

Ohio Physician Loan Repayment Program & Bureau of Health Professions Ohio Loan Repayment Program

Application Instructions and Checklist

The complete Ohio Physician Loan Repayment Program & Bureau of Health Professions Ohio Loan Repayment Program (OPLRP/BHPrOLRP) Application consists of: a) the two-page Application, Sections I - V; b) the one-page Practice Site Survey; and c) the one-page Loan Information. Additional copies of these forms can be obtained by submitting a request to the Primary Care Program at the Ohio Department of Health (ODH). Requests can be made in writing, by telephone or by email. See below for contact information. The application is available on the ODH website: <http://www.odh.ohio.gov/odhPrograms/chss/phyloan/ploan1.aspx>

In addition to the four pages described above which make up the Application, the applicant must submit the following:

1. W-9 form – **Two** copies signed in blue ink;
2. Current resumé or CV;
3. Copy of applicant's Ohio Medical License or other health professional license;
4. Background and Biographical Statements (see page 2 of Application);
5. A statement from each lender showing the current loan balance, account number and lender's address (see Loan Information);
6. A letter, addressed to the Ohio Department of Health, from the applicant authorizing the lenders to release financial information to the ODH (see Loan Information); and,
7. A copy of the practice site's Sliding Fee Scale, if applicable (see Practice Site Survey).

Eligibility

Individuals who are practicing or finishing their residency or fellowship in the following primary care, mental health or oral health disciplines and specialties may apply:

Physicians: Family Practice, General Internal Medicine, Obstetrics & Gynecology, General Pediatrics, and Psychiatry

Others: General Practice Dentist, Registered Clinical Dental Hygienist, Primary Care Nurse Practitioner, Certified Nurse Midwife, Primary Care Physician Assistant, Licensed Professional Clinical Counselor, Clinical Social Worker, Clinical or Counseling Psychologist, Psychiatric Nurse Specialist, and Marriage and Family Therapist.

Applicants must work full-time, defined as a minimum of 40 hours at an eligible site. All sites **must be located in a federally-designated Health Professional Shortage Area (HPSA) specific to the applicant's discipline**. Primary care physicians to be funded solely by the State may be employed in a former HPSA that meets certain OPLRP criteria.

In addition, an applicant shall:

- be a U.S. citizen or legal alien;
- agree to provide services to patients and clients regardless of their ability to pay;
- not have worked in Ohio in his or her discipline more than three years.

Benefits

In exchange for a two-year commitment to working at the eligible practice site that provides services to Ohio's underserved communities, participants can receive up to \$20,000 in loan repayment each year. Payments are made directly to the loan servicer(s), usually within the first three months of the contract period.

Instructions

Application for Loan Repayment – Two Pages

General Information – This application form is used for multiple health profession disciplines. Not all sections apply to all applicants. For sections that are not relevant to the applicant, place a "NA" on that line or beside the title.

I. Applicant Demographics

Complete all sections. Under Race, more than one option may be selected. For Ethnicity, mark only one. The Total Loans is the sum of all existing health professional school loans. If the applicant is not a primary care physician, skip the Physician Specialty box and proceed to Other Discipline/Specialty.

II. Education

All applicants must complete the first line – Medical School/Health Professions Training, and corresponding information. List the name of your college, university or Medical School that relates to the training for the profession you are/will be practicing. Complete the Residency Program and additional trainings only if applicable. All applicants must complete Current Status.

III. Obligations

No person with an existing obligation to a state or federal government can apply unless the obligation will be fulfilled prior to the time of loan repayment contract awards. This includes existing loan repayment programs in other states, National Health Service Corps loan repayment or scholar commitments, active military obligation, or employment contracts that impose a service obligation.

IV. Background and Biographical Statements

Address all items in A, B, C, D and E as provided on the application. Responses shall be put on a separate sheet(s) and included with the completed application packet.

V. Professional References

List only two. Corresponding letters of reference are not needed.

Practice Site Survey – One Page

All eight sections must be completed in their entirety. If the site has a sliding fee scale, a copy should be included with the application (see #7). The person completing the Practice Site Survey should be the office manager, billing manager or similar staff.

Loan Information – One Page

I. Applicant Information

If the applicant has consolidated medical/health professions school loans, the original loan documents and the consolidation documents must be included.

II. Lender Information

Under "Total loan repayment requested for all loans: \$____," list the sum of all existing medical/health professions loans, even if the amount exceeds \$80,000. In the chart, complete one line for each loan acquired. If additional room is needed, provide the information on another sheet. A current balance statement from each lender/servicer must be attached. A letter, addressed to the Ohio Department of Health, authorizing the lenders to release financial information to the Ohio Department of Health and the Ohio Board of Regents, must be included. Loans obtained from individuals are not eligible: only those loans from a recognized loan service agency can be considered.

All items should be mailed to the following address:

Ohio Health Professions Loan Repayment Programs
c/o Geri Rousculp
Primary Care and Rural Health Program
Ohio Department of Health
246 N. High Street – 6th Floor
Columbus, Ohio 43215

Phone 614-644-8496
Email geri.rousculp@odh.ohio.gov



For physicians (pediatrics, internal medicine, family practice, obstetrics/gynecology and psychiatry), the due date for applications (receipt or postmark) is **January 16, 2006**.

For all other eligible health professions, call for the due date.