Well-Ahead Louisiana Primary Care Office

State Loan Repayment Program

# Attestation of No Other Obligation

I, Applicant’s Name, hereby declare and certify, under penalty of the authority of Section 338 of the Public Health Service Act (42 USC 254-1), that I am not under any obligation from any other loan, scholarship or contract involving any stipend, allowance or any other incentive to provide health professional service to the federal government, a State or local government, an employer or any other entity, unless such obligation is completely satisfied prior to the beginning of this contract with the Louisiana State Loan Repayment Program.

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Applicant Signature Date

I, Applicant’s Name of Parish of Residence Parish hereby declare and certify, under penalty of the authority of Section 338 of the Public Health Service Act (42 USC 254-1), that Applicant’s Employer has not offered Applicant’s Name any loan, scholarship or contract involving any stipend, allowance or any other incentive to provide health professional service to the residents of Parish of Employment Parish unless such obligation has been completely satisfied prior to the beginning of this contract for the Louisiana State Loan Repayment Program.

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Applicant Signature Date