



Specialty Education Loan Repayment Program (SELRP)

Mobility Agreement

PRIVACY ACT NOTICE

The VA is asking you to provide the information on this form under the authority of 38 U.S.C. §7693 (SELRP) in order for VA to determine the applicant's eligibility to receive a scholarship award. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information for: civil or criminal law enforcement; congressional communications; the collection of money owed to the United States; litigation in which the United States is a party or has interest; the administration of VA training and scholarship programs, including verification of the applicant's eligibility to participate; and personnel administration. You do not have to provide this information to VA but, if you do not, VA may be unable to process the applicant's request for a scholarship. If you give VA a social security number, VA will use it to obtain information relevant to determining whether to grant a scholarship, and to administer the applicant's scholarship, if awarded. It also may be used for other purposes authorized or required by law.

The purpose of the Specialty Education Loan Repayment Program is to assist, through the establishment of an incentive program for certain individuals employed in the Veterans Health Administration, in meeting the staffing needs of the Veterans Health Administration for physicians in medical specialties for which the Secretary determines recruitment or retention of qualified personnel is difficult.

Name of Applicant (*Last, First, MI*):

SSN (Last 4 Only):

Initial Here	<input type="checkbox"/>	I understand that while my preferences will be considered to the extent possible, my initial assignment after graduation and completion of my licensure/certification, will be made based on the needs of the Veterans Health Administration and I may be required to accept assignment at any VHA facility where my services are needed.
Initial Here	<input type="checkbox"/>	I agree to relocate, if necessary, at my own expense to complete my service obligation period in accordance with Sections B.1 of my SELRP Participant Agreement.
Initial Here	<input type="checkbox"/>	I understand if my initial assignment is not offered at my facility of choice, relocation benefits will not be paid by the Scholarships and Clinical Education Office.
Initial Here	<input type="checkbox"/>	I understand, if I refuse to relocate for my initial assignment I am subject to the provisions of Section C.2. of my SELRP Participant Agreement.

Certification of Accuracy

I acknowledge that by accepting this scholarship, I hereby agree to abide by the terms of this Mobility Agreement.
(Inaccurate data may cause the student to lose funding.)

Name (Print)

Signature of Program Participant

Date

Phone Number (*include area code*)

E-mail Address