

**UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL LEARNING CONTRACT
REQUEST FOR *CANCELLATION* OF LEARNING CONTRACT**

PART 1 - GENERAL INFORMATION (to be completed by borrower - please print or type)

_____ NAME OF BORROWER	LRN04A _____ SOCIAL SECURITY NUMBER
_____ NAME USED AT UMMS	_____ CLASS YEAR or GRADUATION/SEPARATION DATE FROM UMMS
_____ STREET ADDRESS	(_____) _____ HOME TELEPHONE NUMBER
_____ CITY STATE ZIP CODE	(_____) _____ WORK TELEPHONE NUMBER
_____ EMAIL ADDRESS	_____ EMPLID

PART 2 – CERTIFICATION and Description of duties.

I declare that 1) I was engaged in the full-time practice of health care in a manner consistent with my medical education and training, as indicated below, the equivalent of 24 or 48 consecutive months (as specified in contract) within the Commonwealth of Massachusetts, and 2) I began qualified practice no later than 6 months following completion of internship, residency, or fellowship, whichever occurred latest. Activities required for residency do not qualify.

- A.** Place of Employment: _____
- B.** In what county is your employer located? _____
- C.** 1) Full time: _____ or 2) Part-time _____ if part-time, Number of hours worked per week? _____
- D.** Dates of employment: from: ____/____/____ to: ____/____/____
- E.** I certify that I was engaged in the following practice of health care in a manner consistent within my medical education and training as a PHYSICIAN in:
Please check 1, 2, 3 or 4:
- 1) _____ **PRIMARY CARE**
_____ Type (A-E: See list on reverse.)
 - 2) _____ **PUBLIC SERVICE**
_____ Type (A-J: See list on reverse.)
 - 3) _____ **COMMUNITY SERVICE**
_____ Type (A-D: See list on reverse.)
 - 4) _____ **UNDER-SERVED (Must be pre-approved by UMMS)**

SIGNATURE OF BORROWER	DATE

PART 3-CERTIFICATION BY A THIRD PARTY AUTHORIZED BY SERVICE SITE (Program Director, Supervisor, Business Manager, or Equivalent)

I certify under the pains and penalties of perjury that this MD's declaration of service provided within the Commonwealth of Massachusetts, beginning and ending dates, and description of duties are true and correct.

_____ INSTITUTION	_____ DEPARTMENT/PROGRAM
_____ ADDRESS	_____ CITY/STATE/ZIP

SIGNATURE	PRINTED NAME	TITLE	DATE
→ (PROGRAM DIRECTOR, SUPERVISOR, BUSINESS MANAGER, or EQUIVALENT)			

**University of Massachusetts Chan Medical School Learning Contract
Request for Cancellation of Learning Contract**

INSTRUCTIONS

1. Complete Part 1: General Information
2. Complete Part 2: Indicate employer, full- or part-time status, provide dates of the full term of service, *service type, sign, and date.

*If you provided service at more than one site, you will need to complete a Cancellation Form for each site.
3. Complete Part 3: Have this certified by an authorized employer representative who clearly indicates his or her job title.
4. Return Completed, Signed and Certified form to:

**UMASS Chan Medical School
Financial Aid Office
55 Lake Ave. North
Worcester, MA 01655
Attn: Tina Sasseville S1-416**

PHYSICIAN SERVICE TYPES

(All service must be performed in the Commonwealth of Massachusetts)

- 1. Primary Care Physician**
 - A. Family Medicine
 - B. General Internal Medicine
 - C. General Pediatrics
 - D. Preventive Medicine
 - E. Obstetrics and Gynecology
- 2. Public Service**
 - A. Municipal or County Hospital
 - B. Correctional Facility
 - C. Public Health Site (state or local)
 - D. Medical Examiner (state or local)
 - E. Veterans Administration
 - F. Municipal or state owned facility; e.g., Soldiers Home or long term care facility
 - G. Other agencies of state government. This category requires pre-approval from UMMS
 - H. State Mental Health Facility
 - I. An agency that receives at least 50% of its funding from the Commonwealth or Medicaid program
 - J. An agency located in a community with a disproportionate share of low-income citizens or an agency whose clients are primarily low-income and without medical insurance. This category requires pre-approval from UMMS.
- 3. Community Service**
 - A. Homeless Health Program
 - B. HIV/AIDS Organization
 - C. Clinical specialty services at a Community Health Center
 - D. Clinical specialty services at a non-governmental health and human services agency; e.g., Domestic Violence Programs, Child Abuse Programs, etc.
- 4. Underserved Area**

All service provided under this category **requires pre-approval** by UMMS.