

Physical Therapist Student Loan Payback/APTA Program

Description:

The PT Student Loan Payback Program provides financial assistance to eligible Graduate therapists who have incurred a loan and other expenses while pursuing their degree. This program only applies to new graduates that have completed their PT program and are eligible to be licensed in the state of Florida. Miami Children's Hospital will also advance the application fees required to take the NPTE exam.

Program Strategy:

The PT Student Loan Payback Program will assist the new graduates in repaying part of their outstanding school loans. This PT Student Loan Payback Program is effective May 1, 2001. The recipients will be eligible to receive \$1,500 at the time they pass FL State Board, with a commitment to work full-time at Miami Children's Hospital for 12 months. After successfully completing one (1) year of employment, the Physical Therapist will be eligible to receive another \$1,500 with another 12-month commitment to work at Miami Children's Hospital. In the event that the Physical Therapist resigns from his/her position within the 12-months of employment, or if the Physical Therapist moves from a full-time status to staff-relief status, then he/she will be responsible for repaying the PT Loan Payback amount to Miami Children's Hospital.

Miami Children's Hospital will also advance \$300 for the application fees to new graduates who are deemed eligible for NPTE. If the new graduate passes the NBCOT, then he/she is eligible for the remainder of the loan amount of \$1,500. Miami Children's Hospital will write a check directly to the Department of Health. Upon completion of one (1) year of employment at Miami Children's Hospital, the Physical Therapist will be eligible to receive another \$1,500 with a commitment to work in a full-time capacity for another 12-month period. If the Physical Therapist candidate fails the NPTE, he/she will be required to repay the \$300 to Miami Children's Hospital.

Eligibility:

- Individuals must have graduated from an accredited or approved Physical Therapy program.
- Individuals must be licensed as a Physical Therapist in the state of Florida.
- All applicants must work full-time as a Physical Therapist at Miami Children's Hospital for a period of 12 months.
- A PT Student Loan Payback/NPTE Application must be signed and approved by the Human Resources Manager.

For further information, please contact Sandra Nelson-Pollas, Nurse Recruiter at (305) 666-6511 ext. 2446 or 2544, or visit us at www.mch.com.

PHYSICAL THERAPIST LOGIST STUDENT LOAN PAYBACK
NPTE APPLICATION

Dear Applicant:

Thank you for choosing Miami Children's Hospital as your "Employer of Choice". Miami Children's Hospital is dedicated to providing financial assistance to Physical Therapist students who have incurred a loan and other expenses while pursuing their degree. In order to help us serve you better, we have put together a form that will help us process your payment. Please complete and sign this form to facilitate the process.

Last name: _____

First Name: _____

Social Security #: _____

Employee #: _____

Department: _____

Hiring Director: _____

Date of Hire: _____ (mmddyy) Graduation Date: _____

Please check **ONE ONLY**:

____ I am applying for the PT Student Loan Payback/Bonus of \$1,500

OR

____ I am applying for an advance loan for my NPTE of \$300

____ I am applying for the balance of \$1,200. I have already received an advance payment of \$300.

____ I am applying for 2nd payment of \$1,500 for my second year for RN

I have read the rules and eligibility requirements associated with this PT Student Loan Payback. I understand that in the event that I resign from Miami Children's Hospital within 12 months, or if my employment status changes to a staff-relief position within 12 months, I will be responsible for repayment, reduced by 1/12 each month.

EMPLOYEE SIGNATURE

Date

Human Resources Manager

Date:

To: Jose Menocal, Payroll

From: Pat Kappes, Human Resources

Re: PT Student Loan Payback

Amount: \$_____

Employee Name:

Employee #:

Department:

Please issue a check to the above aforementioned employee. Thank you.

Human Resources Manager

Date: