

IMPORTANT

While medical providers in eligible disciplines may apply for more than one Loan Repayment Program at a time, if offered an award by more than one program, only one award may be accepted. Once a Loan Repayment program contract is in place, awardees are unable to switch programs, and must complete their service obligation before applying to other Loan Repayment programs. Examples of Loan Repayment programs include, but are not limited to, Oregon Partnership State Loan Repayment Program (SLRP), National Health Service Corps (NHSC), Oregon Health Care Provider Loan Repayment, NURSE Corps, NHSC Scholars, and/or other State, Federal, or local Loan Repayment Programs offering funds in exchange for a service obligation.

Once a Loan Repayment program contract is in place, awardees are unable to switch programs, and must complete their service obligation before applying to other Loan Repayment programs.



OREGON PARTNERSHIP STATE LOAN REPAYMENT PROGRAM (SLRP) CONTINUATION APPLICATION

Instructions for completing and submitting the SLRP application

Please use the provided fillable PDF, handwritten applications will not be accepted

Before submitting an application please contact your practice site administrator to ensure that your practice site is approved to participate in SLRP, and is willing and able to provide the 50% matching award funds, as well as the 10% administrative fee on your total award amount (should you be awarded). Practice site 1:1 award funds matching and 10% administrative fee is required for participation in SLRP.

The following documents **are required** for an application packet to be considered complete:

- Completed 2020/2021 Continuation Application (hand written applications will not be accepted);
- Educational Debt Reporting Form **and** copies of current lender statements dated within one month of application submission;
- Service site information form completed by site contact.

Scan and email complete application package to:
ruralworkforce@ohsu.edu fax to: 503-494-4798

Please contact the Office of Rural Health's SLRP Coordinator if you have any questions regarding this application or your site's eligibility:
ruralworkforce@ohsu.edu | 503-494-4450 | toll free: 866-674-4376



PERSONAL DATA

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Practice Site Name: _____

EDUCATIONAL DEBT REPORTING

You must submit current lender statements that are no more than 30 days old. These statements must clearly outline your educational loan debts, and provide details on the information you provide in the below fields.

1. Lender Name: _____
Lender Address (send payments to): _____
City: _____ State: _____ Zip +4: _____
Account Number: _____ Current Loan Balance \$ _____
Dates debt was incurred: _____

2. Lender Name: _____
Lender Address (send payments to): _____
City: _____ State: _____ Zip +4: _____
Account Number: _____ Current Loan Balance \$ _____
Dates debt was incurred: _____

3. Lender Name: _____
Lender Address (send payments to): _____
City: _____ State: _____ Zip +4: _____
Account Number: _____ Current Loan Balance \$ _____
Dates debt was incurred: _____

APPLICATION CERTIFICATION

I certify that the information I've supplied 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, employers, 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 will result in disqualification from participation in this program.

Signature: _____ Date: _____
(Please sign your full name, in ink)

Printed Name: _____



Oregon Office of Rural Health Oregon Partnership State Loan Repayment Program (SLRP)

Service Site Information & Attestation

Re: SLRP confirmation of Employment & Site Attestation

Oregon Office of Rural Health
3181 SW Sam Jackson Park Road, L593
Portland, OR 97239

This letter is to confirm employment for the following SLRP applicant listed below:

Provider's Name: _____

Site Name: _____

Site Address: _____

Provider Employment Start Date: _____

Providers FTE: Full-Time Part-Time

Number of provider's weekly direct patient care hours:

Site Contact Information:

Site Contact: _____

Site Contact Title: _____

Site Contact Email: _____

Site Contact Direct phone Number: _____

SLRP Site Approval Confirmed: Yes No

Site Attestation:

I confirm the following as the applicant's service site:

- Our site supports our provider's application for SLRP; and
- I have confirmed with the Oregon Office of Rural Health that our site qualifies for the SLRP; and
- Our site is willing to provide matching funds if our provider is awarded; and
- Our site is willing to provide a 10% administrative fee on the total amount of our provider's award; and
- Our site will comply with all SLRP verifications during the life of our provider's award.

Signature: _____ Date _____
(Please sign your full name, in ink or electronically)

Printed Name & Title: _____