



# State of Wisconsin Higher Educational Aids Board

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Tony Evers  
Governor

Connie Hutchison, PhD  
Executive Secretary

## Health Services Scholarship Program Verification of Practice Form

An individual may submit a Verification of Practice Form if: 1) the individual has a valid Notice of Intent to Practice in a Health Shortage Area in the State of Wisconsin Form on file with the Higher Educational Aids Board (HEAB); 2) the individual has completed a Health Care Training Program in the State of Wisconsin in a qualifying specialty or sub-specialty; and 3) the individual has practiced for at least **12 months** after completing the program in an area that qualified as a **designated Health Shortage Area in the State of Wisconsin at the start of the individual's employment.**

A scholarship recipient must annually submit the Verification of Practice Form to HEAB. To fulfill the scholarship requirements, a scholarship recipient must be employed in an approved Health Shortage Area in the State of Wisconsin for a period equal to **18 months for each annual scholarship accepted by the recipient.** If the scholarship recipient fails to practice in a designated Health Shortage Area in this state for the required period, she or he must repay to the state an amount equal to the **total dollar amount of annual scholarships awarded to the student multiplied by the student's repayment liability percentage.** The scholarship then becomes a loan.

**Scholarship Recipients:** Please complete sections A, B, C and D; section E must be completed by your employer. Please mail completed forms, along with any required documentation (see Mailing Instructions below), annually to HEAB.

### Section A: SCHOLARSHIP RECIPIENT INFORMATION

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Social security number is required for reporting award disbursement to the IRS.

### Section B: EMPLOYMENT INFORMATION

I am currently practicing in my area of specialty or sub-specialty as a:

- Primary Care Physician     Physician's Assistant     Nurse Practitioner  
 Dentist     Psychiatrist

Name of Employer or Affiliated Organization: \_\_\_\_\_

Work Address (physical location): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date employment offer accepted: \_\_\_\_\_ Date employment began: \_\_\_\_\_

**Section C: PRACTICING IN A HEALTH SHORTAGE AREA**

Through employment listed in section B, I am currently practicing in the following type of Health Shortage Area in Wisconsin:

*Note: If HPSA, the HPSA designation must be in your discipline (primary care, dental, or mental health).*

- HPSA-Geographic Area                       HPSA-Population Group                       HPSA-Facility
- MUA/MUP     Governor’s Designated Shortage Area for Rural Health Clinics

Average number of hours per week that you are practicing in the underserved area(s): \_\_\_\_\_

**Section D: SCHOLARSHIP RECIPIENT CERTIFICATION**

I certify that the information listed in sections A, B, and C is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section E: EMPLOYER CERTIFICATION**

As a representative of the organization listed in Section B of this form, I certify that the information provided on this form is correct and the scholarship recipient is currently an employee or affiliated with this organization.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mailing Instructions:** Annually mail the completed Verification of Practice Form to HEAB. If this is the first time you are submitting a Verification of Practice Form, you must also provide proof of a permanent dental, medical, or mental health license, physician’s assistant or nurse practitioner’s license in the State of Wisconsin, as well as proof of completion of a Health Care Training Program in the State of Wisconsin in a specialty or sub-specialty as indicated in section B.

**Mail all documentation to:**  
HEAB-HSSP  
PO Box 7885  
Madison, WI 53707-7885

**For questions, please contact:**  
Joy Dyer, HEAB Grant Specialist  
Phone: 608-267-2212  
Email: [joy.dyer@wi.gov](mailto:joy.dyer@wi.gov)