



# OREGON PARTNERSHIP STATE LOAN REPAYMENT PROGRAM (SLRP) CANDIDATE APPLICATION

Loan repayment for primary care, mental health and dental care providers practicing in Health Professional Shortage Areas (HPSAs), funded by community partners and the National Health Service Corps.

Applications are accepted on an ongoing basis. No deadlines.

## **Instructions for Submitting the SLRP Application**

- Before submitting an application, please speak with Human Resources at your service site to ensure that they are willing to provide the 50% matching funds required for participation in this program.
- -Please read all Frequently Asked Questions (FAQ's) Prior to completing application.
- The following documents MUST BE submitted for an application package to be considered complete:
  - 1. Completed Application

The current application form must be used. The form title includes the current grant period;

- 2. Personal Statements (PART D of the application);
- 3. Completed service site application including that they'll be contributing for the matching portion of your SLRP award;
- 4. Two letters of recommendation (PART G of the application);
- 5. Educational Debt Reporting Form (PART F of the application);
- 6. Copy of current lender statements (dated within one month of application submission) for each loan to be included in the loan repayment. The lender statement must include the applicant's name, current balance, account number, and the mailing address of the lender as well as original disbursement date and/or school name associated wit original disbursement.
- 7. Copy of current license or certification

Mail complete application package to: package to: Oregon Office of Rural Health Attention: Annalee Venneri Oregon Health & Science University 3181 SW Sam Jackson Park Rd., L593 Portland, OR 97239 Or scan and email complete application

venneri@ohsu.edu

- -Make sure that your practice site has submitted a Service Site Application. If you need a copy of the application, please go to: <a href="http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/loan-repayment/upload/LRP-Site-Application.pdf">http://www.ohsu.edu/xd/outreach/oregon-rural-health/providers/loan-repayment/upload/LRP-Site-Application.pdf</a> You may also request a list of eligible sites who have previously submitted an application. For a list of sites, please email: <a href="mailto:venneri@ohsu.edu">venneri@ohsu.edu</a>.
- -To determine whether your facility is located in a Health Professional Shortage Area, please visit: <a href="http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx">http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx</a> or contact the Oregon Primary Care Office at (503) 373-1779
- -If you have questions regarding the application or eligibility, please contact Annalee Venneri: venneri@ohsu.edu or 503-494-4450

# **PART A: PERSONAL INFORMATION**

Name:		•
Mailing Address:		
City: State: Zip: County:		•
Phone Numbers: Work:		
Email Address:		
Social Security Number:		
Driver's License Number:		
Birth Date: Place of Birth:		
Hometown (city and state):		
What race/ethnicity do you identify as? (For outreach and reporting purposes)		
American Indian/Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander Hispanic or Latino White, Non-Hispanic or Latino		
<ul> <li>PART B: QUALIFICATIONS AND ELIGIBLITY</li> <li>1. Are you a United States citizen? Applicant must be a US citizen at time of application completion.</li> <li>2. Do you have a current and unrestricted Oregon license to practice your profession.</li> </ul>	Yes on? Yes	No No
3. Do you owe an existing service obligation to another entity? (If yes, please provide explanation in your personal statements, Part D of this application)	Yes	No
4. Are you free of judgments arising from Federal debt? (If no, please provide explanation in your personal statements, Part D of this application)	Yes	No
5. Are you delinquent with any court ordered child support? (If yes, please provide explanation in your personal statements, Part D of this application)	Yes	No
6. Are you an NHSC Scholar or Alumni? (If yes, please provide the date that your NHSC service obligation was completed:	Yes )	No
7. Did you apply for the NHSC Federal Loan Repayment Program? (If yes, please indicate the date of submission:)	Yes	No

#### PART C: HEALTH PROFESSION INFORMATION

Please choose your primary care profession below.

MD: Doctor of Allopathic Medicine DO: Doctor of Osteopathic Medicine

DD: General Practice Dentist (D.D.S. or D.M.D.)

PD: Pediatric Dentist

NP: Primary Care Certified Nurse Practitioner

NM: Certified Nurse-Midwife

PA: Primary Care Physician Assistant DH: Registered Clinical Dental Hygienist HSP: Health Service Psychologist (Ph.D. or

equivalent)

PNS: Psychiatric Nurse Specialist

CSW: Licensed Clinical Social Worker (master's or doctoral degree in social work)

MHC: Mental Health Counselor

LPC: Licensed Professional Counselor (master's or doctoral w/major study in counseling)

MFT: Marriage and Family Therapist (master's or doctoral w/ major study in marriage and family

therapy) RN: Registered Nurse PharmD: Pharmacist

School:		
Date of Graduation:		
City:		
State: Zip:		
Residency Program:	City:	State: _
Additional Postgraduate Training:		
Year Completed:		
Board Eligible:		
Professional License Number		

#### **PART D: PERSONAL STATEMENTS:**

Attach your personal statements to the application. Your statements must be typed and approximately one-page in length. Restate and number each question along with your answer.

