

# Missouri Community Health Foundation: Community Health Loan Forgiveness Program



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**Application  
And Guidance  
September 2013**

# **Missouri Community Health Foundation: Community Health Loan Forgiveness Program**

## **Application and Program Guidance September 2013**

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Monday through Friday

### **NOTICE: PLEASE KEEP THIS DOCUMENT**

The Application and Program Guidance describes the Missouri Community Health Foundation's Community Health Loan Forgiveness Program. Applicants selected as a recipient of the Community Health Forgiveness Program should retain the Application and Program Guidelines as a reference.

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## **Introduction**

### **Background**

The Missouri Community Health Foundation, Inc. (Foundation) was established as a non-profit corporation by the Missouri Primary Care Association (MPCA) in 2009. The Foundation provides loan forgiveness and other forms of support as appropriate for the education of health care professionals in the State of Missouri who commit to providing future services for the underserved in the State.

### **Purpose of the Community Health Loan Forgiveness Program**

The purpose of the Community Health Loan Forgiveness Program is to create a permanent endowed loan forgiveness fund that provides partial or full funding for health care professional students from urban and rural Missouri to attend medical, dental, or nursing school in the primary care field. The Community Health Loan Forgiveness Program pays for tuition and education-related expenses in return for a full-time service at a MO Federally Qualified Health Center (FQHC) upon completion of educational training. The total number of years a recipient is obligated to serve will depend on the number of school years of support received, not to exceed four (4) years.

## Eligibility Requirements

An Applicant's commitment to participate in the Community Health Loan Forgiveness Program is serious, as is the need for access to comprehensive primary health care services in underserved communities throughout Missouri. Only those students who are committed to remaining in Missouri to practice primary care in a FQHC setting should consider applying for the Community Health Loan Forgiveness Program.

**To be eligible for the Community Health Loan Forgiveness Program, all applicants must:**

1. Be a U.S. Citizen or U.S. National (permanent residents are not eligible to apply).
  2. Be a Missouri resident and attend a Missouri educational institution. Missouri residents are those who have lived in this state for more than one (1) year for any purpose.
  3. Be enrolled as a Full-Time 3<sup>rd</sup> or 4<sup>th</sup> Year Medical or Dental Student in a Missouri educational institution offering a course of study leading to a degree as:
    - a. A Doctor of Allopathic or Osteopathic Medicine (i.e., M.D. or D.O.). For students in six year medical programs, the student must be in years five (5) or six (6) to be eligible.
    - b. A Doctor of Dentistry (i.e., D.D.S or D.M.D.).
- Or**
- c. A Full-Time Nursing Student in a Missouri educational institution offering a course of study leading to a degree as a Certified Nurse Practitioner (i.e., Master's or Doctorate degree).
  4. Have no existing service obligations to Federal, State, or other entity for professional practice or service upon completion of academic training, with the exception of the MO National Guard or Military Reserves.

## Funding Preferences and Awards

The Community Health Loan Forgiveness Program for the 2013-2014 school year is expected to be very competitive. The program anticipates more applicants for awards than there are available funds.

The below **priorities and preferences** will be considered when selecting recipients of awards in the Community Health Loan Forgiveness Program:

- ❖ Applicants who demonstrate a significant interest and commitment to remain in Missouri to practice primary care in a FQHC. This factor is considered through the following:
  - Essay Questions: Responses to the essay questions in the 'Community Health Loan Forgiveness Application Process' on page 17 aid in the review and selection process and help gauge an applicant's interest in primary care and dedication to work in Missouri's underserved communities.
  - Letters of Recommendation: Letters that provide a detailed description of the applicant's commitment to help/serve underserved populations, education/work achievements, community and civic involvement, etc. will aid in the review and selection process.
- ❖ Current Community Health Loan Forgiveness Program Recipients who are seeking additional support to continue their training. Granting of continuation awards depends upon the availability of funds and is contingent upon the recipient:
  - Being enrolled full-time in courses for which he/she was funded and not repeating a course; and
  - Being in academic good standing, and
  - Being in compliance with the program.
- ❖ Applicants that have an existing relationship with a community-based health care organization such as a FQHC and have a letter of recommendation from the administrator of the organization.
- ❖ Applicants who have been certified by their academic institution as having a 'disadvantaged background.'
- ❖ Applicants who demonstrate the ability to excel and maintain good academic standing.

### Awards

Awards for medical, dental, and nursing are based on the cost of full-time attendance. The total award amount is based on the tuition and required fees (as defined and provided by the school/educational institution) and will be verified before an award is granted.

Medical and Dental Awards: Community Health Loan Forgiveness Program awards for Medical and Dental Students are limited to **two (2) school years**, defined as July 01 through June 30 during which a recipient is enrolled in a school as a full-time 3<sup>rd</sup> or 4<sup>th</sup> Year Medical or Dental Student. (For students in six-year medical programs, the students must be in years five (5) or six (6) to be eligible). First and Second year medical and dental students are **not** eligible for the program.

Current Community Health Loan Forgiveness Program Recipients will receive continued funding for their last year of training as long as they remain in compliance with the program.

