



# State of Wisconsin Higher Educational Aids Board

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Connie Hutchison, PhD  
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       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](mailto:joy.dyer@wisconsin.gov)  
Fax: 608-267-2808

For more information, contact:

Joy Dyer  
Phone: 608-267-2212  
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