**Montana State Loan Repayment Program (SLRP)**

**Certification of Practice Site Form**

The Montana SLRP application requires the practice site to certify the provider’s employment status and acknowledge compliance with program requirements. The practice site must acknowledge that employment verifications will be performed on a regular basis.

Clinician’s Name:

Practice Site Name:

Site Address:

Provider’s Employment Start Date:

Provider’s Employment Status: a. Full-Time: b. Part-Time:

Provider’s Average Weekly Direct Patient Hours:

Specify the number of hours per week on average the clinician performs direct patient care. Exclude administrative, leave, training, emergency, and in-patient hours.

Site Matching Funds: Indicate whether the practice site is willing to provide SLRP matching funds.

1. Site Match Available: Amount:
2. Site Match Unavailable:

Site Primary Contact: Title:

Email: Phone:

Alternate Contact: Title:

Email: Phone: ­

Site Attestation:

I certify that the information I’ve supplied is accurate and complete to the best of my knowledge. I understand that completion of the Montana SLRP application does not guarantee an award.

I hereby confirm the following as the applicant’s service site:

* Our site supports the above listed provider’s application for the Montana SLRP;
* I confirm our site qualifies for the Montana SLRP;
* Our site has the option to provide matching funds if our provider is awarded; and,
* Our site will comply with periodic employment verifications.