For instance, if an applicant receives an award while in his/her 3<sup>rd</sup> year of medical school, as long as he/she remains in compliance with the program, he/she will automatically receive an award for his/her 4<sup>th</sup> year of training. Granting of continuation awards depends upon the availability of funds and is contingent upon the recipients: (1) being enrolled full-time in courses for which they were funded and not repeating a course; and (2) being in academic good standing, and (3) being in compliance with the program guidelines.

Nurse Awards: Community Health Loan Forgiveness Program awards for Nursing Students are limited to **four (4) school years**, defined as July 01 through June 30 during which a recipient is enrolled in a school as a full-time Nursing Student in a course of study leading to a degree as a Certified Nurse Practitioner (i.e., Master's or Doctorate degree).

Current Community Health Loan Forgiveness Program Recipients will receive continued funding for their training as long as they remain in compliance with the program. For instance, if an applicant receives an award while in his/her 1st year of nursing school, as long as he/she remains in compliance with the program, he/she will automatically receive an award for his/her subsequent years of training. Granting of continuation awards depends upon the availability of funds and is contingent upon the recipients: (1) being enrolled full-time in courses for which they were funded and not repeating a course; and (2) being in academic good standing, and (3) being in compliance with the program guidelines.

All new Community Health Loan Forgiveness Program awards also are subject to the availability of funds.

### **What costs are covered by the Community Health Loan Forgiveness Program?**

- ❖ Tuition and Required Fees: Tuition and required fees will be paid directly to the educational institution. The educational institution is required to submit an invoice to the Community Health Loan Forgiveness Program for payment of tuition and fees for each school year.
  - The Community Health Loan Forgiveness Program only will pay for course work one time. The program will not pay for any repeated course.
  - Increases in tuition or required fees that are reported by the educational institution after the Community Health Loan Forgiveness Program award has been made are not guaranteed and will be subject to the availability of funds and approval of the Foundation.
  - The Community Health Loan Forgiveness Program only can make payments to one school/educational institution, which will be the initial school of record as completed on the application.
  - The Community Health Loan Forgiveness Program only will pay for courses that are required for graduation. The Community Health Loan Forgiveness Program will not pay for additional courses beyond those required for graduation from the degree program for which the award was granted.
  - Community Health Loan Forgiveness Program awards are based on the cost of attendance at the initial school/educational institution as indicated on an application. Transfers in schools/educational institutions are strongly **discouraged** once the applicant has been accepted into the Community Health

Loan Forgiveness Program. If the tuition at the new school/educational institution is higher than at the initial school of record, payment for the difference in tuition is not guaranteed and will be subject to the availability of funds and approval of the Foundation. Transfers must be approved by the Community Health Loan Forgiveness Program in advance to ensure continued eligibility for funding and only will be considered for exceptional circumstances. Changes in discipline are **not** permitted.



## **Community Health Loan Forgiveness Program Requirements**

### **Program Requirements for Community Health Loan Forgiveness Recipients while in School/Training:**

Individuals who receive a Community Health Loan Forgiveness award must adhere to the following while they are in school/training:

- ❖ Maintain full-time enrollment **and** must remain in good academic status as defined by the educational institution's/school's academic policies. The Community Health Loan Forgiveness Program must be notified as soon as possible when there are (or will be) changes in enrollment status. Examples may include:
  - A repeat in course work
  - A change in graduation date
  - A leave of absence from school/training
  - Withdrawal or dismissal from the educational institution/school
- ❖ Notify the Community Health Loan Forgiveness Program of changes in personal information. The Community Health Loan Forgiveness Program must be immediately notified of any personal information changes such as a name, mailing address, e-mail address, telephone number, etc.
- ❖ When possible, recipients of the Community Health Loan Forgiveness Program are strongly encouraged to complete clinical rotations and experiences in FQHC settings. Contact the Community Health Loan Forgiveness Program for assistance and information regarding possible rotation sites and preceptors.

Failure to notify the Community Health Loan Forgiveness Program of changes in personal information may result in a Breach of Contract and affect the recipient's eligibility to receive further funding and support from the Foundation.

## Service Commitment Requirements

Recipients of the Community Health Loan Forgiveness Program agree to provide full-time clinical primary health care services in a FQHC setting in Missouri upon completion of their health professional training. For Medical and Dental Students there is a minimum two (2)-year full-time service commitment and a maximum four (4)-year full-time service commitment. For Nursing Students there is a minimum one (1)-year full-time service commitment and a maximum four (4)-year full-time service commitment.

<b>Physicians and Dentists:</b>	
<b>Number of Awards Received</b>	<b>Years of Service Commitment in a Missouri FQHC</b>
1 Award	2 Years Full-Time
2 Awards	4 Years Full-Time

  

<b>Nurses:</b>	
<b>Number of Awards Received</b>	<b>Years of Service Commitment in a Missouri FQHC</b>
1 Award	1 Year Full-Time
2 Awards	2 Years Full-Time
3 Awards	3 Years Full-Time
4 Awards	4 Years Full-Time

### Service Commitment Start Date

Recipients are required to begin fulfilling their service commitment as soon as possible upon completion of their training.

