

## Montana State Loan Repayment Program (SLRP) Continuation 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 qualify for a continuation award. 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 Continuation Application;
- Educational Debt Reporting Form **and** copies of current lender documents dated within 30 days of application submission;
- Service site information form completed by site administrator;

#### **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](mailto:MontanaPCO@mt.gov)**

**Please contact the Montana Primary Care Office if you have any questions regarding this application: [MontanaPCO@mt.gov](mailto: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): \_\_\_\_\_

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

**EDUCATIONAL DEBT REPORTING FORM**

You must submit current lender statements that are no dated no older than 30 days from the date of application submission. These statements must clearly outline your educational loan debt, and provide details on the information

1. Lender Name: \_\_\_\_\_

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 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: \_\_\_\_\_

# 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: \_\_\_\_\_