

OREGON PRIMARY HEALTH CARE LOAN FORGIVENESS PROGRAM APPLICATION

Application due January 7, 2022

The Oregon Primary Health Care Loan Forgiveness Program (PCLF) is designed to meet workforce needs in rural Oregon for primary care providers. PCLF participants are eligible for forgivable loans for tuition and fees only, in exchange for a post-graduation service obligation to an approved rural Oregon practice site.

To apply students must be:

- In good academic standing; AND
- Participating in the Oregon AHEC Scholars Program; OR
- Accepted to an approved Oregon rural training track (Western University: D.O.)

Instructions for Submitting the PCLF Application

Before submitting an application, please confirm with your Program Director that you were admitted to a PCLF approved rural training track or the Oregon AHEC Scholars Program.

Items 1-5 listed below **MUST BE** submitted for an application package to be considered complete:

1. Completed application that has been signed and dated; AND
2. Authorization for Release of Information (final page of the application); AND
3. Current Resume or Curriculum Vitae (CV); AND
4. One letter of reference (see instructions in application); AND
5. Essay answers (See instructions in application)
6. Statement of unusual financial need (**optional**)

Please read the [PCLF FAQs](#) prior to completing your application.

Email complete application package to
Rural Workforce Coordinator
ruralworkforce@ohsu.edu

OREGON PRIMARY HEALTH CARE LOAN FORGIVENESS PROGRAM APPLICATION

Application due January 7, 2022

1. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

2. Birth Date: _____ Place of Birth: _____

3. Please indicate your area of interest (e.g. family medicine, general surgery, mental health, etc.):

4. Name of School Attending: _____

Expected Graduation Date: _____

Expected Residency Complete Date (if applicable): _____

5. Do you have a service obligation with any entity (federal, state, or private).* ☐ Yes ☐ No

If "yes", please describe the nature of your obligation including obligation start and end dates:

* Please note that you are not eligible to participate in PCLF if you currently have an outstanding contractual obligation for health professional service to the Federal and/or State Government, or to any other entity, unless that obligation will be completely satisfied before the PCLF agreement will be signed.

6. The following questions are for statistical information only and are not required for your application to be considered complete. Answers are not used as selection criteria during the review and award process.

- A) How do you identify: ☐ Male ☐ Female ☐ Other
B) Race and Ethnicity (see attached)

C) References

Please provide a reference from one individual you have known for a minimum of one year. References can be professional and/or academic, but cannot be your program director. Reference letters should describe in what capacity the person knows you, your interest in and commitment to rural Oregon, and why they recommend you be awarded loan forgiveness through this program. Letters should be signed, include contact information and be emailed or faxed to the Rural Workforce Coordinator at:

ruralworkforce@ohsu.edu :: 503.494.4798 by January 7, 2022.

D) Essay

Please attach your answers to the following questions with this application.

Maximum of 500 words on each question.

Essay questions:

- A) What experiences have you had—patient encounters, community services, or other activities—that have prepared you to work and live in rural Oregon AND with underserved populations?
- B) Imagine it is five years after the completion of your training; describe your ideal rural practice.
- C) Other than practicing in a rural setting, what else might you do to address issues around access to healthcare in rural Oregon?

E) Certification and Authorization

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 will result in disqualification from participation in this program.

SIGNATURE: _____
(Please sign your full name, a digital signature is acceptable)

DATE: _____

Email complete application package to
Rural Workforce Coordinator
ruralworkforce@ohsu.edu

For questions about this program or application contact the Rural Workforce Coordinator at
ruralworkforce@ohsu.edu or 503.494.4450

AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF LIABILITY

I hereby authorize _____ (school name) to provide information to the Oregon Office of Rural Health pertaining to my school transcript.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my student history and academic performance insofar as the information is released solely to Oregon Office of Rural Health who are evaluating my suitability for the Oregon Primary Health Loan Forgiveness application and or potential award.

This authorization shall remain valid for 120 days from the date of signature.

I hereby release _____ (school name) from any claims, damages or liabilities of any kind that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the information as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms.

Signature

Date

Printed Name

Race and Ethnicity

How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.

American Indian or

Alaska Native

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American, or South American

Hispanic or Latino/a/x

- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic or Latino/a/x

Asian

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Other Asian

Native Hawaiian or Pacific Islander

- ☐ Guamanian or Chamorro
- ☐ Micronesian
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Other Pacific Islander

Black or African American

- ☐ African American
- ☐ African (Black)
- ☐ Caribbean (Black)
- ☐ Other Black

Middle Eastern/Northern African

- ☐ Northern African
- ☐ Middle Eastern

White

- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other White

Other Categories

- ☐ Other (please list) _____
- ☐ Don't know/Unknown
- ☐ Don't want to answer/Decline