- For physicians (M.D. and D.O.), the service commitment will begin upon completion of an accredited primary care residency in the field of Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Internal Medicine / Pediatrics, or Psychiatry. This is generally within three (3) months of June 30.
- For dentists (D.D.S. and D.M.D), the service commitment will begin upon graduation from the dental program. This is generally within three (3) months of May 31. Dentists who elect to pursue an accredited post-graduate residency as approved by the Community Health Loan Forgiveness Program will begin upon completion of their residency. This is generally within three (3) months of June 30.
- For Certified Nurse Practitioners (MSN and DNP), the service commitment will begin within six (6) months upon completion of training and securing the necessary licensure and certification.

Prior to completion of training all recipients of the Community Health Loan Forgiveness program **must** consult a representative of the program regarding **available opportunities** that will meet the qualifications to fulfill their service commitment in a Missouri FQHC setting.

Recipients who for any reason fail to begin or complete their service commitment at the required times set out above are in breach of the Community Health Loan Forgiveness Program Contract and incur the damages described in the “Breaching the Community Health Loan Forgiveness Program Contract” section on page 15. Students uncertain of a commitment to primary health

care are advised not to participate in the Community Health Loan Forgiveness Program. In addition, students who are unsure about their future specialty interests are advised not to apply for the Community Health Loan Forgiveness Program.

### **Community Health Loan Forgiveness Recipient Pre-Employment Process**

Prior to completion of professional training and accepting an offer of employment, all recipients of the Community Health Loan Forgiveness Program will be contacted by program staff to clarify the terms and conditions of their service commitment. Examples of information and clarification may include:

- Assistance with finding employment in a qualifying Missouri FQHC Setting
- Approval of employment, including copy of employment contract
- Service Commitment beginning and ending dates
- Submission of Service Commitment Verification Forms

### **Full-Time Clinical Primary Health Care Service**

Recipients of the Community Health Loan Forgiveness Program are required to engage in the full-time clinical practice of the profession for which he/she was awarded. A full-time clinical practice is defined as a minimum of 32 hours per week spent in direct patient care and any other administrative hours required by an FQHC related to such direct patient care service. The direct patient care service will be conducted during normally scheduled clinic hours in an outpatient care setting. The 32 hours per week may be compressed into no less than four (4) days per week. Time spent in 'on-call' status will not count toward the 32-hour week direct patient care requirement. Recipients' use of approved time off for CME, vacation or sick leave by an FQHC shall not count against the full-time clinical requirement. OB/GYN physicians and Family Medicine physicians who practice obstetrics on a regular basis are allowed to count time spent at the hospital as long as it is for the purpose of providing clinical services to established patients of the FQHC.

### **Service Commitment Verification**

Every recipient of the Community Health Loan Forgiveness Program who is fulfilling their service commitment must submit a service commitment verification form created by the Foundation to the program for each six (6) months of service. The form must be completed and signed by the recipient and the appropriate representative at the FQHC. By signing this form, the site will be verifying the recipient's compliance or noncompliance with the applicable clinical practice requirements during that six (6)-month period. Recipients who fail to submit the service commitment verification forms on time may jeopardize receiving credit for their service commitment and may be considered in Breach of the Community Health Loan Forgiveness Program Contract.

### **Service Commitment End Date**

The last day of the service commitment is determined in whole years from the start date. For example, the last day of service for a Community Health Loan Forgiveness Recipient with a four (4)-year service commitment who began service on July 15, 2013 would be July 14, 2017. Adjustments in the end date will be made if the recipient is away from the FQHC for more than seven (7) consecutive weeks per service year.

Recipients of the Community Health Loan Forgiveness Program are eligible for repayment of outstanding educational debt through programs such as the State of Missouri Health Professional Loan Repayment Program, National Health Service Corp (NHSC) Loan Repayment Program, and/or the Community Health Loan Repayment Program only **after** they complete their service commitment to the Community Health Loan Forgiveness Program.

## Licensure / Certification Requirements

Community Health Loan Forgiveness recipients must have a current, full, permanent, unencumbered and unrestricted license in the state of MO for the health profession they received funding for before they can begin their service commitment. In addition, each recipient is responsible for meeting the applicable board and licensure/certification requirements outlined below. The Foundation reserves the right to request documented proof of licensure status, certification, and any other requirements set forth below.

**Physicians:** All physicians must successfully complete Steps 1, 2 (clinical skills and clinical knowledge components) and 3 of the United States Medical Licensing Examination (USMLE) or Levels 1, 2 (cognitive evaluation and performance evaluation components), and 3 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) by the time they complete their primary care residency training. M.D. /D.O recipients who are unable to pass all parts of the licensing examination and obtain a license to practice medicine in the state of MO should immediately contact the program in writing.

All physicians must also receive certification in the primary care specialty in which they received loan forgiveness funding for from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association. M.D. /D.O recipients who are unable to receive certification should immediately contact the program in writing.

**Dentists:** All dentists must successfully complete the National Board Dental Examination Part 1 and 2. Recipients are expected to take the appropriate exams at the earliest possible date based on their education and training. D.D.S./D.M.D recipients who are unable to pass all parts of the licensing exam and obtaining a license to practice dentistry in the state of MO should immediately contact the program in writing.

If applicable, dentists must also receive certification in the dental specialty in which they received loan forgiveness funding for. D.D.S./D.M.D recipients who are unable to receive certification should immediately contact the program in writing.

