joy.dyer@wisconsin.gov