

## **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 2018/2019 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](mailto: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](mailto: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: \_\_\_\_\_

