

(please use these instructions in lieu of worksheet documentation notations)

- Before starting, be sure to know which **PATHWAY** (numbered 1-8) will be followed; complete the worksheet section(s) indicated in the instructions below based on the PATHWAY.
- ALL applicants must complete all questions in SECTION 1 for identification, then any additional worksheet sections as instructed for the selected PATHWAY. Medical Payback form must be included with worksheet.
- Non-US citizens must also include *Attestation of Lawful Presence*; see website.

<b>SECTION 1 GENERAL INFORMATION</b>		<b>All applicants must complete questions in this section</b>
<b>IDAHO K-12 STUDENT PATHWAY</b>		
If you are applying under <b>PATHWAY 3 Graduate of an Idaho High</b> <i>complete only question 9a</i> and proceed to certification (page 4).		Include copy of high school transcript with graduation.
If you are applying under <b>PATHWAY 4 Elementary/Secondary Education Completed in Idaho</b> , <i>complete only question 9b</i> and proceed to certification (page 4).		Include copy of Idaho school attendance records/grade reports <b>and</b> high school transcript with graduation.
<b>DEPENDENT STUDENT PATHWAY</b>		
If you are applying under <b>PATHWAY 1 Dependent Student</b> complete question 10 <b>and parent</b> must <u>complete DOMICILE SECTION</u> .		Include copy of parent current year tax return demonstrating dependent status.
<b>INDEPENDENT STUDENT PATHWAY</b>		
If you are applying under <b>PATHWAY 2 Independent Student</b> , complete questions 11 and 11a or 11b <b>and</b> student must <u>complete DOMICILE SECTION*</u> .  * <b>Full-time graduate/professional Independent Students</b> may leave DOMCILE SECTION blank; must include home deed or lease agreements covering at least prior 12 months and current to demonstrate continuous residence and proof of prior year full-time enrollment along with parent taxes. Question 11a or 11b <u>required</u> ; other noted qualifications may not apply; enrollment status must be designated.		Include copy of parent current tax return demonstrating non-dependent status (if under age 25).
<b>MARRIED TO IDAHO RESIDENT PATHWAY</b>		
If you are applying under <b>PATHWAY 5 Married to an Idaho Resident</b> complete this section and designate spouse information on question 15.  If spouse is <u>not</u> a current resident student, spouse must <u>DOMCILE SECTION</u> . If spouse is current student, include documentation of residence classification.		Include copy of marriage certificate.
<b>ARMED FORCES/IDAHO NATIONAL GUARD PATHWAY</b>		
If you are applying under <b>PATHWAY 6 Armed Forces</b> , <i>complete only this section</i> by selecting the appropriate option and proceed to certification (page 4).  (13) Dependent Student, select this and provide  (13a) Independent Student or Spouse of Member  (13b) Armed forces member stationed outside of Idaho  (13c) Armed forces member stationed in Idaho  (13d) Idaho National Guard  (13e) and (13f) Former armed forces member		Dependent: include copy of parent current tax return.  Spouse: include copy of marriage certificate.  Include copy of military orders <b>and</b> DD1966, DD4, or Leave & Earnings Statement.  Include copy of military orders.  Include copy of DD4/2, D & E.  Include copy of DD214 member copy 4.

<b>IDAHO NATIVE AMERICAN INDIAN TRIBE PATHWAY</b>	
If you are applying under <b>PATHWAY 7 Idaho Native American Tribal Member</b> <i>complete question 14</i> and proceed to certification (page 4).	Include copy of tribal membership card or papers.
<b>GRADUATE or PROFESSIONAL STUDENT PATHWAY</b>	
If you are applying under <b>PATHWAY 8 Graduate or Professional Student at Idaho Institution</b> , <i>complete question 15</i> and proceed to certification (page 4).	Include copy of transcript demonstrating graduation from Idaho institution <b>and</b> lease(s) or deed of ownership for residence covering last full 12 months of undergraduate program.
<b>DOMICILE</b> <i>Only if required by selected Pathway: (16)-(20) completed by the person who residency is based upon</i>	
(21) Employment for <b>prior 12 months</b>	Include record of <b>hours worked</b> weekly, bi-weekly, or monthly for prior 12 mo (earnings do not demonstrate).
(22) Idaho tax return(s)	Include copies of <b>Idaho</b> tax return for current year, and prior year if filed (form 40 or 43 only).
(23) Home ownership	Include copy of deed.
(24) Home rental/lease	Include copy of lease agreements covering at least prior 12 months.
(25) Voter Registration	Include copy of Idaho voter registration including registration date (check idahovotes.gov).
(26) Personal property registration	Include copies of current registration (not title).
(27) Idaho driver's license/ID card	Include copy of current driver's license or ID card.
(28) Bank account	Include copy of most current statement and one from at least 12 months prior, from same account.
(29) Children in school	Include documentation for enrollment for prior 12 months (e.g. report card)
(30) & (31) Financial assistance	Only applicable to tuition (e.g. WUE)
(32) In-state tuition paid	Include documentation of resident classification
<b>Additional Documents</b>	
Acceptance of permanent employment	Include copy of signed offer letter including start date of employment.
Abandonment of prior domicile	Include copy of sale of prior home, move-out statement from rental, or bill for moving expenses, if available.
Utilities	Include current utility statement and one from 12 months prior for same utility.
Care for relative	Include physician statement confirming need for care, including date started.

