



MUST BE TYPED OR PRINTED

PARTICIPANT'S INFORMATION		
LAST, FIRST, MIDDLE INITIAL	SOCIAL SECURITY NUMBER	BIRTHDATE
STREET, CITY, STATE, ZIP CODE		LICENSE TYPE AND NUMBER

EMPLOYER INFORMATION	
EMPLOYER NAME	HPSA ID NUMBER
STREET	PRACTICE TYPE
CITY, STATE, 9-DIGIT ZIP CODE	COUNTY

CONTRACT TERMS

The Department agrees to pay all or part of the principal, interest, and related expenses of the Participant's qualifying educational loans. The loan repayment funds are contingent on the appropriation of State funds.

The total loan repayment fund amount is: _____ dollars (\$_____)

from funding code _____.

In return for receiving the loan repayment funds, the Participant agrees to:

- (1) Use the loan repayment funds only for repaying qualifying educational loans; and
- (2) Engage in qualified employment for the contract period: Full-time for a two (2) year period or four (4) years half-time:

The start date of the service obligation is to begin on _____ and end on _____.

Employment must require licensure as a nurse (Registered Nurse or Advanced) and be located at either a hospital or a public or nonprofit agency, institution, or organization located in an area of need/Health Professional Shortage Area (HPSA).

VERIFICATION

Within thirty (30) days of a change, the Participant must update the Department in writing of changes to his or her license status, including address and employment.

No later than June 1st and December 1st of each year of the contract period, the Participant must submit a survey to the Department verifying his/her employment. The Participant may use the Department's employment verification survey form at <http://health.mo.gov/living/families/primarycare/loanrepayment/>; or the Participant may submit documentation on the employer's letterhead and verified by the employer that includes: The name of the employer, the location of the employer's practice site, the start date of the Participant's employment, the end date of the Participant's employment or that the Participant is currently employed, and whether the Participant has full- or half-time employment.

DEFERRAL

Upon written request and adequate documentation (e.g., statement of the attending physician, death certificate, or Social Security disability determination) the Department may, at its discretion, grant a deferral of payment of the loan repayment funding amount and interest if the Participant demonstrates hardship such as:

- (1) The Participant's or an immediate family member's critical illness;
- (2) Death in the Participant's immediate family; or
- (3) The Participant's severe handicapping condition.

The Department shall review the status of each deferral as often as necessary, but at least annually, to ensure that the Participant complies with the intent of the deferral.

If circumstances beyond the control of the Participant result in the termination of his/her qualified employment, upon written request and adequate documentation, the Department may, at its discretion, grant the Participant deferral status for a period up to ninety (90) days and allow the participant to regain qualified employment.

BREACH AND PENALTIES

Participant can breach the contract by:

- (1) Failing to begin or complete the term of service obligation;
- (2) Failing to submit employment verification surveys twice a year, or within 30 days of any change, to demonstrate to the Department that the Participant has actually begun or completed the term of service.

Breach penalties:

If the Participant breaches the contract by failing to either begin or complete his or her service obligation, the Department shall be entitled to recover from the Participant an amount equal to the sum of:

- (1) The total of the amount the Department paid under this contract; plus
- (2) Interest accruing on the total contract amount starting at the date the loan repayment funds were disbursed at a rate of 9.5% per year.

The Department may also recover from the Participant damages and any legal fees or costs associated with the collection of damages. The Participant must pay the breach penalties described above within twenty-four (24) months of the breach.

MODIFICATION/EXTENSION

This contract may not be amended or modified without notification and agreement of the parties.

EXECUTION

The Participant must sign and date this contract before a notary public and return to the Department for execution. This document only becomes fully executed when signed by the Department's authorized signatory.

FOR THE PARTICIPANT

SIGNATURE	DATE
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NOTARIZATION

STATE	Notary Public Embossed or Blank Ink Rubber Stamped Seal
COUNTY	
SUBSCRIBED AND SWORN BEFORE ME BY THE BORROWER	
THIS DAY OF MONTH OF YEAR	
NOTARY PUBLIC SIGNATURE	
MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)	

FOR THE DEPARTMENT OF HEALTH AND SENIOR SERVICES

AUTHORIZED SIGNATURE
TITLE
DATE