

DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

Health Resources and  
Services Administration  
Rockville MD 20857

Bureau of Health Professions

APR 17 1984

Dear Financial Aid Officer:

The enclosed table identifies Health Education Assistance Loan (HEAL) borrowers scheduled to graduate between April and June 1984. The table displays the amount borrowed and the lender.

Although the HEAL regulations do not require an exit interview, we encourage you to counsel each borrower, either individually or in groups, concerning their responsibilities as slated in Section 60.8 of the regulations, and as summarized below:

- the borrower must pay all bills on time; and
- the borrower must keep the lender informed of his/her whereabouts and any change in status.

The HEAL Lender/School Manual contains an EXIT INTERVIEW FORM as Exhibit VI-1.

We request that you encourage HEAL borrowers who are entering deferment to pay the interest on their loans. By paying the interest as it comes due, borrowers will preclude the interest compounding and thus decrease the dollars ultimately repaid. In addition, borrowers in deferment must complete the HEAL BORROWER STATUS FORM and return it to the lender. This is required by regulation, but more importantly will preclude a lender from erroneously placing a borrower in repayment status.

We hope this information is helpful and will appreciate any reaction that you have to this approach. Please call the HEAL Branch at 301 443-1540 with your thoughts and ideas.

Sincerely yours,

Michael Heningburg  
Director  
Division of Student Assistance

Enclosure

EXIT INTERVIEW FORM  
EXHIBIT VI

(Print or Type in Duplicate)

SUMMARY OF PERSONAL INFORMATION

Social Security Number \_\_\_\_\_ Student I.D. Number \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle or Maiden Name \_\_\_\_\_

Permanent Family Address

Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Code \_\_\_\_\_

Internship or Residency Address

Hospital Name \_\_\_\_\_ Expected Completion \_\_\_\_\_  
Date \_\_\_\_\_  
Street \_\_\_\_\_  
City and State \_\_\_\_\_ Zip \_\_\_\_\_  
Code \_\_\_\_\_

Driver's License Number

Driver's License Number \_\_\_\_\_

Bank Accounts

Bank Name	City and State	Type of Account
_____	_____	_____
_____	_____	_____

Life Insurance

Company Name	Policy Number
_____	_____
_____	_____

Credit References

Company Name	Credit Card Number
_____	_____
_____	_____

Relatives or Friends who will know how to locate you		
Name	Address	Phone
Number _____		

Plans for the next two years

(1) I expect( ) Do not expect( ) to serve in the Armed Forces, Peace  
Corps, or Vista after I leave school.

(2) I expect( )Do not expect( to resume my studies at Name of Institution

(3) I expect( ) Do not expect( ) to practice medicine or other health profession.

(4) Other plans\_\_\_\_\_ Expected Address\_\_\_\_\_