Objective
The objective is to provide payment intended to assist with repayment of medical education loans to faculty physicians employed by the School of Community Medicine at the University of Oklahoma College of Medicine, Tulsa who commit to clinical practice for mutually agreed upon underserved populations in Oklahoma.

Eligibility
The recipient must be employed at the University of Oklahoma College of Medicine, School of Community Medicine in Tulsa, Oklahoma as a full-time faculty physician with a rank no higher than Assistant Professor.

Geographic Eligibility
- Faculty physicians are obligated to provide clinical services as a physician within the state of Oklahoma through an approved medical practice or medical organization.
- Specifically, the practice situation must be approved by the School of Community Medicine Financial Incentives Policy Committee.

Amount of Financial Incentives
The faculty physician will receive a financial incentive for the purposes of loan repayment of $__________ per month, up to a total of $__________ per year for ________ years. Since the intent of the financial incentive is to decrease the amount of outstanding educational loans, the recipient will be required to show evidence of educational loans.

Service Obligation
- For each month the recipient receives a financial incentive he/she is expected to serve a month of approved service with a minimum service obligation of twelve (12) months.
- Faculty recipients shall begin to receive benefits when they commence practice.

Default of Service Obligation
- If any recipient fails to meet their service obligation, the recipient shall repay to the SOCM the entire amount of the financial award, including the principal with interest thereon at the rate of prime plus one percent per annum from and after the date that the Recipient receives the scholarship. The School of Community Medicine shall also be entitled to recover damages in an amount equal to 100% of the principal.
By the signature below, the recipient agrees to observe, abide by, and be governed by the University of Oklahoma College of Medicine’s School of Community Medicine Financial Incentives Policy Committee.

Physician Printed Name: ____________________________
Physician Signature: ____________________________  Date: __________

For the University: ____________________________
Printed Name

For the University: ____________________________  Date: __________
Signature