- 1. Describe the types of training or work experience you have had in a medical, dental, or mental Health Professional Shortage Area.
- 2. a) Describe the patient population to which you provide/will provide services including any health disparities experienced by that population; and b) Describe how you, as a health care provider, will address these disparities and/or increase the health outcomes of the patient population (e.g., community outreach/education, support groups, research)
- 3. Why do you want to participate in the Oregon State Loan Repayment Program?
- 4. If applicable, provide explanations for questions answered in Part B of this application.

# **PART E: SERVICE SITE INFORMATION**

*Please have site representative complete the attached Service Site Form.* 

(In addition, sites must also submit application to be approved by the Oregon SLRP)

#### **PART F: EDUCATIONAL DEBT REPORTING**

#### **DIRECTIONS:**

- -List source and amounts of outstanding educational loans used to finance your education. All spaces on this form must be completed even if the information appears on the lender statements that you will be submitting. Any missing information will make the entire application incomplete and it will not be reviewed.
- -You must submit evidence of the educational debts listed below **with clear dates of original disbursement and/or school name associated**. If your loans have been consolidated, submit proof of consolidation.
- -Current lender statements need to be dated within 30 days of submission and MUST include the current balance, account number, your name, and the address to which payment is submitted. Online printouts are acceptable as long as they include all of the required information.
- -You may only submit proof of debt for those loans obtained during the course of your undergraduate or graduate education which led to your current license/certification as a qualified provider for this program. Make sure that the Lender Address listed below corresponds with the address to which payments are sent to. This address must also appear on the lender statements you have included in your application packet.

1. Lender Name:			
Lender Address (send paymen	its to):		
City:	State: _	Zip +4:	
Account Number:		_ Current Loan Balance \$	
Dates debt was incurred:			
2. Lender Name:			
Lender Address (send paymen	its to):		
City:	State: _	Zip +4:	
Account Number:		_ Current Loan Balance \$	
Dates debt was incurred:			
3. Lender Name:			
Lender Address (send paymen	ıts to):		
City:	State: _	Zip +4:	
Account Number:		_ Current Loan Balance \$	
Dates debt was incurred:			_
4. Lender Name:			
Lender Address (send paymen	its to):		
		Zip +4:	
		_ Current Loan Balance \$	
Dates debt was incurred:			

#### **PART G: REFERENCES**

Please provide letters of reference from at least **two** individuals (including your intended service obligation site) evaluating your suitability for participation in the Oregon Partnership State Loan Repayment Program. If you are a recent graduate or in a residency program you may include one reference letter from the director of your training program.

Reference letters must be written on letterhead and include the following: a statement of the writer's relationship to you; an evaluation of your suitability for participation in this program; the length of time the writer has known you in a professional capacity; and the writer's typed or printed name and telephone number.

#### PART H: QUESTIONNAIRE (optional)

1. Where did you hear about Oregon's State Loan Repayment Program?
2. Where did you receive the Oregon State Loan Repayment Program application form? Work (employer/co-worker) Family member, Friend, or Acquaintance State Loan Repayment Program Website State Loan Repayment Program Office Other Source (please specify)
APPLICATION CERTIFICATION
I certify that the information given in this application and attachments is accurate and complete to the best of my knowledge. I hereby authorize the Oregon Office of Rural Health to contact references and program directors listed in the application for the purpose of obtaining information about my professional qualifications and experience. I understand that the information I have provided is subject to verification, and providing willfully false information

\_\_\_\_ DATE:\_\_

## **Submission Check List:**

Completed Application
Personal Statements
Certification of Practice Site
Letters of Recommendation
Educational Debt Reporting Form
Current Lender Statements
Copy of Current License or Certification

will result in disqualification from participation in this program.

(Please sign your full name, in ink)







<date></date>			
Re: <candidate provider<="" th=""><th>Name&gt; State Loan Repayr</th><th>nent Program Letter of</th><th>Employment</th></candidate>	Name> State Loan Repayr	nent Program Letter of	Employment
Oregon Office of Rural He 3181 SW Sam Jackson Pa Portland, OR 97239 Attn: Annalee Venneri			
Dear Ms. Venneri,			
This letter is to confirm e		(Provider Name)	
at(Site Name)			
(Site Name)	(Street Address)	(City)	(County)
as of	(Employment sta	ut data)	
Partnership State Loan Re	e we support the provider epayment Program and ag nds plus a 10% of total aw	ree to complete a site a	pplication and
Site Contact Information	n:		
(Name)			
(email address)			(phone number)
Sincerely,			
<site contact="" signature=""></site>			