

**Provider Application: Part A**  
Michigan State Loan Repayment Program  
Michigan Department of Health and Human Services

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 loan servicers
- Practice Site Application – completed by employer

The MSLRP application process is very competitive. Providers serious about successfully competing for a loan repayment agreement will need to carefully read all sections of the MSLRP website, including the MSLRP Opportunity Update posted on the landing page and the Participant Information and Requirements section, as well as all application forms.

This form is broken up into six sections. Providers need to carefully read the instructions for each section as they complete this form.

**1. Personal Information:**

Please note that per federal regulations, only United States Citizens are eligible to apply. Providers with green cards must complete the naturalization process to become U.S. Citizens before applying to the program.

Social security number is required in order to make MSLRP payments.

Ethnicity and racial demographic information is reported federally as this program utilizes federal funds.

**2. Education & Professional Information:**

2a and 2b. The professional designations and specialties listed are those that are eligible for this program. If your designation and specialty are not listed, then you are not eligible for the MSLRP program.

**3. MSLRP Agreement Status:**

3a. You must discuss this application with your employer, because employers are required to make contributions to loan repayment agreements awarded to their healthcare providers. MSLRP loan repayment agreements require two-year service obligations, which will begin October 1 following each application period. Applicants must have eligible educational debt sufficient to warrant an initial two-year, \$20,000 loan repayment agreement to participate. **You will find more information on the amount of loan repayment agreements in the *Funding and Loan Repayment Agreements* section of the MSLRP website ([www.michigan.gov/mslrp](http://www.michigan.gov/mslrp)).**

3b. The northern Obstetric provider designation includes all obstetric service providers working at practice sites in, or north of, Mason, Lake, Osceola, Clare, Gladwin, and Arenac Counties. Obstetrics is the branch of medicine that deals with the care of women during pregnancy and during and following childbirth. This includes OB/GYN physicians and certified nurse midwives, as well as family medicine physicians, nurse practitioners, and physician assistants who provide obstetric services on a regular basis at both hospital and non-hospital-based clinics. Clinicians who provide prenatal care, but do not perform deliveries, may also receive priority status.

3c. Program funds must be obligated soon after the end of the application period. Providers entering the final phase of the application process, who have also applied to the NHSC LRP, must decide whether they will continue in the final phase of the MSLRP application process, or withdraw their MSLRP applications and wait to hear from the NHSC.

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**4. Participant Status Information:**

Applicants who have received MSLRP payments must provide Loan Repayment Documentation (LRD).

**Applications who have received MSLRP payments but do not provide, or provide less than the required amount of LRD when reapplying to the program, will be screened out of the current application period and will need to reapply during the next application period.** You will find detailed information on Loan Repayment Documentation requirements in the *Participant Information and Requirements* section of the MSLRP website at [www.michigan.gov/mslrp](http://www.michigan.gov/mslrp).

**5. Practice Site Info:**

Complete the information requested below for each Practice Site at which you may 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 healthcare system or organization that owns the practice site.

**Providers**, except for those working at Community Health Centers, **must make sure they include all practice sites at which they may complete their MSLRP service obligations and should make sure that their employers list all of the same sites and hours per week on their Practice Site Applications.** Loan repayment agreements can only be awarded for practice sites included in original applications. **Provider or employer requests to include additional practice sites during the review or contracting process will void the application, requiring the provider to reapply during the following application period.** Providers may enter zero ('0') for 'Hours Worked Per Week' for practice sites at which they are not currently working, but **may** be asked to work during their service obligations. Hours of employment at sites where providers currently work, or expect to work **must total** at least 40 hours of employment per week and be the same as on their employers' Practice Site Applications.

**Be sure to include the 9-digit zip code for each site location. This is a federal reporting requirement.**

**Providers Working at Community Health Centers:**

Providers working at Community Health Centers (CHCs) and Federally-Qualified Health Center Look-Alikes do not need to include all practice sites at which they **may** complete their MSLRP service obligations. However, they must include sufficient practice sites to show that they are, or will be working **at least 40 hours per week** by October 1 following this application period. The practice sites and number of hours worked per week must be the same as on their employers' Practice Site Applications.

**6. 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, below. List all **original educational loans** that have been consolidated into one of your current loans in the "Original Loans That Have Been Consolidated" section, below. 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. Use additional pages if necessary.

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Today's Date \_\_\_\_\_

1. Personal Information				
a. Last Name	b. First Name	c. Middle Name	d. Male Female	
e. Home Address:		f. City:	g. State	h. Zip
i. Home Phone:	j. Cell Phone:		k. Direct Work Phone:	
l. Personal Email:	m. Work Email:		n. Additional Email:	
o. Are you a U.S. Citizen?      Yes      No		p. Date of Birth:	q. Social Security Number:	
<b>PLEASE NOTE: You must be a United States citizen to participate.</b>				
r. Race/Ethnicity:  <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian, Eskimo or Aleut (AIEA) <input type="checkbox"/> White (except Hispanic) <input type="checkbox"/> Asian or Pacific Islander (API) <input type="checkbox"/> Black (except Hispanic)		s. Are you Multiracial?  <input type="checkbox"/> Yes <input type="checkbox"/> 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.		
t. If yes, Please mark the races with which you identify  <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> API <input type="checkbox"/> AIEA <input type="checkbox"/> Other				
2. Educational and Professional Information				
a. Professional designation <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Certified Nurse Mid-wife <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Masters of Social Work (MSW) <input type="checkbox"/> DDS/DMD <input type="checkbox"/> Psychologist <input type="checkbox"/> Counselor				
b. Specialty: <input type="checkbox"/> Family Practice <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Pediatrics <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Mental Health <input type="checkbox"/> Geriatrics				
c. License Number:		d. State of Licensure:		
e. Name of most recent College/University attended:		f. Date started:	g. Graduation date:	
h. Name and location of residency program (if applicable)		i. Residency completion date:		