**MAKE SURE TO SUBMIT ALL 4 PAGES OF THE WORKSHEET and SIGNED PAYBACK AGREEMENT**

**DO NOT SUBMIT THESE INSTRUCTIONS PAGES WITH YOUR APPLICATION**

Completed worksheets with copies of documentation should be mailed to or submitted in-person:

Office of the Registrar  
University of Idaho  
875 Perimeter Dr MS 4260  
Moscow, ID 83844-4260

**IDAHO STATE BOARD OF EDUCATION - Residency Determination Worksheet**

The Residency Determination Worksheet is used to appeal a residency determination at Boise State University, Idaho State University, Lewis-Clark State College, or the University of Idaho. Qualifications for residency must be met prior to the opening day of the term for which the reclassification is sought. This worksheet and all required documentation must be submitted to the institution by the 10th day of the term in which reclassification is sought.

The worksheet is also used to apply for certification of residency for specialty graduate and professional programs including the WWAMI regional medical program, the WICHE student exchange programs, Idaho dental education program, the University of Utah School of Medicine, and the Washington-Idaho regional program in veterinary medicine ("Specialty Program").

There are several different pathways to determine Idaho residency. It is only necessary to prove residency through one pathway, not all of them. Complete all questions applicable to the residency pathway you claim. Please print clearly. Attach all required documentation.

Residency determinations are governed by Idaho Code § 33-3717B and Idaho Board of Education Policy V.Q. More information about residency can be found at the following URL: <https://boardofed.idaho.gov/higher-education-public/#Residency>

Falsification or intentionally erroneous information is subject to penalty of perjury under the laws of the State of Idaho.

**SECTION 1: GENERAL INFORMATION - STUDENT**

(1) Name (Last, First, Middle):		(2) Phone Number: (    )	<b>FOR OFFICE USE ONLY</b> Evaluator:
(3) Current Address (street, city, state):		(4) Student ID Number and the term and year for which you are seeking residency.	
(5) Email Address:	(6) If applying for certification for a Specialty Program, name of program: WWAMI                      WIMU		<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
(7) Student's country of citizenship:			Date Received:
(7) Student's country of citizenship:			Effective:
(8) If you are not a United States citizen, you must provide proof of lawful presence in the United States to qualify for Idaho residency for tuition purposes. "Lawful presence" is verified through the means set forth in Idaho Code, § 67-7903.			

**IDAHO (K-12) STUDENT PATHWAY**

(9a) I graduated from an Idaho high school within the past eight (8) years. **Attach copy of high school diploma.**

OR

(9b) I completed six (6) years of elementary and secondary education in Idaho and am registering within 8 years of my graduation from high school. **Attach copy of high school diploma and/or records verifying attendance at Idaho schools for six (6) years.**

**DEPENDENT STUDENT PATHWAY**

(10) One or more of my parents or court appointed legal guardians ("parent/guardian") provide at least 50% of my financial support and has maintained a domicile in Idaho for at least 12 months prior to the term for which I am registering.

If you check the box above, your parent/guardian must prove that he or she provided at least 50% of your financial support. **Attach proof of financial support and a copy of tax return showing student claimed as dependent.** Your parent/guardian must provide proof of domicile in Idaho by completing the **DOMICILE** section below.

**INDEPENDENT STUDENT PATHWAY**

(11) I receive less than 50% of my support from my parent/guardian and have continuously resided and maintained a bona fide domicile in Idaho primarily for purposes other than educational for the twelve (12) months preceding the term for which I am registering. Attach a copy of your parent/guardian tax return showing that you were not claimed as a dependent.

If you check this box, you must provide proof of domicile in Idaho by completing the **DOMICILE** section below.