**Nurse Practitioners:** All nurse practitioners must successfully pass a discipline-specific national certification exam. Recipients are expected to take the appropriate exams at the earliest possible date based on their education and training. Nurse Practitioner recipients who are unable to pass the national certification exam and obtaining a license to practice in the state of MO should immediately contact the program in writing.

## Changing Jobs

Once recipients of the Community Health Loan Forgiveness Program establish employment at a Missouri FQHC they are expected to remain there until their service commitment is fulfilled. After a service commitment is approved, it is the recipient's responsibility to notify the Community Health Loan Forgiveness Program of any potential changes of employment. Job changes must be approved by the Community Health Loan Forgiveness Program in advance and only will be granted in extraordinary and limited circumstances.

Should recipients be unable to fulfill their service commitments, they must notify the program **immediately via writing and telephone**. Recipients should not voluntarily leave their employers without the prior written approval of the Community Health Loan Forgiveness Program. If any recipient leaves his/her employer for any reason without advance approval from the program, he/ she may be considered in Breach of the Community Health Loan Forgiveness Program Contract.

## **Deferment of the Community Health Loan Forgiveness Program Service Commitment**

Deferment is the temporary postponement of fulfilling the Community Health Loan Forgiveness Program service commitment due to extenuating circumstances or for attending post-graduate training (including residency, chief residency, or fellowship). While in deferment, recipients do not receive awards or financial support from the program nor do they incur additional service commitments. Deferments will be granted to recipients when it is determined to be in the best interest of the Community Health Loan Forgiveness Program.

Deferments will be granted to **physicians** (M.D. and D.O.) while they are participating in an accredited primary care medical residency in the field of Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Internal Medicine / Pediatrics, or Psychiatry. Deferments will be granted to **Dentists** (D.D.S. and D.M.D), who wish to participate in an accredited post-graduate residency program in the field of General Dentistry, Pediatric Dentistry, or Public Health Dentistry.

Recipients must submit a request for deferral in writing to the Community Health Loan Forgiveness Program and include information such as residency and post-graduate plans (if applicable) or when applicable personal medical and financial documentation. The Community Health Loan Forgiveness Program reviews all deferral requests on a case by case basis. Recipients will be notified in writing whether or not deferment has been approved/granted.

Deferments will **not be approved** for non-primary health care programs (e.g. emergency medicine, surgery, radiology, neurology, anesthesiology, oral surgery, endodontics, etc.) or programs which the Community Health Loan Forgiveness Program determines are not consistent with the needs of the program. Recipients who are not approved for deferment will be subject to the provisions listed in the “Breaching the Community Health Loan Forgiveness Program Contract” section on page 15. Additionally, periods of postgraduate training will not be credited toward satisfying the Community Health Loan Forgiveness Program service commitment.

Students who are unsure about their future specialty interests or who are unable to commit themselves to Missouri FQHC settings are advised **not** to accept awards from the Community Health Loan Forgiveness Program.

The following table outlines the amount of time that is typically granted for deferrals of specific residency specialties:

<b>Residency Specialty</b>	<b>Deferral Time</b>
Family Medicine	3 Years
Internal Medicine	3 Years
Internal Medicine/Pediatrics	4 Years
Obstetrics/Gynecology	4 Years
Pediatrics	3 Years
Psychiatry	4 Years
General Practice Dentistry	1 Year
Pediatric Dentistry	2 Years
Public Health Dentistry	2 Years

Medical and Dental Fellowships may be approved for an additional one (1) year of deferment on a case-by-case basis. Recipients of the Community Health Loan Forgiveness Program should submit their request for deferment to the program in their last year of residency training.

### **Conditions of Deferment**

It is the responsibility of every recipient of the Community Health Loan Forgiveness Program in deferment to notify the program of any changes in contact information and/or training status and to remain in contact with program staff to assure he/she is in compliance with Community Health Loan Forgiveness Program.



## **Breaching the Community Health Loan Forgiveness Program Contract**

Recipients should immediately contact the Community Health Loan Forgiveness Program if a situation arises in which they are unable to fulfill their service commitments. The Community Health Loan Forgiveness Program will assist them to the extent possible to avoid a breach of contract.

### **Failure to Complete Academic Training**

Recipients who are dismissed from school for academic or disciplinary reasons, or who voluntarily terminate academic training before graduation from the educational program for which the Community Health Loan Forgiveness Program was awarded, will be declared in breach of their contract and will be held liable for the repayment of all funds that were paid to their educational institution/school on their behalf. Such repayment will be due from the recipient to the Foundation within sixty (60) days after the recipient's breach. In addition, the recipient agrees to pay the Foundation the total sum of interest in the amount of Eighteen Percent (18%) per annum from the date the funding was paid to the educational institution/school until the total funding repayment amount is paid to the Foundation in full.

### **Failure to Begin or Complete Service Commitment**

Recipients who, for any reason, fail to begin or complete their service commitment after completion of their training will be declared in Breach of the Contract and will be held liable for repayment of all funds paid to their educational institution/school on their behalf. Such repayment will be due from the recipient to the Foundation within sixty (60) days after the recipient's breach. In addition, the recipient agrees to pay the Foundation the total sum of interest in the amount of Eighteen Percent (18%) per annum from the date the funding was paid to the educational institution/school until the total funding repayment amount is paid to the Foundation in full.