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**3. MSLRP Agreement Information**

- a. Select the statement below that best describes your agreement with your employer regarding employer contributions. My employer is:
- Not-for-profit and agrees to contribute 20 percent (20%) of the total amount of any loan repayment agreement I may be awarded.
- Located within Genesee County and the 20 percent (20%) contribution is waived.
- For-profit and agrees to contribute 50 percent (50%) of the total amount of any agreement. Providers must work in a non-profit practice site.
- My employer has not agreed to make employer contributions. **(Will be screened out of current application period.)**
- b. You may request priority status to receive preference in the MSLRP selection process by checking the box indicating your provider type, below (see instructions for additional information):
- Northern Obstetric Service Providers
- Psychiatrist (out-patient, clinic-based)
- Inpatient Pediatric Psychiatric Providers
- Genesee County Primary Care Providers
- c. National Health Service Corps Status
- No – I **have not** applied and **will not** apply to the NHSC Loan Repayment Program (NHSC LRP).
- Yes – I **have** also applied **or will** apply to the NHSC Loan Repayment Program in the upcoming application cycle.

**4. Participant Status Information**

- a. If awarded, will this be your first MSLRP loan repayment agreement?      Yes              No  
If you answered “yes” – skip to section 5. Practice Site Information.  
If you answered “no” – continue below. **You MUST provide LRD – see instructions.**
- b. Current MSLRP Agreement (if any)
- Start Date:                      End Date:                      Agreement Amount:
- Each 6-month payment dollar amount:
- Number of Payments received to date:
- Total dollar amount of MSLRP Payments received to date:
- c. Most Recently Completed MSLRP Agreement (if any)
- Start Date:                      End Date:                      Agreement Amount:
- d. Next most recently completed MSLRP Agreement
- Start Date:                      End Date:                      Agreement Amount:
- e. Next most recently completed MSLRP Agreement
- Start Date:                      End Date:                      Agreement Amount:
- f. Total dollar amount of payments received from all MSLRP agreements:

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5. Practice Site Information				
a. <b>Non- OB/GYN Providers:</b> Will you be employed at least 40 hours per week, spending at least <b>32 hours</b> per week providing direct primary care in an ambulatory setting during normally scheduled office hours?				
Yes                      No				
b. <b>OB/GYN Providers ONLY:</b> Will you be employed at least 40 hours per week, spending at least <b>21 hours</b> per week providing direct primary care in an ambulatory setting during normally scheduled office hours?				
Yes                      No				
c. <b>All Providers:</b> Will you be employed at the practice site(s) listed below for at least 40 hours per week, and for not less than 45 weeks per year? Note that time 'on call' does not count toward 40 hours of employment per week?				
Yes                      No				
<b>d. Practice Site 1 (Primary Practice Site)</b>				
Practice Site Name			Name of Sponsoring Agency	
Practice Site Address		City	State	9 Digit-Zip Code
County:	Date of employment (or Expected date):	Expected Hours Worked Per Week at Site:		
<b>e. Practice Site 2 (if applicable)</b>				
Practice Site Name			Name of Sponsoring Agency	
Practice Site Address		City	State	9 Digit-Zip Code
County:	Date of employment (or Expected date):	Expected Hours Worked Per Week at Site:		
<b>f. Practice Site 3 (if applicable)</b>				
Practice Site Name			Name of Sponsoring Agency	
Practice Site Address		City	State	9 Digit-Zip Code
County:	Date of employment (or Expected date):	Expected Hours Worked Per Week at Site:		
<b>g. Practice Site 4 (if applicable)</b>				
Practice Site Name			Name of Sponsoring Agency	
Practice Site Address		City	State	9 Digit-Zip Code
County:	Date of employment (or Expected date):	Expected Hours Worked Per Week at Site:		
<b>h. Practice Site 5 (if applicable)</b>				
Practice Site Name			Name of Sponsoring Agency	
Practice Site Address		City	State	9 Digit-Zip Code
County:	Date of employment (or Expected date):	Expected Hours Worked Per Week at Site:		

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6. Loan Information							
a. Current Loans						b. Original loans that have been consolidated	
#	Account or ID #	Academic Period Covered by Loan	Name of Loan Program	Lender	Balance	Original Loan Name	Current Loan #
1					\$		
2					\$		
3					\$		
4					\$		
5					\$		
6					\$		
7					\$		
8					\$		
9					\$		
10					\$		
11					\$		
12					\$		
13					\$		
14					\$		
15					\$		
16					\$		
17					\$		
18					\$		
19					\$		
20					\$		
<b>Total Eligible Debt</b>					\$		

➔ **Do any of the above loans entail a service obligation requirement, other than for the Michigan State Loan Repayment Program?** ☐ Yes ☐ No

**Certification Statement and Mandatory Signature:**

I agree to read and comply with all policies and procedures described in the *Participant Information and Requirements* section of the MSLRP website, as updated annually, and certify that all information in this application is accurate and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date