



State of Wisconsin Higher Educational Aids Board

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Tony Evers
Governor

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
Fax: 608-267-2808

For more information, contact:

Joy Dyer
Phone: 608-267-2212
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