### **Delinquent Debt**

If a recipient's debt to the Foundation is not paid within sixty (60) days after the recipient's breach and collections are unsuccessful, the Foundation may refer the recipient's debt to a collection agency for enforced collection. The recipient also may be liable for the above debt incurred, plus collection costs, court costs and expenses. If a recipient defaults on his/her service commitment, the Foundation may elect to recover any debts due to it from the recipient by wage garnishment after securing a judgment against the recipient.

### **Waiver or Cancellation of Community Health Loan Forgiveness Program Service Commitment**

The Community Health Loan Forgiveness Program may cancel, or waive (in whole or part) a service commitment. Recipients seeking a cancellation or waiver of their service commitments must submit a written request stating the underlying circumstances to the program.

A waiver may be granted if the recipient documents a permanent situation that makes compliance with the service commitment impossible or an extreme hardship, such that enforcement would be against good conscience. Compliance would be considered 'impossible' if the recipient suffers from a documented physical or behavioral disability resulting in his/her inability to fulfill the service commitment. All requests for a waiver are subject to approval by

the Community Health Loan Forgiveness Program and must be submitted in writing and include full medical and financial documentation.

To determine an 'extreme hardship' and be in 'good conscience,' the Community Health Loan Forgiveness Program will consider: (1) the recipient's present financial resources and obligations; (2) the recipient's estimated future financial resources and obligations; and (3) the extent of which the recipient has problems of a personal nature, such as physical or behavioral disability, which so intrudes on the his/her present and future ability to fulfill the Community Health Loan Forgiveness Program service commitment.

In the unfortunate event of a recipient's death, any service commitment is cancelled in its entirety. No liability will be transferred to the recipient's heirs.

## **Community Health Loan Forgiveness Application Process**

To be eligible for the Community Health Loan Forgiveness Program, the following documentation must accompany the application. Incomplete applications will not be processed and the applicant will not be considered.

### **Submission of Supporting Documentation**

All supporting documentation must be submitted with the application. Supporting documentation includes the following items:

- ❖ Completed Community Health Loan Forgiveness Participant Application.
- ❖ Proof of U.S. Citizenship or U.S. National Status. A copy of applicant's birth certificate that states U.S. Citizenship, the ID Page of applicant's U.S. Passport, or a certification of naturalization will suffice.
- ❖ Proof of Missouri residency. A copy of one of the following examples of proof of Missouri residency will suffice: Current Missouri Drivers License, Current State of Missouri Identification Card, or current Missouri Voter's Registration.
- ❖ Documentation from applicant's educational institution/school indicating the following:
  - Full-Time enrollment
  - Current Tuition and Fee Schedule (as verified by applicant's educational institution/school).
  - Good academic standing including most current GPA.
  - Disadvantaged background (if applicable).
- ❖ Applicants must submit a biographical statement. Biographical statements must be typed, dated and signed, and at minimum include all of the following:
  - Why is the applicant interested in the Community Health Loan Forgiveness Program?
  - Student or work experience with medically underserved populations (examples: community health centers, public health departments, community / volunteer service, shadowing, etc.). Statement should include:
    - Organization name, location, and supervisor name
    - Start and end dates of each experience
    - Number of hours spent on each experience
    - Brief description of the experience
    - Knowledge and skills gained from the experience.
    - What are the applicant's long-term professional plans after fulfilling the Community Health Loan Forgiveness Program service commitment?
- ❖ At least two Letters of Recommendation.

## **Notification of Community Health Loan Forgiveness Program Award**

Individuals selected as recipients of the Community Health Loan Forgiveness Program are notified via writing (letter and contract) and telephone. If the individual does not respond to Community Health Loan Forgiveness Program by the deadline indicated, the applicant's opportunity to participate in the program may expire and may be offered to an alternate individual.

Before signing the Community Health Loan Forgiveness Program Contract, applicants should review the entire Application and Guidance to ensure a complete understanding of the full-time clinical primary health care service commitment in a FQHC setting in Missouri and the consequences of failing to fulfill this service commitment.

Individuals whose applications did not fall within the competitive range to be considered by the Community Health Loan Forgiveness Program will also be notified.

All Community Health Loan Forgiveness Program award payments are paid directly to the student's educational institution/ school. Upon notice of award, the educational institution is required to submit an itemized invoice that includes tuition and required fees to the Community Health Loan Forgiveness Program for payment.



# Missouri Community Health Foundation Community Health Loan Forgiveness Program Application

## APPLICANT INFORMATION

Name (First, Middle, Last) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Your Hometown City & State \_\_\_\_\_ Gender  Male  Female

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Are you a U.S. Citizen or U.S. National?  No  Yes

Are you a Missouri Resident?  No  Yes (for how long?) \_\_\_\_\_

Do you have an existing professional service or practice obligation?  No  Yes (please list) \_\_\_\_\_

Are you fluent in any languages other than English?  No  Yes, please list: \_\_\_\_\_

Has your academic institution certified you as having a disadvantaged background?  No  Yes

Are you currently in good academic standing with your academic institution?  No  Yes

Will you be enrolled as a full-time student during the 2013-2014 school year and will your class attendance begin on or before September 30, 2013?  No  Yes

Ethnicity (please check all that apply)

- African American/Black
- American Indian
- Asian
- Caucasian/White
- Hispanic/Latino
- Native Hawaiian/Pacific Islander
- Other, Please Specify \_\_\_\_\_
- I choose not to answer.

