

Primary Care Resource Initiative for Missouri (PRIMO)

Application Instructions

Missouri Department of Health and Senior Services
Office of Rural Health and Primary Care

Contact Information for the PRIMO Program

Phone #: 1-800-891-7415 or 573-751-6441

Fax #: 573-522-8146

Email: DHSS.LoanRepayment@health.mo.gov

Website: <https://health.mo.gov/living/families/primarycare/primo/>

Note: You must complete the entire application to be considered for funding.

[Applications are accepted January 1 – March 1 of each year.](#)

Introduction

These applications instructions are for persons applying for the Primary Care Resource Initiative for Missouri (PRIMO) Program. These step-by-step instructions assist in completing the application, including the methods which are available for submitting the completed application. Contact the PRIMO program with any questions and assistance with completing the application and required documentation.

The PRIMO program is a competitive state program that awards funding to Missouri residents attending a Missouri institution pursuing education and training leading to careers as licensed primary care physicians, dentists, and dental hygienists. Applicants must meet the qualifications associated with the program provisions and agree to work in a Missouri [Health Professional Shortage Area \(HPSA\)](#), upon completion of training.

Program Provisions are found in the PRIMO Program Policies and Procedures and the [PRIMO Program Code of State Regulations \(CSR\) PDF Document](#) (19 CSR 10-4.010).

Before You Apply:

- Carefully review all the program provisions found in [19 CSR 10-4.010PDF Document](#).
- Make sure you understand all the program provisions, penalties, and how contract breaches occur.
 - There are *serious* penalties associated with breaching program contracts, which could result in paying back the entire loan amount awarded to you in addition to interest and other financial penalties.

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SECTION 1: APPLICANT'S PERSONAL INFORMATION

Fill this entire section out with requested demographic information.

1. Provide your full legal name, starting with Last, First, Middle Name. Please do not include nicknames or abbreviated names.
2. Provide your full Social Security Number.
3. If applicable, provide your Maiden or Any Other Names Used.
4. List an Email Address that you check regularly. The PRIMO Program utilizes email as a source of communication.
5. Provide your full Date of Birth.
6. Provide your Home Phone Number; Cellular Phone Number; Work Phone Number. Provide all applicable telephone numbers.
7. Provide your Current Address, including: Street, City, State, Zip Code, and County.
8. If applicable, identify any Languages Spoken Fluently Other Than English. If you do not speak any other languages, leave this field blank.
9. Select Yes or No regarding if you are a U.S. Citizen.
10. Select Yes or No regarding if you are a Missouri Resident.
11. If you selected yes to number 10, indicate the years and months you have been a Missouri resident at your permanent residence.
12. Provide the Adjusted Gross Income (AGI) On Your Most Recent Tax Return as detailed on your most recent Federal Income Tax Return. If you reside in a parent or guardian's home or claimed as a dependent on a parent or guardian's taxes, please use your parent or guardian's recent Federal Income Tax Return.
13. Provide the Number of Dependents in your household. This number should reflect the number of persons you are financially responsible for within the home. If you live with a parent or guardian and do not file personal taxes, the number should reflect the number of persons the parent or guardian is financially responsible for within the home.
14. Permanent Address: Please provide the address where you permanently reside. This is typically the address at which you reside while not attending classes.
15. Address While in School: Please provide the address at which you reside while attending classes, if different from your permanent address.

DEMOGRAPHIC INFORMATION CHECK ALL THAT APPLY

16. This information is used for reporting purposes and does not affect the determination of awards. Please select the following:

- Gender: Select Male or Female.
- Ethnicity: Select Hispanic or Latino or Not Hispanic or Latino.
- Race: Select all that apply.

SECTION 2: PROGRAM TYPE/DEGREE FOR WHICH YOU ARE CURRENTLY ENROLLED

17. Select the Academic Program Type For Which You Are Enrolled.

18. Select the appropriate Academic Degree For Which You Are Enrolled.

19. Missouri Resident for 1 Year or More? : Only select Yes, if you have lived in Missouri for at least one full calendar year.

20. If Yes, Was This Only to Attend Your Current School: Select Yes if you are only a Missouri resident to attend school. Select No if your Missouri residency is not just to attend a Missouri school.

SECTION 3: SPONSORSHIPS

21. Are You a Participant or Have You Participated in the Following Loan Programs Offered by the Missouri Department of Health and Senior Services (DHSS) Or Any PRIMO Supported Programs: Answer yes or no for all items listed. Answer Yes or No based on your prior (or current) history of participation with the following programs listed:

- Missouri Professional and Practical Nursing Student Loan Program (NSL)
- Primary Care Resource Initiative for Missouri (PRIMO)
- PRIMO Supported Health Professional Student Recruitment Program (e.g., Area Health Education Centers [AHEC]). Provide the program name and years of participation in that program.

SECTION 4: DOCUMENTATION REQUIREMENTS

You must include the following documentation with your application in order for your application to be complete:

22. Proof of Missouri Residency: Attach a copy of one of the following to your application:

- ✓ Your current Missouri driver's license;
- ✓ Your current Missouri state-issued identification card; or
- ✓ Your Missouri voter identification card.

