Montana State Loan Repayment Program (SLRP)
Candidate Application

Instructions for completing and submitting a SLRP application

Before applying please fully review the Montana State Loan Repayment Program FAQs and the Educational Loan FAQs to ensure you fully qualify for the program. Please use the fillable PDF format only, handwritten applications will not be accepted.

The following documents are **required** for an application packet to be considered complete:

- Completed 2023/2024 Candidate Application;
- Personal Statement (Application Part D);
- Educational Debt Reporting Form **and** copies of current lender documents dated within 30 days of application submission (Application Part E);
- Service site information form completed by site administrator (page 5 of application);
- Copy of current Montana medical license or certification;
- Copy of current Montana driver's license;
- Current CV; and
- Copy of signed employment contract or offer letter

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 including, but not limited to, Montana State Loan Repayment Program (SLRP), National Health Service Corps (NHSC), NURSE Corps, NHSC Scholars, and/or other State, Federal, or local Loan Repayment Programs offering funds in exchange for a service obligation.

Scan and email complete application package to:
MontanaPCO@mt.gov

Please contact the Montana Primary Care Office if you have any questions regarding this application: MontanaPCO@mt.gov

PART A: PERSONAL DATA

Name:

Mailing Address:

City: State: Zip: County:

Home Phone: Work Phone:

Personal Email Address:

Social Security Number: Birth Date:

Please indicate your National Provider Identifier (NPI):

Hometown (City & State):

How do you identify your race, ethnicity, tribal affiliation, or ancestry?

How do you identify your gender?

Were you raised in a rural community? Yes ☐ No ☐

Are you from a disadvantaged background? Yes ☐ No ☐

Are you a veteran? Yes ☐ No ☐

Do you hold a DATA 2000 Waiver? Yes ☐ No ☐ If "Yes" at what level (e.g. DW100)

Do you hold a Substance Use Disorder license or certification? Yes ☐ No ☐

Do you provide Medication Assisted Treatment (MAT)? Yes ☐ No ☐

PART B: QUALIFICATIONS AND ELIGIBLITY

1. Are you a United States citizen? Yes ☐ No ☐
   Applicants must be a US citizen at time of application submission.
2. Do you have a current and unrestricted Montana license to practice your profession? Yes ☐ No ☐
   Applicants must have a current unrestricted license at time of application submission.
3. Do you owe an existing service obligation to another entity? Yes ☐ No ☐
   (If yes, please provide explanation in your personal statements, Part D of this application)
4. Are you free of judgments arising from Federal debt? Yes ☐ No ☐
   (If no, please provide explanation in your personal statements, Part D of this application)
5. Are you delinquent with any court ordered child support? Yes ☐ No ☐
   (If yes, please provide explanation in your personal statements, Part D of this application)
6. Are you an NHSC Scholar or Alumni? Yes ☐ No ☐
   (If yes, please provide the date that your NHSC service obligation was completed:
7. Have you applied for the NHSC Federal Loan Repayment Program? Yes ☐ No ☐
   (*If yes, please indicate the date of submission and result:*

PART C: HEALTH PROFESSION INFORMATION

Please indicate your primary care profession from the list below:

- ☐ Physician- MD
- ☐ Physician- DO
- ☐ Primary Care Nurse Practitioner
- ☐ Primary Care Physician Assistant
- ☐ Registered Nurse
- ☐ Dentist- D.D.S. or D.M.D.
- ☐ Registered Dental Hygienist
- ☐ Certified Nurse-Midwife
- ☐ Pharmacist
- ☐ Psychiatrist (MD or DO)
- ☐ Licensed Clinical Social Worker (master's or doctoral)
- ☐ Licensed Professional Counselor
- ☐ Certified Alcohol and Drug Counselor III
- ☐ Licensed Professional Counselor (master's or doctoral)
- ☐ Marriage and Family Therapist (master's or doctoral)
- ☐ Psychiatric Nurse Specialist
- ☐ Licensed Addiction Counsellor (master's or doctoral)

Please list Specialty:

School:
Degree:
Dates attended from: to:
City:
State: Zip:

Residency Program:
City: State:
Dates attended from: to:

Additional Postgraduate Training:
Dates attended from: to:

Have you ever participated in Area Health Education Center (AHEC) programs? Yes ☐ No ☐

Board Eligible: Yes ☐ No ☐ Board Certified: Yes ☐ No ☐
Professional License Number: Certificate Number:

PART D: PERSONAL STATEMENT:

Personal statements must be typed, no more than one-page in total length and attached as PDF.

Explain your commitment and interest in serving rural and underserved populations throughout Montana including examples that illustrate why you would be a good candidate to receive a Montana State Loan Repayment award.

If applicable, provide detailed explanations for questions answered in Part B of this application.

PART E: EDUCATIONAL DEBT REPORTING

All lender information sections on form must be complete even if the information appears on your lender statements. Any missing information may make the entire application incomplete and the application will not be reviewed. Please only list lenders once and include the total debt if multiple loans are housed within that lender.

Current lender documents must be dated within 30 days of submission and MUST include the current balance, account number, applicant's full name and the loan's date of origination and/or school name. Online printouts and screen shots are acceptable as long as they include all the required information and are unaltered.

You must submit evidence of the educational debts listed below. **If your loans have been consolidated you must submit detailed documentation on the consolidation** (please review Educational Debt FAQs).

Only submit proof of debt for those loans obtained during the course of your graduate education (except for RDHs) which led to your current license/certification as a qualified provider for this program.

The required file type when submitting all documentation related to your application is .PDF.
These file types; .JPEG, .TIFF, or .PNG, may be accepted as long as they are submitted via an attachment with full application submission. Embedded images within an email will not be accepted.
Files that can be altered (e.g. .doc & .TXT files), even if they are converted to a different file type before they are submitted will not be accepted. (please review Educational Debt FAQs).

1. Lender Name:
   Account Number: Current Loan Balance
   Dates debt was incurred:

2. Lender Name:
   Account Number: Current Loan Balance
   Dates debt was incurred:

3. Lender Name:
   Account Number: Current Loan Balance
   Dates debt was incurred:

4. Lender Name:
   Account Number: Current Loan Balance
   Dates debt was incurred:

PART F: QUESTIONNAIRE (optional)

Where did you hear about the Montana State Loan Repayment Program?

How did you learn about the Montana State Loan Repayment Program application?

Work (employer/co-worker)
Family member, Friend, or Acquaintance
State Loan Repayment Program Website
State Loan Repayment Program Office
Presentation (please specify)
Other Source (please specify)

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 Montana Primary Care Office to contact 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.

I understand that completion of the application does not guarantee the receipt of Montana State Loan Repayment Program funds.

Signature: Date:
(Please sign your full name, in ink)

Printed Name:

Montana State Loan Repayment Program (SLRP)

Service Site Information & Attestation

This letter is to confirm employment for the following SLRP applicant listed below:

Provider's Name:

Full Site Name:

Site Address:

Provider's Employment Start Date:

Provider's FTE Status: ☐ 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 Financial Matching Contribution Available: Yes☐ No☐

SLRP Matching Contribution Amount:

Site Attestation:

I confirm the following as the applicant's service site:

- Our site supports our provider's application for the SLRP;
- I confirm our site qualifies for the SLRP;
- Our site has the option to provide matching funds if our provider is awarded; 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)

Printed Name & Title: