

PART I – TO BE COMPLETED BY THE BORROWER (COMPLETE IN INK)

Name	Social Security #	ECSI Account # (if available)
Street Address	City	State
Zip	Date of Birth	Email Address
Home Phone #	Cell Phone #	Work Phone #

HEALTH CARE RELATED PROFESSION (NON-NURSING) RESIDENCY DEFERMENT

BEGINNING (mm/dd/yyyy)	ENDING (mm/dd/yyyy)
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(Altered dates will not be accepted)

THIS IS TO CERTIFY THAT I **WILL BE** A FULL-TIME LICENSED HEALTH CARE PROFESSIONAL (NON-NURSING) COMPLETING A REQUIRED RESIDENCY FOR THE ABOVE DATES AT:

Clinic/Hospital	Clinic/Hospital Street Address
City, State, Zip	Telephone #
	Type of Residency (board-approved options listed below)

THIS FORM IS INVALID WITHOUT BORROWER’S SIGNATURE, SOCIAL SECURITY NUMBER, BEGINNING AND ENDING DATES, AND PART II CERTIFICATION. **PLEASE NOTE: FOR RESIDENCY DEFERMENT, STUDENTS GRADUATING WITH THEIR DEGREE MUST PROVIDE A COPY OF THEIR APPROPRIATE MISSISSIPPI LICENSE.**

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

X _____ Date
 Borrower’s Signature

PART II – TO BE COMPLETED BY HUMAN RESOURCE DEPARTMENT

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X _____ Date
 Signature of Authorizing Official

Printed Name, Title, and Address of Official	Official Stamp or Seal If no stamp or seal is available, please provide letterhead certification in addition to this form.
Telephone #	

RETURN FORM TO:
 Mississippi Institutions of Higher Learning (MIHL)
 C/O ECSI, Inc.
 181 Montour Run Rd.
 Coraopolis, PA 15108

Questions:
 Email: webcservice@ecsi.net
 Phone: (888) 549-3274

Maximum length of residency:
 General Dentistry – 1 year
 Podiatry – 4 years
 Medicine (Family Medicine, Internal Medicine, OB/GYN, or Pediatric) – 4 years
 Optometry – 1 year
 Osteopathic Medicine – 4 years
 Chiropractic Medicine – 1 year
 Veterinary Medicine – 4 years