



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 OFFICE OF PRIMARY CARE AND RURAL HEALTH
 P.O. BOX 570, JEFFERSON CITY, MISSOURI 65102
 800-891-7415 OR (573) 751-6219 FAX (573) 522-8146

HEALTH PROFESSIONAL LOAN REPAYMENT EMPLOYMENT VERIFICATION

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

PARTICIPANT INFORMATION

NAME		E-MAIL ADDRESS		
STREET		PROFESSIONAL LICENSE NUMBER		ISSUE DATE
CITY	STATE	ZIP CODE	TELEPHONE	
DISCIPLINE/SPECIALTY		PARTICIPANT'S POSITION TITLE		
PARTICIPANT'S SIGNATURE				DATE

EMPLOYMENT SECTION

EMPLOYER		EMPLOYEE'S POSITION TITLE		
STREET			CITY	
STATE	ZIP CODE	PHONE		
FACILITY SITE ADDRESS IF DIFFERENT THAN ADDRESS ABOVE			FACILITY TYPE*	COUNTY
DATE PARTICIPANT BEGAN IN CURRENT POSITION	DATE PARTICIPANT ENDED POSITION (IF APPLICABLE)**	HOURS WORKED PER WEEK IN DIRECT PATIENT CARE		
NAME OF PERSON COMPLETING VERIFICATION		TITLE OF PERSON COMPLETING VERIFICATION		DATE
EMPLOYER'S REPRESENTATIVE SIGNATURE			EMPLOYER'S REPRESENTATIVE E-MAIL	

ALL HEALTH PROFESSIONAL LOAN RECIPIENTS ARE REQUIRED TO COMPLETE AND RETURN SURVEYS ON JULY 1ST AND JANUARY 1 AND WITHIN 30 DAYS OF STATUS CHANGES. FAILURE TO DO SO WITHIN THESE ALLOTTED TIME FRAMES WILL RESULT IN A BREACH OF CONTRACT. IF YOU HAVE QUESTIONS, PLEASE CONTACT 800-891-7415.

* Facility type examples: FQHC (Federally Qualified Health Clinic), RHS (Rural Health Clinic), Private Practice, etc.
 ** Do not leave blank. Indicate a current date or state whether participant is currently working.