

Return to Practice Medicine in Idaho Agreement for Idaho Students

This Agreement is entered into by and between the Regents of the University of Idaho (“U of I”) and _____ (print full legal name)(“Recipient”), an Idaho resident who is seeking to apply for a slot reserved for an Idaho student in the Washington, Wyoming, Alaska, Montana and Idaho regional medical education program (“WWAMI Program”) and/or the University of Utah School of Medicine.

Idaho Code § 33-3731 requires individuals who have been accepted into the WWAMI Program or the University of Utah School of Medicine in a slot reserved for an Idaho student to enter into a contract committing to enter active full-time professional practice in the State of Idaho for a period of four (4) years within one (1) year of the following (referred to herein as “obtaining professional status”):

- (1) Obtaining a license to practice medicine; or
- (2) Finishing a residency or subspecialty residency; or
- (3) Finishing a medical education fellowship as defined by the State Board of Education or the Board’s designee.

Consistent with Idaho Code § 33-3731, each year of Recipient’s residency served in Idaho, up to four (4) years, will be credited as one-half (1/2) year of the practice requirement. No credit shall be given for any additional residency years after the Recipient’s fourth residency year.

Should Recipient be accepted for admission into and enroll in either the WWAMI Program or the University of Utah School of Medicine in a slot reserved for an Idaho student, Recipient hereby expressly agrees to enter full-time professional practice in Idaho for four consecutive years within one year of obtaining professional status as referenced above.

The Recipient acknowledges and understands that if the Recipient fails to abide by Recipient’s commitment to enter active full-time professional practice within the State of Idaho within one year of obtaining professional status, Recipient shall reimburse the State of Idaho for the State’s financial obligation in supporting the Recipient’s medical education. Recipient may obtain information on how much the State of Idaho currently pays for Recipient’s medical education by contacting the Office of the Idaho State Board of Education. The reimbursement must begin within one year of obtaining professional status and must be repaid within 8 years of beginning payments. The reimbursement obligation shall not accrue any interest. The reimbursement obligation may be suspended if reimbursement is temporarily impossible or would create extreme hardship for a temporary period. The reimbursement obligation may be waived if reimbursement is permanently impossible or would create extreme hardship or the Recipient is participating in a program of the federal government, or the United States armed forces that has a service requirement.

The Recipient agrees to advise the U of I of any name, address, phone, or email address changes or any change in medical training status as they occur.

The Recipient authorizes the Recipient’s employers and medical training programs, and their employees and agents to share and verify information with the U of I orally or in writing about the Recipient’s current employment or education status, contact information, and any other information necessary to enforce this Agreement.

The parties agree that this Agreement is governed by the laws of the State of Idaho.

The Recipient acknowledges and attests that by signing this Agreement the Recipient has read and fully understands the terms of this Agreement and has had the opportunity to seek advice from legal counsel or other advisors before signing. Recipient further acknowledges that completion of this form and certification as an Idaho resident does not guarantee admission into either the WWAMI Program or the University of Utah School of Medicine.

This is a final and binding agreement.

Signature of Recipient: _____

Recipient’s Name (print full legal name): _____

Date Signed: _____

Regents of the University of Idaho:

Signature: _____
Brian Foisy, Vice-President for Finance and Administration

Date Signed: _____

If you have questions about this form, you may contact the following:

WWAMI Medical Education Program
Attn: Idaho Payback Provision
University of Idaho
875 Perimeter Drive, MS 4061
Moscow, ID 83844-4061

Email: wwami@uidaho.edu
Phone: 208-885-6696

Applicable Authority:

Idaho Code § 33-3731
Idaho Board of Education Governing Policy and Procedures V.Z.