Loan Repayment Site Transfer Request Form

Health Care Provider Incentives Program

Tina Kotek, Governor

Provider name: _____

Contract number: _____

Date of request submission:	
Current Site Name:	
Email address:	
Phone number:	

Providers seeking to transfer their minimum service obligation to another qualifying practice site must seek approval from the Authority pursuant to OAR 409-036-0090. **A transfer without prior approval is considered a violation of the providers service agreement with the Authority.** Please email completed form to the Oregon Office of Rural Health (ORH) at ruralworkforce@ohsu.edu **no later than the 30 days prior to the requested site transfer.** If a temporary suspension is also required, please complete the *Request for Suspension or Waiver of Minimum Service Obligation* form and submit to ORH with this form.

A participating provider must submit a written transfer request to the Authority documenting the:
   a) Circumstances surrounding the need to transfer; **AND**
   b) Proposed new qualifying practice site; **AND**
   c) Name of the director or administrator at the proposed new practice site

In addition to the information provided in this Request, you **must** provide documentation of the circumstances detailing the need to transfer to a new qualifying practice site. This documentation must include:
   • an employment contract with the new qualifying practice site,
   • a letter of intent from the new qualifying practice site to employ the provider, or
   • documentation of the provider having established an entity that meets the definition of a qualifying practice site.

End date at current site:	
Start date at new site:	
Name of new qualified practice site:	

OREGON OFFICE
ORH
of RURAL HEALTH

Reason for Request:

Signature:

By marking the box below, you are certifying that all the information you provided in this form is true and accurate.

☐   I Agree

_____   _____

Signature of Program Participant (Provider)   Date

For ORH office use only:

Date documentation was received by ORH: _____

Date documentation was sent to OHA: _____