



Application Instructions for Health Professional Loan Repayment Program

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

- **APPLICANT'S PERSONAL INFORMATION.**

- Fill this section out with all the requested information.
 - ❖ Be sure to list an email address you check regularly; the HPLRP utilizes electronic mail as a primary source of communication.
 - ❖ Race/Ethnicity is optional. However, we ask that you please consider completing this section for reporting purposes.
 - ❖ If you have used any other name in the past, like a maiden name, please provide any other names used.
 - ❖ The year your most recent tax return was filed
 - ❖ Household size includes everyone who lives in your house, yourself, your spouse, and the total number of kids.

- **APPLICANT'S EMPLOYMENT INFORMATION.**

- Fill this section out with all the requested information.
 - ❖ What Profession category are you? Example:
 - Public Health – FQHC, RHC, State or Government facility
 - ❖ Current working Job Title
 - ❖ Work Email address - Your work email address that you check regularly
 - ❖ Work Telephone - Phone number you can be reached at while working
 - ❖ Date of Employment – Your start date
- Employer – Fill out section with ALL of the requested information
- Identify the type of facility that you work in, Ex. FQHC, Hospital, RCH, Outpatient clinic, etc.

- Employment Location, if different from above
- Hours worked per week – Are you considered full-time
- **PROVIDER INFORMATION**
 - National Provider Identifier Number (NPI) If applicable
 - Professional License Number
 - Are you licensed in any other states?
- **ODD/SUD SERVICES**
 - Do you provide ODD Services
 - Do you provide SUD Services
- **SUPERVISOR**
 - Director Supervisor's name
 - Director Supervisor's Telephone Number
 - Director Supervisor's Email address
- **DEGREE**
 - Degree Type
 - Other degrees earned
- **LICENSURE**
 - Copy of your current licensure
 - If a licensed Physician with a MD or DO, provide your Discipline or Specialty
 - If a licensed Dentist with a DDS or DMD, provide your Discipline or Specialty
- **EDUCATIONAL DEBT AND SERVICE OBLIGATION**
 - Do you have a service obligation of any type? Employer, National Health Service Corp, Nurse Loan Repayment Program, State Loan Repayment Program
 - ❖ If so, please provide the requested information
 - Have you applied for the PSLF relief for student debt
 - List all eligible educational debt

- ❖ Federal Student Aid Loan – any lender

- **REQUIRED DOCUMENTATION**

- Please provide current proof of educational debt on letterhead that **must** include:
 - ❖ Lenders name
 - ❖ Your name
 - ❖ Account number
 - ❖ Balance
- A copy of your Missouri Professional License
- A copy of your official Job description with your job title and duties
- A copy of Proof of Citizenship Ex. Birth certificate, Passport, Proof of Naturalization
- Proof of Missouri Residency – State-Issued Driver's License or State-Issued ID
- A full copy of your entire most recent tax return

- **PRINT, SIGN, AND DATE.**

- **SUBMISSION OF APPLICATION.**

- You may submit your application once you have completed all required fields on the application and attached the required documentation. (*Submissions are accepted September 1 – November 1 of each year.*)
- Submission Methods:
 - ❖ **Electronically (Preferred):**
https://missouriwic.iad1.qualtrics.com/jfe/form/SV_9S6F2jD55gNDarc
 - ❖ **Mail to:**

Missouri Department of Health and Senior Services
Office of Rural Health & Primary Care
PO BOX 570
Jefferson City, MO 65102-0570
 - ❖ **Fax:** (573) 522-8146
 - ❖ **Email:** DHSS.LoanRepayment@health.mo.gov