Provider Application: Part A

Michigan State Loan Repayment Program
Michigan Department of Community Health

Applicant Name and Title:	Sponsoring Agency:	Date:

Instructions:

This form must be completed by the provider applying for loan repayment. It should be typed, then printed and mailed to the MSLRP Office as part of your MSLRP Single-submission Application Package, which must include:

- Provider Application, Part A – completed by provider
- Provider Application, Part B – completed by provider and holder(s) of loans
- Practice Site Application and Declaration of Intent – completed by the sponsoring agency (employer)

Contract Information

You must discuss your application with your employer before applying for loan repayment. Since your employer will be required to make contributions, all of the selections you make below regarding *Application Period*, *Type of Contract* and *Length of Contract Requested* **must be the same as those selected by your employer** on the *Practice Site Application and Declaration of Intent Form.* Initial contracts must be 2-4 years with preference given to longer contracts.

Application Period and Type of Contract Applied For (Check only one box.)**:**

Annual January – May Application Period (contracts generally starting the following October 1st):

- ☐ 20% Employer Contribution, Competitive Contract
- ☐ 50% Employer Contribution, Local Match Contract

First-Come, First-Served Application Period (contracts may begin as soon as one month after eligibility determination and employment):

- ☐ 50% Employer Contribution, Sign - On Bonus Loan Repayment Contract
- ☐ 50% Employer Contribution, Provider Retention Loan Repayment Contract

Length of Contract Requested (Check only one box)**:** ☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year

Personal Information

Age and Race information is required for federal reporting.

Last Name	First Name	Middle Name	Social Security#	☐ Male ☐ Female

Address	City	State	Zip

Home Phone	Cell Phone	E-mail
Are you an American citizen? ☐ Yes ☐ No	Date of Birth:	Age at time of this application:

Race/Ethnicity:	Are you MULTIRACIAL*? ☐ Yes ☐ No *For the purposes of this question, you are Multiracial if you have parents from more than one of the broad race categories listed or if at least one of your parents is Multiracial.	If Yes, please mark all of the races with which you identify. ☐ Hispanic ☐ White ☐ Black ☐ API ☐ AIEA
☐ Hispanic ☐ American Indian, Eskimo or Aleut (AIEA) ☐ White (except Hispanic) ☐ Asian or Pacific Islander (API) ☐ Black (except Hispanic)		

Educational and Professional Information

Professional Designation:			
If MD or DO, what is your specialty?			
License Number	State of Licensure: ☐ Michigan ☐ Other:		
Name of Medical/Nursing/Dental/PA/Graduate School			
School Address	City	State	Zip

Beginning date of medical/graduate/dental education:	Graduation date:
Name of residency program(if applicable):	Completion date:

Program Address	City	State	Zip

Will you be providing prenatal care?	If yes, will you work at least 40 hours per week, spending at least 21 hours per week providing direct primary care in an ambulatory setting during normally scheduled office hours? ☐ Yes ☐ No
☐ Yes →	
☐ No →	If no, will you work at least 40 hours per week, spending at least 32 hours per week providing direct primary care in an ambulatory setting during normally scheduled office hours? ☐ Yes ☐ No

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Practice Site Information			
Complete the information requested below for each Practice Site at which you intend to fulfill your MSLRP service obligation. A *Practice Site* is a location at which you will provide primary care to residents of a Health Professional Shortage Area. The *Sponsoring Agency* is the health care system or organization that owns the practice site.			
Practice Site Name:	Name of Sponsoring Agency		
Practice Site Address:	City	State	Zip
Work Phone: Ext	Work Email:		
Date of Employment: Or, Expected Date of Employment:	Hours Worked Per Week: Or, Expected Hours Worked Per Week:		
Practice Site 2 (If Applicable)			
Practice Site Name:	Name of Sponsoring Agency		
Practice Site Address:	City	State	Zip
Work Phone: Ext	Work Email:		
Date of Employment: Or, Expected Date of Employment:	Hours Worked Per Week: Or, Expected Hours Worked Per Week:		
Practice Site 3 (If Applicable)			
Practice Site Name:	Name of Sponsoring Agency		
Practice Site Address:	City	State	Zip
Work Phone: Ext	Work Email:		
Date of Employment: Or, Expected Date of Employment:	Hours Worked Per Week: Or, Expected Hours Worked Per Week:		
Practice Site 4 (If Applicable)			
Practice Site Name:	Name of Sponsoring Agency		
Practice Site Address:	City	State	Zip
Work Phone: Ext	Work Email:		
Date of Employment: Or, Expected Date of Employment:	Hours Worked Per Week: Or, Expected Hours Worked Per Week:		
Practice Site 5 (If Applicable)			
Practice Site Name:	Name of Sponsoring Agency		
Practice Site Address:	City	State	Zip
Work Phone: Ext	Work Email:		
Date of Employment: Or, Expected Date of Employment:	Hours Worked Per Week: Or, Expected Hours Worked Per Week:		

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Loan Information

You must list all educational loans for which you have a remaining balance, whether or not they entail a service obligation. Include only loans that funded your undergraduate or graduate education and training that led to the professional license necessary for the position at which you will fulfill your MSLRP service obligation. If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated/refinanced loan is eligible for loan repayment and must not be listed below or included in your Provider Application: Part B. Please list the information about all of your current educational loans in the "Current Loans" section. List all original educational loans that have been consolidated into one of your current loans in the "Original Loans That Have Been Consolidated" section. Next to the name of each original loan you list, fill in the current loan # (1-20) of the loan into which the original loan was consolidated.

Current Loans:

Current Loan #	Account or other ID #	Academic period covered by loan	Name of Loan Program	Lender	Balance
1		to			
2		to			
3		to			
4		to			
5		to			
6		to			
7		to			
8		to			
9		to			
10		to			
11		to			
12		to			
13		to			
14		to			
15		to			
16		to			
17		to			
18		to			
19		to			
20		to			
				Total Eligible Debt	**$0.00**

Original Loans That Have Been Consolidated:

Original Loan Name .	Current Loan #

Do any of the loans entail a service obligation? ☐Yes ☐No If yes, which ones:

Certification Statement:

I certify that the information above is true and correct:_____

Signature Date