## EMERGENCY CONTACT INFORMATION

Name (First, Middle Initial, Last) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## DEGREE AND ACADEMIC INSTITUTION INFORMATION

**Discipline**     Medical Student     Dental Student  
                   Doctor of Nursing Practice Student                     Masters of Science in Nursing Student

**Specialty**     Family Medicine     General Internal Medicine     General Pediatrics     Internal Medicine / Pediatrics  
                   Obstetrics/Gynecology     Psychiatry  
                   General Dentistry     Pediatric Dentistry     Public Health Dentistry

**Type of Degree**     D.O.     M.D.     D.D.S.     D.M.D.     D.N.P.     M.S.N.

**Year in Training** \_\_\_\_\_                    **What is the Total Length of your program/training?** \_\_\_\_\_

**Anticipated Graduation Date** \_\_\_\_\_                    **Anticipated Date you will begin practicing?** \_\_\_\_\_

**Name of Academic Institution** \_\_\_\_\_

**Address** \_\_\_\_\_                    **City** \_\_\_\_\_                    **State** \_\_\_\_\_                    **Zip** \_\_\_\_\_

**Financial Aid Officer Name** \_\_\_\_\_                    **Telephone** \_\_\_\_\_                    **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_                    **Annual Tuition** \$ \_\_\_\_\_                    **Start Date** \_\_\_\_\_

## ADDITIONAL INFORMATION TO INCLUDE

Please submit the following with your application:

**APPLICATIONS WITHOUT APPROPRIATE ATTACHMENTS WILL NOT BE PROCESSED.**

1. Proof of U.S. Citizenship or U.S. National Status (copy of Birth Certificate stating U.S. Citizenship, ID page of U.S. Passport or Certification of Naturalization)
2. Proof of Missouri residency (copy of current MO driver's license, current MO ID card, or current MO voter's registration card)
3. Documentation from your academic institution indicating:
  - a. Full-Time enrollment;
  - b. Current tuition and fee schedule;
  - c. Good academic standing including most current GPA; and
  - d. Disadvantaged background (if applicable).
4. A typed Biographical Statement to include, at a minimum all of the following:
  - a. Why you are interested in the Community Health Loan Forgiveness Program ("the Program")?
  - b. Briefly describe any prior work and/or experience you have had in working with medically underserved populations. Please list: organization names, locations and supervisor name and position start/end dates of each experience, number of hours spent on each experience, knowledge and skills gained.
  - c. What are your long-term professional plans after fulfilling the Program service commitment?
5. At least two Letters of Recommendation

## DISCLAIMER, ASSURANCES & SIGNATURE

I certify the information contained in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or my disqualification from the Program if I am selected for participation. I authorize the Missouri Community Health Foundation ("the Foundation") to investigate any of the facts set forth in this application. I further understand that the Foundation may contact the persons providing my letters of recommendation or who have knowledge of my student or work experiences to conduct a background investigation. I hereby authorize and request any personal references and other persons, firms or entities to furnish the Foundation any information regarding my work and service. I hereby release all persons, companies, corporations or individuals from all liability and responsibility that may result from providing Foundation such information.

I also verify that I understand, should I be offered and accept an award from the Program, that I will provide full-time clinical primary health care services in a Federally Qualified Health Center (FQHC) setting in Missouri upon completion of my health professional training with a minimum service commitment of two years and maximum of four years for physicians and dentists; or a minimum service commitment of one year and maximum of four years for nurses. I further verify that if selected for an award from the Program, I will execute a Service Obligation Agreement prior to receiving any funding under the Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return completed application to: [jadamson@mo-chf.org](mailto:jadamson@mo-chf.org) or mail to:  
Missouri Community Health Foundation  
ATTN: Joni Adamson  
3325 Emerald Lane, Jefferson City, MO 65109**

**MISSOURI COMMUNITY HEALTH FOUNDATION**  
**LOAN FORGIVENESS PROGRAM SERVICE OBLIGATION AGREEMENT**

It is mutually understood and agreed by Missouri Community Health Foundation, Inc., a Missouri non-profit corporation ("Foundation"), and \_\_\_\_\_ ("Student"), on the \_\_\_\_\_ day of \_\_\_\_\_, as follows:

1. Purpose. The purpose of this Agreement is to provide funding for Student to continue his/her education at \_\_\_\_\_ University ("University") in the field of \_\_\_\_\_ based upon Student's agreement and commitment to provide health care services at a federally qualified health center ("FQHC") in Missouri upon graduation from University and receipt of his/her license and/or board certifications pursuant to the terms herein.

2. Funding. Foundation agrees to provide \_\_\_\_\_ Dollars and No Cents (\$\_\_\_\_\_.00) to Student by way of a check written jointly to Student and University for Student's tuition at \_\_\_\_\_ University ("Funding") for the \_\_\_\_\_ academic year.

