

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 2022/2023 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 ELIGIBILITY

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

PART C: HEALTH PROFESSION INFORMATION

Please indicate your primary care profession from the list below:

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

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: _____