

## Loan Repayment Temporary Suspension Request Form

Health Care Provider Incentives Program

Tina Kotek, Governor



**Provider name:** \_\_\_\_\_

**Contract number:** \_\_\_\_\_

Providers seeking to suspend or waive their minimum service obligations under the Oregon Health Care Provider Loan Repayment Program must seek approval from the Authority pursuant to OAR 409-036-0100. Please email completed form to the Oregon Office of Rural Health (ORH) at [ruralworkforce@ohsu.edu](mailto:ruralworkforce@ohsu.edu) **no later than the 30 days prior to the requested suspension.**

**Temporary Suspension:** If the Oregon Health Authority (OHA) approves your request for suspension or waiver of minimum service obligations, you will receive an amendment your award disbursements will be suspended as of the date of approval and the remaining time to complete your service obligation will be immediately tolled until such suspension is lifted.

In addition to the information provided in this form, please provide thorough documentation of the circumstances for which you are requesting a suspension or waiver of your minimum service obligations.

<b>Date of request submission</b>	
<b>Current site name</b>	
<b>New site name if including a site transfer with this form</b> (put NA if not applicable)	
<b>Provider name</b>	
<b>Current mailing address</b>	
<b>Email address</b>	
<b>Phone number</b>	

### Option 1:

☐ I am requesting a temporary suspension from all or part of my minimum service obligation, as outlined below.

### Option 2:

☐ I am requesting a waiver of all or part of my minimum service obligations, as outlined below.

<b>Start date of temporary suspension</b> [must be the 1 <sup>st</sup> day of the month]	
<b>End date of temporary suspension</b> [must be the last day of the month]	

**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: \_\_\_\_\_