(11a) I have not attended an Idaho college or university as a full-time student during the prior twelve (12) months.

(11b) I have attended an Idaho college or university as a full-time student during the prior 12 months, was employed full-time during the prior twelve (12) months, and have filed an Idaho state resident income tax return for the prior tax year. **Attach employment documentation and copy of tax return.**

Student's Sworn Statement:

The above information is true and correct. I have not been and will not be claimed as a dependent for federal income tax purposes by any person except myself (or my spouse, if applicable), during the twelve (12) months preceding the opening date of the term for which resident status is requested.

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

**MARRIED TO AN IDAHO RESIDENT PATHWAY**

(12) I am married to an Idaho resident and my spouse is classified, or is eligible for classification, as a resident for the purposes of attending an Idaho college or university.

(12a) I was not enrolled as a full-time student at any time during the 12-months prior to the term for which I am seeking residency.

Your spouse must provide proof of domicile in Idaho by completing the **DOMICILE** section below.

My spouse's name is: \_\_\_\_\_

(12b) My spouse attends \_\_\_\_\_ college/university, is classified as an Idaho resident, and has the following ID number: \_\_\_\_\_.

**Attach proof of marriage and proof of spouse's residency status, including copy of marriage license.**

**ARMED FORCES / IDAHO NATIONAL GUARD PATHWAY**

**"Armed Forces"** means the United States Army, Navy, Air Force, Marine Corps, Coast Guard, or the reserve forces of those groups. Complete this section if (a) you are applying for residency as a dependent student and your parent/guardian is in the Armed Forces or Idaho National Guard, or (b) if you are applying for residency as an independent student and you are, or your spouse is, in the Armed Forces or Idaho National Guard.

(13) I am applying for residency as a dependent student and the following checked boxes apply to my parent/guardian. If applying as a dependent child, you must receive at least 50% of your support from the service member. **Attach documentation required under the Dependent Student Pathway.**

(13a) I am applying for residency as an independent student and the following checked boxes apply to:

me

my spouse (**attach proof of marriage**).

(13b) I am a member of the Armed Forces, entered service as an Idaho resident, and have maintained Idaho resident status, but am stationed outside of Idaho.

(13c) I am a member of the Armed Forces and currently stationed in \_\_\_\_\_ County, Idaho.

(13d) I am an officer or an enlisted member of the Idaho National Guard.

(13e) I am a former member of the Armed Forces, served for at least 2 years, separated under honorable conditions, and am entering this institution within 1 year of the date of separation and (a) at the time of separation designated Idaho as my intended domicile, or (b) listed Idaho as my home of record while in service.

(13f) I am a former member of the Armed Forces, served for at least 2 years, separated under honorable conditions, have moved to Idaho for the purpose of establishing domicile and will take steps to establish domicile in Idaho within one (1) year of registration at this institution.

**Attach a copy of the applicable military documentation (DD-214, Member 4 copy).**

**IDAHO NATIVE AMERICAN INDIAN TRIBE MEMBER PATHWAY**

<input type="checkbox"/> (14) I am a member of one of the following Idaho Native American Indian Tribes: Coeur d'Alene, Shoshone-Paiute, Nez Perce, Shoshone-Bannock, Kootenai, Eastern Shoshone, Northwestern Shoshone.	<b>Attach a copy of your tribal membership papers.</b>
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**GRADUATE STUDENT PATHWAY**

<input type="checkbox"/> (15) I am enrolling in a graduate or professional program within 36 months after receiving my baccalaureate degree from an Idaho public or private higher education institution, and I resided in Idaho during the last 12 months of the undergraduate program.	<b>Attach a copy of your diploma and documentation of your residence in Idaho during the last 12 months of the undergraduate program.</b>
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**DOMICILE SECTION**

Domicile "means that individual's true, fixed and permanent home and place of habitation. It is the place where that individual intends to remain, and to which that individual expects to return when that individual leaves without intending to establish a new domicile elsewhere." Idaho Code § 33-3717B(1)(a).

If you are applying under the **DEPENDENT STUDENT PATHWAY**, your parent / guardian must complete this section. If you are applying under the **INDEPENDENT STUDENT PATHWAY**, you must complete this section. If you are applying under the **MARRIED TO AN IDAHO RESIDENT PATHWAY**, your spouse must complete this section.