3. Service Obligation.

A. Length of Service. As consideration for Student's receipt of the funds under paragraph 2 herein, Student agrees to complete a service obligation to Foundation by continuously working full time for \_\_\_\_\_ full years at a FQHC in Missouri as a \_\_\_\_\_ as set out herein. While completing such service obligation, Student will be an employee of the FQHC and will not at any time be an employee of the Foundation.

B. Service Commitment Start Date. Student is required to begin fulfilling his/her service commitment as soon as possible upon completion of his/her training.

- *For physicians (M.D. and D.O.), the service commitment will begin upon completion of an accredited primary care residency in the field of Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, Obstetrics/Gynecology, Pediatrics, or Psychiatry. This is generally within three (3) months of June 30.*
- *For dentists (D.D.S. and D.M.D), the service commitment will begin upon graduation from a dental program. This is generally within three (3) months of May 31. Dentists who elect to pursue an accredited post-graduate residency as approved by the Community Health Loan Forgiveness Program will begin upon completion of their residency. This is generally within three (3) months of June 30.*
- *For Certified Nurse Practitioners (MSN and DNP), the service commitment will begin within six (6) months upon completion of training and securing the necessary licensure and certification.*

C. Community Health Loan Forgiveness Student Pre-Employment Process. Prior to completion of professional training and accepting an offer of

employment, Student will be contacted by the Foundation to clarify the terms and conditions of his/her service commitment. Examples of information and clarification may include:

- Assistance with finding employment in a qualifying Missouri FQHC Setting
- Approval of employment, including copy of employment contract
- Service Commitment beginning and ending dates
- Submission of Service Commitment Verification Forms

While the Foundation will assist Student in finding employment, the Foundation cannot guarantee Student's employment.

- D. Full-Time Clinical Primary Health Care Service. Student is required to engage in the full-time clinical practice of the profession of \_\_\_\_\_. A full-time clinical practice is defined as a minimum of 32 hours per week spent in direct patient care and any other administrative hours required by an FQHC related to such direct patient care service. The direct patient care service will be conducted during normally scheduled clinic hours in an outpatient care setting. The 32 hours per week may be compressed into no less than four (4) days per week. Time spent in 'on-call' status will not count toward the 32-hour week direct patient care requirement. A Student's use of approved time off for CME, vacation or sick leave by an FQHC shall not count against the full-time clinical requirement. *OB/GYN physicians and Family Medicine physicians who practice obstetrics on a regular basis are allowed to count time spent at the hospital as long as it is for the purpose of providing clinical services to established patients of the FQHC.*
- E. Service Commitment Verification. Student shall submit a service commitment verification form created by the Foundation to the Foundation for each six (6) months of service. The form must be completed and signed by Student and the representative at the FQHC designated by the Foundation.
- F. Service Commitment End Date. The last day of the service commitment is determined in whole years from the start date. For example, the last day of service for a Student with a four (4)-year service commitment who began service on July 15, 2013 would be July 14, 2017. The Foundation will adjust the end date for Student's service if Student is away from the FQHC for more than seven (7) consecutive weeks per service year. Such adjustment will include the addition of service days for any days exceeding the seven (7) consecutive weeks that Student was away from the FQHC.
- G. Changing Jobs. Once Student establishes employment at a Missouri FQHC he/she is expected to remain there until his/her service commitment is fulfilled. After a service commitment is approved, it is Student's responsibility to notify the Foundation of any potential changes of



employment. All job changes by Student must be approved by the Foundation in advance of such change.

#### 4. Requirements.

A. Reporting. Student must adhere to the following while he/she is in school/training:

- ❖ Maintain full-time enrollment **and** remain in good academic status as defined by University's academic policies. The Foundation must be notified as soon as possible when there are (or will be) changes in Student's enrollment status. Examples may include:
  - A repeat in course work;
  - A change in graduation date;
  - A leave of absence from school/training; or
  - Withdrawal or dismissal from University.
- ❖ Notify the Foundation of changes in personal information. The Foundation must be immediately notified of any personal information changes for Student such as a name, mailing address, e-mail address, telephone number, etc.

Student also is strongly encouraged to complete clinical rotations and experiences in FQHC settings and may contact the Foundation for assistance and information regarding possible rotation sites and preceptors.

B. Licensure/Certification. Student must have a current, full, permanent, unencumbered and unrestricted license in the state of MO for the health profession he/she received funding for before he/she can begin his/her service commitment. In addition, Student is responsible for meeting the applicable board and licensure/certification requirements outlined below:

- i. **Physicians:** *All physicians must successfully complete Steps 1, 2 (clinical skills and clinical knowledge components) and 3 of the United States Medical Licensing Examination (USMLE) or Levels 1, 2 (cognitive evaluation and performance evaluation components), and 3 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) by the time they complete their primary care residency training. In addition all physicians must also receive certification in the primary care specialty in which they received loan repayment funding for from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association; or*
- ii. **Dentists:** *All dentists must successfully complete the National Board Dental Examination Part 1 and 2; or*
- iii. **Nurse Practitioners:** *All nurse practitioners must successfully pass a discipline-specific national certification exam.*

Student is expected to take the appropriate exams at the earliest possible date based on his/her education and training.

