

**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) SERVICE 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) PRACTICING IN A BOARD-APPROVED DISCIPLINE AT:

Clinic/Hospital		Clinic/Hospital Street Address	
City, State, Zip	Telephone #	County	Type of Service (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 SERVICE 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 \_\_\_\_\_  
Borrower’s Signature

\_\_\_\_\_  
Date

**PART II – TO BE COMPLETED BY HUMAN RESOURCE DEPARTMENT**

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

X \_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

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](mailto:webcservice@ecsi.net)  
Phone: (888) 549-3274

**Maximum length of service required:**

- General Dentistry – up to 4 years
- Podiatry – up to 4 years
- Medicine (Family Medicine, Internal Medicine, OB/GYN, or Pediatric) – up to 4 years
- Optometry – up to 4 years
- Osteopathic Medicine – up to 4 years
- Chiropractic Medicine – up to 4 years
- Family Med Ed Loan Scholarship – up to 10 years
- Veterinary Medicine – up to 4 years

PART III FOR OFFICE USE

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_