



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 PRIMARY CARE AND RURAL HEALTH
 P.O. BOX 570, JEFFERSON CITY, MISSOURI 65102
 800-891-7415 OR (573) 751-6219

HEALTH PROFESSIONAL LOAN RECIPIENT SURVEY

COMPLETE ALL APPLICABLE SECTIONS **PLEASE TYPE OR PRINT IN INK**

PARTICIPANT INFORMATION

NAME		SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	
STREET		PROFESSIONAL LICENSE NUMBER		ISSUE DATE
CITY	STATE	ZIP CODE	TELEPHONE	
ARE YOU STILL ENROLLED IN SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME CURRENT YEAR IN SCHOOL _____ EXPECTED GRADUATION DATE _____ <input type="checkbox"/> NO DATE STUDIES CEASED _____ OR DATE OF GRADUATION _____				
PARTICIPANTS SIGNATURE				DATE

If you are still in school/training have a representative of your program complete, sign and stamp the appropriate section below. If you are no longer attending school or have completed your education, please have your current employer complete the "Employment Section".

SCHOOL SECTION	RESIDENCY PROGRAM SECTION
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SCHOOL NAME		PROGRAM NAME	
STREET		STREET	
CITY	STATE	CITY	STATE
ZIP CODE	PHONE	ZIP CODE	PHONE
FAX NUMBER	PROGRAM TYPE	FAX NUMBER	PROGRAM SPECIALTY
SCHOOL START DATE	SCHOOL COMPLETION DATE	RESIDENCY START DATE	RESIDENCY COMPLETION DATE
SCHOOL/RESIDENCY PROGRAM SIGNATURE		TITLE	DATE

NOTARY OR SCHOOL/PROGRAM STAMP

EMPLOYMENT SECTION

EMPLOYER		YOUR / PARTICIPANT POSITION TITLE	
STREET		CITY	
STATE	ZIP CODE	PHONE	
EMPLOYMENT SITE IF DIFFERENT THAN ADDRESS ABOVE		COUNTY OF EMPLOYMENT	
EMPLOYMENT START DATE / END DATE		HOURS WORKED PER MONTH	
EMPLOYER'S SIGNATURE			
TITLE			DATE

ALL HEALTH PROFESSIONAL LOAN RECIPIENTS ARE REQUIRED TO COMPLETE AND RETURN SURVEY FORMS AT LEAST BI-ANNUALLY AND WHEN THEIR STATUS CHANGES. FAILURE TO DO SO WITHIN THE ALLOTTED TIME FRAME WILL RESULT IN A BREACH OF THEIR CONTRACT. IF YOU HAVE QUESTIONS, PLEASE CONTACT 800-891-7415.