

## OSTEOPATHY INFORMATION SHEET

Enclosed is an application packet for the 2010-2011 Western Interstate Commission for Higher Education (WICHE) Professional Student Exchange Program (PSEP). The WICHE support fee in osteopathy for 2009-2010 is *estimated* to be \$19,400. Selection to receive the support fee, or certification, does not ensure your admission to or retention in osteopathy school. You must submit an application for admissions to the school separately.

Only students who enroll in osteopathy at one of the schools listed below are eligible to receive partial support under this program. If you are selected for certification, the state of Washington will make a support payment in an amount established by WICHE to the osteopathy school you attend.

**Arizona College of Osteopathic Medicine**  
Midwestern University (Glendale Campus)  
Glendale, AZ

**Touro University**  
College of Osteopathic Medicine  
Vallejo, CA

**Western University of Health Sciences**  
College of Osteopathic Medicine of the Pacific  
Pomona, CA

**Touro University – Nevada**  
College of Osteopathic Medicine  
Henderson, NV

The state of Washington provides limited funding for the WICHE PSEP. Because of this, only a few applicants receive certification each year, subject to legislative appropriation. WICHE PSEP applicants in the state of Washington are selected, according to statute, on the basis of financial need. Those with the greatest need are given priority for certification. Funds for certified students are sent directly to the school, and provide an off-set to tuition charges. Once awarded, you will continue to receive the yearly support until you graduate, with a maximum of four years.

The Washington State Legislature passed legislation for the WICHE PSEP to be a conditional loan. Students who receive certification incur an obligation to provide one year of osteopathy care in a Washington state shortage area for each year of WICHE PSEP support (minimum three years). Health care shortage areas are determined by the state of Washington and are subject to change. Recipients who do not complete the full service obligation will be responsible for repaying the entire amount awarded, plus interest, within five years.

### Health Shortage Areas in the state of Washington:

Aberdeen	Concrete	Grand Coulee	Mossyrock	Prosser	Sultan
Anacortes	Conway	Hoquiam	Mt. Vernon	Pullman	Sumas
Boistfort	Cosmopolis	Ilwaco	Newport	Rainier	Sunnyside
Brewster	Darrington	Ione	North Bend	Randle	Tenino
Bridgeport	Dayton	Kalama	Northport	Raymond	Toledo
Burlington	Deer Park	Kelso	Odessa	Republic	Toppenish
Cashmere	Du Pont	Kennewick	Okanogan	Richland	Tri-Cities
Castle Rock	Eatonville	La Conner	Omak	Ritzville	Wapato
Centralia	Electric City	Leavenworth	Orcas Island	Rochester	Westport
Chehalis	Elma	Longview	Oroville	Rosalia	White Salmon
Chewelah	Entiat	Lopez Island	Packwood	San Juan Island	Wilbur
Clarkston	Enumclaw	Mansfield	Palouse	Sedro-Woolley	Winlock
Cle Elum	Ephrata	McCleary	Pasco	Shelton	Yakima
Colfax	Everett	Mineral	Pateros	South Bend	Yelm
Colville	Gold Bar	Morton	Pomeroy	Stevenson	

\*\*\*Over\*\*\*

An osteopathic physician or surgeon practicing in the following service areas will fulfill the service commitment:

- Community Migrant Health Centers (Federally-Qualified Health Centers)
- State Mental Health Hospitals
- State Correctional Facilities

Providing service in an office anywhere in Washington where more than 40% of its caseload is Medicare and sliding fee scale patients will also qualify.

### **Instructions**

1. Please print legibly in ink or type your Application for Certification, Residency Questionnaire, and Consent and Waiver Form.
2. You must apply for federal financial aid using the 2009-2010 Free Application for Federal Student Aid (FAFSA). You can submit this application online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Submit your FAFSA at least three weeks prior to the WICHE PSEP October 15 deadline to allow for processing time. Within three weeks, you will receive a Student Aid Report (SAR). Please send a copy of your SAR with your application. If your financial circumstances will be dramatically altered in the award year and are not represented on the SAR, you may attach a letter to your application documenting these circumstances.
3. Submit your most recent academic transcript (may be unofficial).
4. Submit your most recent financial aid award letter, if you attended college within the last two years.
5. Send the Application for Certification, Residency Questionnaire, Consent and Waiver Form, Student Aid Report (SAR), academic transcript, and financial aid award letter to:

**WICHE Certifying Officer  
Higher Education Coordinating Board  
917 Lakeridge Way SW  
PO Box 43430  
Olympia, WA 98504-3430**

If you have questions, please contact Dawn McAferty at (360) 753-7846 or [dawnc@hecb.wa.gov](mailto:dawnc@hecb.wa.gov).