23. A Copy of Your Financial Aid Award Notice from Your School: Attach your Financial Aid Award Notice, which may also be referred to as an Award Letter. A financial aid representative from your educational institution may supply this to you.

24. A Copy of your Current Free Application for Federal Student Aid (FAFSA) Student Aid Report (SAR)/ or Institutional Student Information Record (ISIR): Attach your FAFSA SAR. Any student with a Federal Student Aid (FSA) ID can view or print their SAR by selecting "Login" on the *FAFSA Web* home page, then selecting "View or Print your Student Aid Report (SAR)" from the "My FAFSA" page.

An ISIR may be submitted instead of the FAFSA SAR. The ISIR contains much of the same information as the FAFSA SAR. This report is sent directly to your educational institution and may be provided by the appropriate representative of your educational institution.

25. A Copy of Your Most Recent Income Tax Return Reporting Your Adjusted Gross Income (AGI): Attach your most recent income tax return. If you filed your own taxes for your most recent tax return, please provide *your* most recent Income Tax Return. If you were claimed as a dependent on a parent or guardian's taxes, please provide a copy of your parent or guardian's most recent Federal Income Tax Return. Part of the award selection involves reviewing your adjusted gross income (AGI), which is included in your income tax return. We review your AGI to help determine each applicant's place on the latest Federal Poverty Level (FPL) chart. You can review the up-to-date FPL chart here: <https://aspe.hhs.gov/poverty-guidelines>.

26. Documentation of Community/Employer Support (i.e. Letter of recommendation): This is not required but applicants are encouraged to submit this item as it assists staff in reviewing the applicant's eligibility.
27. ACES Recommendation. This is only required for those who participated in a Career Advancement Scholars (ACES) Program through AHEC.
28. Attach a Narrative/Essay: The essay does not have to be formatted in a particular fashion, but should not be more than two (2) pages. Your essay must address the following:
- ✓ Reasons why you are a good candidate for this loan.
 - ✓ List your top 3 choices of where you intend to provide health care services, including the county and facility type (hospital, clinic, etc.). This is where you want to practice after licensure and the reasons you chose those areas, counties, and facilities. Explain in detail why these are your top choices.
 - ✓ Your financial situation and need for PRIMO Student Loan. Explain your financial situation and how that situation relates to you requiring financial assistance.

SECTION 5: CONFLICTING SERVICE OBLIGATION

21. Do You Have an Existing Service Obligation: Select Yes or No to indicate if you have another service obligation. If you selected Yes, describe the obligation including the name, type of program, and the date this obligation ends. Specify any service obligations including any related to your employment, such as tuition reimbursement or sign-on bonus.

Applicants will not be selected if they have another existing/remaining service obligation as a health professional, or any other service obligation to the Federal Government (e.g. an active duty military obligation, National Health Service Corp (NHSC) Scholarship obligation, a NURSE Corps Scholarship or Loan Repayment Program obligation). This is considered a conflicting service obligation and is not allowable. Exceptions may include a National Guard or military reserve service obligation.

If the service obligation ends before a contract would be executed, you could still qualify for a loan.

SECTION 6: ATTESTATION STATEMENT

29. Read the Attestation Statement carefully:

“I Attest that, upon graduation, I will provide primary care services within my scope of practice in a Missouri DHSS-defined Health Professional Shortage Area (HPSA) as a part of my loan forgiveness obligation in order to earn forgiveness on the funds awarded to me.”

30. After carefully reviewing the Attestation Statement, select Yes or No indicating your agreement or disagreement with the Attestation Statement. If you select No, you will be disqualified from consideration for a PRIMO Student Loan.

31. Sign and Date. Your signature must be original, also known as a “wet ink” signature. Do not use an electronic signature.

SECTION 7: ENROLLMENT AND TUITION INFORMATION

32. This section is to be completed by a representative of your educational institution’s Financial Aid Department. All fields must be completed.

33. Review for completeness. Has the Financial Aid Department Representative:

- ✓ Included your anticipated graduation date?
- ✓ Indicated your part-time or full-time enrollment status?
- ✓ Answered the question related to your academic standing?
- ✓ Provided:
 - Start and end dates of the academic year?
 - Total program costs for the academic year?

SECTION 8: RESIDENCY TRAINING PROGRAM INFORMATION

34. This section is to be completed by Residency Training Program Director, or their Designee (Physicians Only): All fields must be completed. If you are not in a residency program, leave this section blank.
35. Review for completeness. Has the Program Director or their Designee:
- ✓ Included the Resident Year?
 - ✓ Printed their Name?
 - ✓ Included an Email Address?

SUBMISSION OF APPLICATION

36. Once you have completed the application and attached the required documentation, submit your application. *Submissions are accepted January 1 – March 1 of each year.*

37. Submission Methods:

a) **Electronic Submission:**

Visit: <https://health.mo.gov/living/families/primarycare/primo/>
Select “PRIMO Electronic Application Submission” at the top of the page.
Submit the completed application and required documentation.

b) **Scan and Email:** DHSS.LoanRepayment@health.mo.gov.

c) **Fax:** (573) 522-8146

d) **Mail:**

Attn: PRIMO Program
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