

**IOWA OSTEOPATHIC FORGIVABLE LOAN  
2010-2011  
RESIDENT/INTERN CERTIFICATION – DEFERMENT FORM**

**PURPOSE:** Recipients of an Iowa Osteopathic Forgivable Loan must practice, full time, in the State of Iowa for two years or repay the loan plus accrued interest. In order to postpone repayment or practice obligation while completing residency or fellowship requirements, loan recipients are required to complete and return this form annually.

To receive deferment during your residency/fellowship, please complete and mail this form to:

Iowa Osteopathic Forgivable Loan Program  
Iowa College Student Aid Commission  
603 E 12<sup>th</sup> Street, FL 5th  
Des Moines, IA 50319

**Part I -- To be Completed by Loan Recipient**

Name \_\_\_\_\_ Last 4 digits of SSN \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date you expect to begin practicing in Iowa: \_\_\_\_\_ (mo/yr)

**PART II -- To Be Completed by Certifying Official**

**I certify that the above listed resident/intern is occupying a full-time residency/fellowship position at the medical facility listed below during the following time period:**

Start Date of Residency \_\_\_\_\_ Expected Completion Date of Residency \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Verifying Official)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Please type or print)

Name of Medical Facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*Questions regarding this form and the Iowa Osteopathic Forgivable Loan Program can be directed to Luann Beckel at (515) 725-3461 or [luann.beckel@iowa.gov](mailto:luann.beckel@iowa.gov).*