**Application Deadline is October 15, 2009**

**STATE OF WASHINGTON**  
**WESTERN INTERSTATE COMMISSION FOR HIGHER EDUCATION**  
**PROFESSIONAL STUDENT EXCHANGE PROGRAM**  
**2010-2011 APPLICATION FOR CERTIFICATION**  
**OSTEOPATHY**

**Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Male**  **Female**  **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State Zip

**Permanent Address:** \_\_\_\_\_  
Street/PO Box City State Zip

**Permanent Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Ethnicity** (*Optional – for reporting purposes only*): African American/Black  Asian   
 American Indian or Alaska Native  Native Hawaiian or Pacific Islander  White/Caucasian   
 Hispanic/Spanish  Other

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- If you are *currently enrolled* in a school of osteopathy, indicate the college and year in program:  
 \_\_\_\_\_

- If you are *not currently enrolled* in a school of osteopathy, complete the following:
  - I have been accepted for 2010-2011 and will be a first-year student at:  
 \_\_\_\_\_
  - I will be applying to the following Western Interstate Commission for Higher Education (WICHE) osteopathy school, listed in order of preference:
    1. \_\_\_\_\_
    2. \_\_\_\_\_
    3. \_\_\_\_\_
    4. \_\_\_\_\_

I expect to complete all requirements for admission by: \_\_\_\_\_  
Month/Year

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Please include the following information with your application for certification:

- Residency Questionnaire.
- Consent and Waiver Form.
- 2009-2010 Student Aid Report (SAR).
- Most recent academic transcript (may be unofficial).
- Most recent financial aid award letter (within the last two years).

**REFERENCES**

**List three adults, who are not students, who will know your address in the future:**

1. \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Full Name - Parent Phone number

\_\_\_\_\_  
Address/PO Box City State Zip

2. \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Full Name Phone number

\_\_\_\_\_  
Address/PO Box City State Zip

3. \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
Full Name Phone number

\_\_\_\_\_  
Address/PO Box City State Zip

**EDUCATIONAL HISTORY**

**Please list all colleges you have attended:**

<u>College</u>	<u>City/State</u>	<u>From/To</u>	<u>Degree</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Educational loans to date** (*student loans only*):

**Amount borrowed:** \$ \_\_\_\_\_ **Current unpaid balance:** \$ \_\_\_\_\_

I certify that this application is accurate and complete to the best of my knowledge. I will notify the WICHE Certifying Officer if there is any change to my name, address, or residency status.

\_\_\_\_\_  
Signature Date

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY OCTOBER 15, 2009**

**WICHE Certifying Officer  
Higher Education Coordinating Board  
917 Lakeridge Way SW  
PO Box 43430  
Olympia, WA 98504-3430**

## RESIDENCY QUESTIONNAIRE

State support under the Western Interstate Commission for Higher Education (WICHE) Professional Student Exchange Program (PSEP) in osteopathy is available only to residents of Washington. Eligibility for certification is based on Washington residency for at least one continuous year, for purposes other than attending college, prior to the time of application for WICHE certification. *If you declare residency in another state while attending college, you will relinquish your Washington residency and your WICHE certification will become inactive.*

**Have you attended a Washington public college classified as a resident student?** Yes  No

**Name of College:** \_\_\_\_\_ **Dates attended:** \_\_\_\_\_  
From: Month/Year – To: Month/Year

**Date you became a legal resident of Washington State:** \_\_\_\_\_  
Month/Year

**Purpose of moving to Washington:** \_\_\_\_\_

**Chronologically list your physical residence(s) for the last two years.**

(Attach additional sheet if necessary)

\_\_\_\_\_  
From: Month/Year – To: Month/Year      City      State      Occupation/Activity

\_\_\_\_\_  
From: Month/Year – To: Month/Year      City      State      Occupation/Activity

**Chronologically list your employment for the past 12 months.** (Attach additional sheet if necessary)

\_\_\_\_\_  
From: Month/Year – To: Month/Year      City      State      Employer

\_\_\_\_\_  
From: Month/Year – To: Month/Year      City      State      Employer

**Washington Driver's License?** Yes  No  **Driver's License Number:** \_\_\_\_\_

**Do you have a checking account?** Yes  No  **Date opened:** \_\_\_\_\_  
Month/Year

**Name of Bank:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
City      State

**List motor vehicles that you own:**

\_\_\_\_\_  
Make      Model      License Plate Number      State

\_\_\_\_\_  
Make      Model      License Plate Number      State

**Are you registered to vote in Washington?** Yes  No

I certify that it is my intention to make Washington my true, fixed and permanent residence, and that each of the foregoing statements is a true and correct statement of fact, and proof will be provided if requested by the Higher Education Coordinating Board.

