

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

**Personal Information:**

Last Name	First Name	SSN (XXX-XX-XXXX)
Street Address	City	State
Zip	Date of Birth	Email Address
Home Phone #	Cell Phone #	Work Phone #

**Request for Residency Deferment:**

A request for residency deferment should be submitted each year of the residency. Maximum length of residency:

- General Dentistry – 1 year
- Medicine (Family Medicine, Internal Medicine, or Pediatrics) – 3 years
- Osteopathic Medicine and OB/GYN – 4 years
- Optometry – 1 year
- Podiatry – 3 years
- Chiropractic Medicine – 1 year
- Veterinary Medicine – 4 years

Deferment BEGIN Date Residency Start Date (MM/YYYY)	Expected Deferment END Date Residency End Date (MM/YYYY)
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(Altered dates will not be accepted)

**CERTIFICATION:** This is to certify that **I AM or WILL BE** a **FULL-TIME** licensed health care professional completing a required residency in a Board-approved area for the above dates at:

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

I HEREBY CLAIM THAT THE ABOVE INFORMATION IS TRUE.

**X** \_\_\_\_\_  
Borrower's Signature Date

**PART II – TO BE COMPLETED BY RESIDENCY GRANTING INSTITUTION**

I CERTIFY THAT THE INFORMATION STATED ABOVE IS CORRECT.

**X** \_\_\_\_\_  
Signature of Authorizing Official Date

Printed Name, Title, and Address of Official
Telephone #

Official Stamp or Seal - If no stamp or seal is available please provide letterhead certification, signed by appropriate human resources official, in addition to this form. The letter must include employee's name, residency field, and full-time residency dates.

**NOTE:** This form is **INCOMPLETE** without borrower's signature, social security number, beginning and ending dates of residency deferment request, and **COMPLETE** Part II certification. For residency deferment, students graduating with their degree **MUST** provide a copy of their appropriate Mississippi license.

**RETURN FORM TO:**

Mississippi Institutions of Higher Learning (MIHL)  
C/O Heartland ECSI  
P.O. Box 1278  
Wexford, PA 15090

**CONTACT:**

Email: [webcservice@ecsi.net](mailto:webcservice@ecsi.net)  
Phone: 888.549.3274

PART III FOR OFFICE USE ONLY  
PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_