

Name (Last, First): _____ Date _____

ARIZONA STATE LOAN REPAYMENT PROGRAMS INITIAL APPLICATION CHECKLIST

Have you included all required documentation?
Please submit in this order.

FORMS REQUIRED

- _____ Initial Application
- _____ Employer and Service Site Information Form
- _____ [Substitute W-9 Form](#)

SUPPORTING DOCUMENTS REQUIRED

- _____ Register at Procure AZ: <https://procure.az.gov/bs/>. Submit a copy of the registration email confirmation.
- _____ Copy of birth certificate, U.S. Passport (current or expired), certificate of naturalization, or documentation as a U.S. National
- _____ Copy of Social Security card
- _____ Copy of Arizona driver's license
- _____ Evidence of residency in Arizona per [A.R.S. 15-1802](#)
(Evidence may include one or more of the following: Arizona Driver's License, Voter's Registration, Motor Vehicle Registration, Employment History in Arizona, Transfer of Major Banking Services in Arizona, etc.)
- _____ Copy of Arizona medical license
- _____ Copy of undergraduate, graduate, and if applicable, post-graduate studies diploma
- _____ Copy of board certification or acceptance letter from examining authority (for physicians and dentists)
- _____ Copy of state and/or national certification (for advance practice providers, behavioral health providers, and pharmacists)
- _____ Copy of Certification Letters as evidence of Service to Medically Underserved
Certification letters must include the service site's name, address, phone number, description of services, number of hours, service start and end date, HPSA or MUA designation of the service site, signature of the authorized person for the government agency, accredited educational institution, or the non-profit organization, and date of signature.
- _____ Copy of a fully executed employment contract, employment letter or intent to hire letter

Note: If submitting an employment contract, it must include the following provisions:

- _____ full time employment of at least 40 hours per week or half-time employment of at least 20 hours per week
- _____ employment start date
- _____ name and address of the service site(s) where the full-time or half-time services will be rendered

If submitting a letter of intent or employer letter, it must be on appropriate letterhead and must include the following:

- ___ name, address, and phone number of the employer if different from the service site(s)
- ___ name and phone number of the employer's contact person or the contact person associated with the service site
- ___ full time employment of at least 40 hours per week or half-time employment of at least 20 hours per week
- ___ employment start date

- ___ Copy of most recent billing statement for each qualifying educational loan
- ___ Copy of an itemized breakdown of the consolidated loans showing that those were used solely for education (if applicable)
- ___ Documentation from the lender that the loans were used solely for education and reasonable living expenses
- ___ Evidence of the service site's HPSA
Note: Rural private practice sites that are not in a HPSA may submit evidence of AzMUA (<http://www.azdhs.gov/prevention/health-systems-development/shortage-designation/index.php#azmua>)
- ___ Except for a free clinic, or a state or federal prison, copy of service site's sliding fee schedule
- ___ Except for a free clinic, or a state or federal prison, copy of service site's sliding fee schedule policy/procedures for its use
- ___ Except for a free clinic, or a state or federal prison, copy of service site's sliding fee schedule signage posted on the premises

Survey

How Did You Find Out About This Program?

- ___ Program Flyer
- ___ National Health Services Corps
- ___ Web search
- ___ Practice Site
- ___ School/College Financial Aid Office
- ___ Friend
- ___ Professional Organization (Please specify) _____
- ___ Other (Please specify) _____