5. Term. This Agreement shall be in effect from the date set forth above through Student's completion of his/her Service Obligation set forth under paragraph 3 herein.

6. Noncompliance. A Student's failure to perform any **one** of the following obligations shall be considered a material breach of this Agreement to which Foundation immediately can terminate the Agreement and seek damages from Student: (i) failure to complete academic training including, but not limited to, dismissal from University for academic or disciplinary reasons, or termination of academic training before graduation from the educational program for which the Foundation funding was awarded; (ii) failure to begin or complete service contract including failure to begin or complete his/her service commitment after completion of his/her training; (iii) failure to complete the reporting requirements under paragraphs 4A or 3E herein; and/or (iv) failure to become licensed and/or board certified as required under 4B. The parties agree that Student's breach of this Agreement will result in Student's obligation to repay **the full Funding amount** set out under paragraph 2 regardless of the time in Student's service that such breach occurs. Such repayment will be due from Student to Foundation within sixty (60) days after Student's breach. In addition, Student agrees to pay Foundation the total sum of interest in the amount of Eighteen Percent (18%) per annum or one and one-half percent (1 ½ %) of the actual Funding amount per month from the date the Funding was paid for Student until the total Funding amount is repaid in full to the Foundation.

7. Correspondence and Notices. All correspondence, notices, invoices, reports, etc. required to be given under this Agreement shall be made in writing and delivered to the individuals named below or other authorized representative of Foundation and Student.

For Foundation:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

For Student:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-mail: \_\_\_\_\_

Any notice delivered shall be hand delivered, sent via Certified, Registered or First-Class mail, sent by overnight courier, sent by facsimile or sent by email. Notice shall be deemed delivered to the locations set forth in this Agreement or as otherwise designated by the parties and received, whether actually received or not, as follows: (1) three days after being deposited in the United States Mail, postage prepaid, Certified, Registered or First-Class Mail; (2) upon execution of written receipt when hand delivered; (3) one day after being sent via overnight courier; and (4) upon the sender receiving confirmation that the facsimile or email transmission was completed successfully when sent via facsimile or email.

8. Indemnity. Student shall indemnify and hold Foundation harmless including, without limitation, its agents, directors, officers, employees, parents, subsidiaries and independent contractors of and from any and all claims, losses, costs, damages and expenses arising out of or connected with injury to or the death of any person or damage to real or personal property resulting from or arising out of Student's service obligations under this Agreement.

9. Permissions. Student gives Foundation permission to share and obtain Student's personal information from Student's application and reports submitted by Student with its agents, business partners and schools necessary for the purposes of administering the Funding and service obligations, as well as permission to use whatever means Foundation deems necessary to verify any information provided by Student for the purpose of determining compliance of Student with the terms of this Agreement.

10. General Provisions.

- A. Legal Action. Should legal action by Foundation be required due to Student's breach of his/her obligations under this Agreement, in addition to other damages arising under this Agreement, Student shall indemnify and reimburse Foundation for all expenses incurred in the enforcement of this Agreement, including, without limitation, collection and administrative costs, attorney's fees, court costs and expenses. Such expenses also shall be reimbursed to Foundation in the event Student agrees to settle Foundation's claims out-of-court during a pending lawsuit.
- B. Choice of Law and Venue. This Agreement is accepted by Foundation and Student in the State of Missouri and shall be interpreted, construed and governed according to the laws of the State of Missouri and is enforceable in the courts of Missouri. The parties further agree and hereby consent and submit to the venue and jurisdiction of the Circuit Court of Cole County, Missouri for any legal proceeding arising out of or relating to this Agreement.
- C. Entire Agreement and Amendment. This Agreement constitutes the entire agreement of Student and Foundation with respect to the matter contained herein. No amendment or variation to this Agreement shall be valid unless in writing and signed by all parties.
- D. Waiver. The failure to enforce at any time any of the provisions of this Agreement or to require at any time performance by any party of any of the provisions hereof shall in no way be construed to be a waiver of such provision or to affect either the validity of this Agreement, or any part hereof, or the right of each party thereafter to enforce each and every provision in accordance with the terms of this Agreement.

- E. Assignment. Student may not assign his/her obligations and rights under this Agreement. Foundation expressly reserves the right to assign all of its rights and obligations hereunder to a third-party.
- F. Third-Party Beneficiaries. The parties acknowledge and agree that no parties other than the parties thereto are intended to benefit hereunder.
- G. Severability. If any provision of this Agreement shall be held by a court of competent jurisdiction to be contrary to the law, the remaining provisions of this Agreement shall remain in full force and effect.
- H. Headings. The headings in this Agreement are for convenience only and are in no way intended to describe, interpret, define, or limit the scope, extent or intent of this Agreement or any of its provisions.

**IN WITNESS THEREOF**, the parties hereto execute this Agreement.

MISSOURI COMMUNITY HEALTH  
FOUNDATION, INC.

\_\_\_\_\_  
Student Signature

By: \_\_\_\_\_  
Dwayne Butler, President

\_\_\_\_\_  
Student Printed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Witness Signature

\_\_\_\_\_  
Student Witness Printed Name

Date: \_\_\_\_\_