

Payment Confirmation Form Completion Instructions

Gather what you need before you start filling it out. Make sure you have:

- Your **OHA contract number**
- The **exact disbursement amount** you received from your previous quarterly payment (e.g., your April 2026 disbursement)
- Your **loan servicer statement or payment history** showing: Your name, loan account number(s), and Date(s) and amount(s) of payment(s) you made using this disbursement

Completing the Payment Confirmation Form:

Provider name: Enter your full name exactly as it appears in your OHA contract.

Contract number: Enter the contract number from your OHA agreement.

Complete the confirmation statement:

You'll see:

I, [_____], confirm that:

1. In the [_____] box, type or write your **name**.
2. In the sentence: I have applied the full amount of my _____ (ex: April 2026) Oregon Health Care Provider Loan Repayment disbursement...

Fill in:

- The **month and year** of the disbursement (e.g., "April 2026").
- The **dollar amount** of that disbursement in the blank that follows:
...disbursement in the amount of \$ _____

Attach the required documentation:

Download a **payment history** or recent **statement** from your loan servicer showing:

- The **payment(s)** made
- The **date(s)** and **amount(s)**
- Make sure it clearly shows that an amount equal to *this disbursement* was applied to your **qualifying educational loans**.
- Attach it to the form or include it as an attachment in your email submission

Fill out the payment table:

In **Table 1. Payments applied from the previous quarter's disbursement:**

There are four lines labeled **Payment 1–4**, each with:

- **Date of Payment**
- **Amount Paid**

Do this:

1. For **each payment** you made using *this specific OHA disbursement*:
 - Under **Payment 1**:

- Date: enter the date the payment posted (e.g., 04/15/2026)
- Amount: enter the dollar amount paid (e.g., \$1,250.00)
- Repeat for **Payment 2, 3, 4** if the disbursement was split into multiple payments.
- 2. If you used the **entire disbursement in a single payment**, just fill out **Payment 1** and leave the others blank.
- 3. If you made **more than four payments** using this one disbursement, list the first four and add the rest on an attached sheet with the same columns

Calculate the “Total Amount Applied from Disbursement”

At the line that says:

Total Amount Applied from Disbursement:

1. Add up the **Amount Paid** from all payments listed in the table.
2. Enter that sum on this line.
3. Double-check that this **total equals the disbursement amount** you wrote earlier in the confirmation statement.

Sign and date the form

At the bottom:

1. **Provider Signature:** Sign your name (wet signature or electronic signature is acceptable)
2. **Printed Name:** Print your full name clearly.
3. **Date:** Write the date you are signing the form.

(Leave the “For ORH office use only: ____ of 12” section blank.)

7. Submit the form

Finally:

- Submit the completed form **and** the attached loan payment history to ORH.
- Keep a copy (PDF or printed) for your own records.

For any questions or assistance, contact ORH at ruralworkforce@ohsu.edu