\_\_\_\_\_  
Name      SSN

\_\_\_\_\_  
Signature      Date

# CONSENT

## to Transfer Student Records through the Student Exchange Program

Western Interstate Commission for Higher Education  
P.O. Box 9752, Boulder, CO 80301-9752 (303) 541-0214

**PURPOSE FOR REQUESTING STUDENT SIGNATURE ON CONSENT AND WAIVER FORM:** Public Law 93-380, the Federal Family Educational Rights and Privacy Act of 1974, requires all who hold custody of student records to ensure protection of personally identifiable information. Administration of WICHE Student Exchange Program requires the exchange of educational information about student applicants in order to provide for consideration of enrollment and transfer of funds by the state in the case of admission by the school. In order to facilitate exchange of necessary documents, the student applicant is asked to sign a "Consent and Waiver" statement.

Student willingness to sign a consent statement is not a requirement for participation in the program.

**DESCRIPTION OF USE OF PERSONAL RECORDS:** The program collects and uses information concerning student eligibility for the program; admission; enrollment; academic progress; graduation and/or termination from the professional program; and payment of fees by the state through WICHE to the receiving school.

This information is exchanged between and among the certifying office of the student's home state; the staff of the Student Exchange Program, Western Interstate Commission for Higher Education; and the professional school(s) to which the student makes application and is admitted. The WICHE Commissioners of the sponsoring state may also review applications to consider eligibility of student(s).

Periodic accounting for the Student Exchange Program in the state and in the region may result in publication of reports that may contain the student's name, home address, year of enrollment, enrolling institution, and money spent by the state to support the student's effort to reach an educational objective.

**NOTIFICATION CONCERNING STUDENT ACCESS TO PERSONAL RECORDS:** Any student participant or applicant for participation in the Student Exchange Program has access to his/her personal records maintained as a part of the exchange activity. He/she may inspect and/or receive copies at a cost not to exceed the actual cost of reproduction.

## Consent and Waiver

- I understand that it is necessary to process student records in order to carry out the purpose of the Student Exchange Program, providing access to educational opportunities for residents of the western states.
- I understand that the record-keeping process requires preparation, transmission, receipt, filing, and reporting of information appropriate to the effectiveness and continuity of the program.
- I hereby consent to the transfer of personally identifiable educational records between and among the participants in the Student Exchange Program of the Western Interstate Commission for Higher Education to include the following:
  - Information concerning student eligibility, acceptance, and educational attainment
  - Information concerning fees paid by the sending state through WICHE to the receiving school
  - Lists of applicants certified as eligible for support
  - Admissions reports, withdrawal reports, and annual reports for WICHE Exchange Students
  - Support Agreement forms and invoices
  - Special letters of inquiry and response as required to address questions and concerns identified by program participants
- I understand that the information referred to herein will be available only to Student Exchange Program staff members, designated institutional officials, and sending state officials as required to carry out their official duties.
- I further **consent** to the transfer of all or a portion of the above educational records to admissions officers and certifying officers as required to accommodate the needs of the Student Exchange Program provided that the officers receiving the information will

not permit any other party to have access to such information without the express written consent of the undersigned.

- I hereby **waive** my right to receive specific notification of the transfer of such records. I understand that personally identifiable educational records will be used only to the extent necessary to carry out the purposes of the Student Exchange Program including reasonable research studies necessary to evaluate and improve the program. Any general research report of information that might prove harmful or embarrassing will be included only when anonymity is preserved. Use of the information will be permitted only when, in the judgment of the Student Exchange Program director or other designated staff member, the request for information is wholly consistent with my best interests and the purposes of the Student Exchange Program.
- I understand that a log will be maintained to identify access to my records, which is permitted pursuant to law, and this information will be available to me upon appropriate request. A locked file will be maintained for the regular storage and protection of personal educational records.

Name \_\_\_\_\_  
(please print)

Signature \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street

City State Zip

Date \_\_\_\_\_