(16) This section is completed by: Print Name: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Spouse <input type="checkbox"/> Student	(17) Date of your arrival in Idaho: Month ____ Day ____ Year ____	(18) Date you declared Idaho as your domicile and abandoned all prior domiciles: Month ____ Day ____ Year ____
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(19) Purpose for moving to Idaho:

(20) Have you lived in Idaho full-time for the 12 months prior to the term or which residency is sought?  **Yes**  **No**

(21) List chronologically your employment and physical residence for the 12 months prior to the term for which residency is sought.

**Attach documentation from employer confirming employment and evidence of home address such as utility statements, rental agreements, and bank statements.**

DATES OF EMPLOYMENT			LOCATION (OF EMPLOYMENT)		OCCUPATION	HOME ADDRESS					
Mo.	Day	Yr.	Mo.	Day	Yr.	City	State	Employer	Street	City	State
From			To								
From			To								
From			To								

(22) <input type="checkbox"/> I filed an Idaho tax return in _____ and _____ (include last two years).	<b>Attach copies of the first and last pages of your Idaho tax returns for prior 2 years.</b>
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(23) Have you owned a home in Idaho for the 12 months prior to the term for which residency is sought? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>If yes, attach a copy of your deed.</b>
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(24) Have you rented a home in Idaho for the 12 months prior to the term for which residency is sought? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>If yes, attach a copy of your rental/lease agreement.</b>
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(25) Have you ever registered to vote in Idaho? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>If yes, list date and city of voter registration.</b>	Date: _____ City: _____	<b>If yes, provide copy of your voter registration.</b>
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(26) Have you registered any personal property in Idaho (such as motor vehicles, RV's, travel trailers, boats, or mobile homes) that requires registration and the payment of taxes or fees? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<b>If yes, attach a copy of registration. Do not attach copies of vehicle title(s).</b>
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(27) Do you have an Idaho driver's license or Idaho issued ID card? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes</b> , list date originally issued: _____	<b>If yes, attach a copy of your current driver's license or Idaho issued ID card.</b>
(28) Do you have an account with an Idaho financial institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date account opened: _____ Name of bank: _____ Branch location: _____	<b>If yes, attach documentation.</b>
(29) My minor children are enrolled in K-12 school in Idaho.		<b>If yes, attach documentation from schools at which your children are enrolled.</b>
(30) I have received financial assistance from a state governmental unit or agency during the past 12 months.  OR <input type="checkbox"/> I don't wish to provide this information to prove domicile.		<b>If yes, attach documentation.</b>
(31) I will receive state financial assistance during the next 12 months.  OR <input type="checkbox"/> I don't wish to provide this information to prove domicile.		<b>If yes, attach documentation.</b>
(32) If applying as an independent student, have you ever paid in-state tuition at any college or university? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes</b> , date of last term attended: _____ Name of institution: _____ Dates attended: from _____ to _____		<b>If yes, attach documentation.</b>
<b>Attach any additional documents which support your claim of domicile in Idaho: work stubs, letter from your employer, lease agreement, acceptance of a permanent offer of employment, evidence of presence of household goods in Idaho, evidence of abandonment of a previous domicile, utility statements from accounts in your name, etc.</b>		

**STUDENT CERTIFICATION:**

I hereby certify, under the penalty of perjury, that all statements herein and the information provided are true and correct, and this institution may rely on such statements and information. I fully understand that this institution reserves the right to all available remedies in the event such information is not true and correct, including but not limited to the recovery of all fees to which this institution is legally entitled, but which were not collected because of false information stated herein. I further understand that this institution may take any legal action necessary to recover any outstanding financial obligation. I expressly authorize the institution to receive, inspect, and copy the confidential tax information and records of my individual income tax return for the last two years from the Idaho State Tax Commission and the U.S. Internal Revenue Service to verify that income tax returns have been filed and match those submitted as part of this application for residency.

Signature: \_\_\_\_\_

**PARENT GUARDIAN OR SPOUSE CERTIFICATION:**

I hereby certify, under the penalty of perjury, that all statements herein and the information provided are true and correct, and this institution may rely on such statements and information. I fully understand that this institution reserves the right to all available remedies in the event such information is not true and correct, including but not limited to the recovery of all fees to which this institution is legally entitled, but which were not collected because of false information stated herein. I further understand that this institution may take any legal action necessary to recover any outstanding financial obligation. I expressly authorize the institution to receive, inspect, and copy the confidential tax information and records of my individual income tax return for the last two years from the Idaho State Tax Commission and the U.S. Internal Revenue Service to verify that income tax returns have been filed and match those submitted as part of this application for residency.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

## 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](mailto:wwami@uidaho.edu)  
Phone: 208-885-6696

Applicable Authority:

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