



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 OFFICE OF RURAL HEALTH AND PRIMARY CARE
 P.O. BOX 570 JEFFERSON CITY, MO 65102
 PHONE (573) 751-6441 FAX (573) 522-8146

HEALTH PROFESSIONAL LOAN REPAYMENT EMPLOYMENT VERIFICATION FORM

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

PARTICIPANT INFORMATION

NAME				TELEPHONE	
HOME ADDRESS					
CITY		STATE	ZIP CODE	COUNTY	
E-MAIL ADDRESS			PROFESSIONAL LICENSE NUMBER (IF APPLICABLE)		ISSUE DATE
APPLICANT'S SIGNATURE					DATE

CURRENT EMPLOYMENT INFORMATION (SECTION TO BE COMPLETED BY SUPERVISOR/EMPLOYER)

EMPLOYER		EMPLOYEE'S POSITION TITLE			
EMPLOYMENT ADDRESS					
CITY		STATE	ZIP CODE	COUNTY	
FACILITY TYPE			WORK PHONE		
DATE EMPLOYEE BEGAN IN CURRENT POSITION			DATE EMPLOYEE ENDED IN POSITION (IF APPLICABLE)**		
HOURS WORKED PER WEEK IN <u>DIRECT PATIENT CARE</u>			TOTAL HOURS WORKED PER WEEK		
NAME OF EMPLOYER'S REPRESENTATIVE COMPLETING VERIFICATION			TITLE OF PERSON COMPLETING VERIFICATION		
EMPLOYER'S REPRESENTATIVE PHONE NUMBER		EMPLOYER'S REPRESENTATIVE E-MAIL ADDRESS			
EMPLOYER'S REPRESENTATIVE SIGNATURE					DATE

ALL HEALTH PROFESSIONAL LOAN RECIPIENTS ARE REQUIRED TO COMPLETE AND RETURN SURVEYS ANNUALLY, UPON REQUEST BY THE DEPARTMENT OF HEALTH AND SENIOR SERVICES 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 THE OFFICE OF RURAL HEALTH AND PRIMARY CARE BY PHONE AT 573-751-6441, OR BY EMAIL AT DHSS.LOANREPAYMENT@HEALTH.MO.GOV.

**If you have begun employment at a new site, you must submit a final survey from your prior site, indicating the end date of your work with the previous employer.