

ARIZONA STATE LOAN REPAYMENT PROGRAMS

Date submitted _____

Date received _____

CONTRACT RENEWAL FORM for existing contract # _____ (1 year)

SECTION I: PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle Initial)

Home Address: _____
(Number) (Street) (Apt Number)

(City) (State) (Zip)

Home Telephone Number: _____ Daytime: _____

Email Address: _____

Service Site Name: _____

Site Address: _____

Phone: _____ Email Address: _____

Fax: _____

Primary Care Provider's Start Date of Service _____ End Date of Service _____

Expected number of primary care service hours at this site: _____

If applicable, number of telemedicine hours of the total primary care service hours: _____

***If working at multiple service sites, submit a separate sheet of paper to provide the required information for each additional service site where services will be rendered.**

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SECTION II: LOAN INFORMATION

List the current balance of each loan requested for repayment in the initial application per R9-15-203 or request for change related to the loans per R9-15-211. Please submit the most recent billing statement from the lender.

Lender 1: _____ Loan ID. Number/Account Number: _____

Payment Address: _____ Phone Number: _____

Original Date of Loan: _____ Original Amount of Loan: \$ _____

Current Balance (Principal & Interest): \$ _____ as of (date) _____ Interest Rate _____

Percent of Quarterly Loan Repayment: _____

Lender 2: _____ Loan ID. Number/Account Number: _____

Payment Address: _____ Phone Number: _____

Original Date of Loan: _____ Original Amount of Loan: \$ _____

Current Balance (Principal & Interest): \$ _____ as of (date) _____ Interest Rate _____

Percent of Quarterly Loan Repayment: _____

Lender 3: _____ Loan ID. Number/Account Number: _____

Payment Address: _____ Phone Number: _____

Original Date of Loan: _____ Original Amount of Loan: \$ _____

Current Balance (Principal & Interest): \$ _____ as of (date) _____ Interest Rate _____

Percent of Quarterly Loan Repayment: _____

SECTION III. EXISTING OR PRIOR COMMITMENTS

- Are you delinquent on any financial obligation (i.e., taxes, student or home mortgage loans, or child support**)?
Yes _____ No _____

** In keeping with the President's Executive Orders concerning compliance with child support orders, all applicants must be current on all ordered support payments.

- Are you delinquent on paying state taxes? Yes _____ No _____

- Are you subject to any judgment liens for a debt to a federal agency? Yes _____ No _____

- Have you defaulted on the following:

Yes No A Federal income tax liability

Yes No Any federally-guaranteed or insured student or home mortgage loans

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Yes No A Federal Health Education Assistance Loan

Yes No A Federal Nursing Student Loan

Yes No A Federal Housing Authority Loan

SECTION III: CERTIFICATION

I hereby certify that:

- a. the information provided in the initial application per R9-15-203 or a request for change per R9-15-211 related to qualifying educational loans in R9-15-201, other than loan balances and requested repayment amounts, is still accurate;
- b. I am applying to participate in LRP for an additional one year with the State of Arizona for loan repayment of all or part of the qualifying educational loans identified in the initial application per R9-15-203 or a request for change in R9-15-211;
- c. the Arizona Department of Health Services or its designee is authorized to verify all information provided in the renewal application and the current balance of each loan;
- d. I will accept Medicare, Medicaid (AHCCCS), and the Health Insurance Marketplace Qualifying Health Plan assignment and rates.
- e. except for a provider working at a free clinic or a state or federal prison, I will implement/utilize a sliding fee scale and treat patients regardless of their ability to pay.
- f. I will not discriminate, and
- g. I have read and understand the default provision as specified in A.R.S. 36-2172 or A.R.S. 36-2174: a participant in the primary care provider or rural private primary care loan repayment program who breaches the loan repayment contract by failing to begin or to complete the obligated services as specified in the contract will be in default of their contract and will liable for liquidated damages in an amount equivalent to the amount that would be owed for default under the Federal Grants to States for Loan Repayment or as determined and authorized by the Department.

AUTHORIZATION FOR SUPPLEMENTAL INFORMATION REQUEST

I hereby authorize the Arizona Department Health Services to request and obtain supplemental information from me regarding my renewal application. _____Initial

PRIVACY ACT RELEASE AUTHORIZATION

I hereby authorize the U.S. Department of Health and Human Services (DHHS) and/or the Department of Defense to disclose any information contained in its files pertaining to my participation in the Public Health and National Health Service Corps Scholarship Training Program, the National Service Corps Scholarship Program, the Physician Shortage Area Scholarship Program, the National Health Service Corps Loan Repayment Program, the Nursing Education Loan Repayment Program, the Community Scholarship Program, the State Loan Repayment Program, or U.S. military service to the administrators of the Arizona State Loan Repayment program, a DHHS grantee under Section 338I of the Public Health Service Act. _____Initial

PRIVACY ACT RELEASE AUTHORIZATION

I hereby authorize the Arizona Department Health Services to disclose any personal information such as name, date of birth, Social Security number, and other confidential information such as account numbers, for the purpose of verifying all information presented in this renewal application. _____Initial

PRIVACY ACT RELEASE AUTHORIZATION

I hereby authorize the Arizona Department of Economic Security to disclose any information related to child support payments and delinquencies to the Arizona Department of Health Services for the purpose of verifying child support information as per [Executive Order 13019-Supporting Families: Collecting Delinquent Child Support Obligations](#). _____Initial

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WARNING: Any person who knowingly makes a false statement or misrepresentation or material omission in this loan repayment application, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment. I have read this statement and understand its contents are true and accurate.

_____ (Initials of applicant)

I hereby certify that, to the best of my knowledge, the information contained in this renewal application is true and accurate, and hereby authorize the Arizona Department of Health Services or its designee to verify all information presented.

Typed or Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____.

Notary Public

My Commission Expires: _____

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SECTION IV: ASSURANCES OF EMPLOYER/SERVICE SITE

To be initialed and signed by the service site's licensee, employer, tribal authority or designee.
Please check the appropriate boxes.

- _____ A. The employer is a public, private non-profit or a rural, private practice site and is eligible to participate in the LRP.
- _____ B. This service site is in compliance with the LRP site eligibility requirements.
To be eligible to have a primary care provider participate in the LRP, a service site shall:
 1. Provide primary care services in an area that is federally designated as a HPSA (Primary Care Provider Loan Repayment Program) or as a HPSA or an AzMUA (Rural Primary Care Provider Loan Repayment Program);
 2. Accept Medicare, Medicaid (AHCCCS) and qualifying health plan assignment;
 3. Charge for services at the usual and customary rates prevailing in the primary care area, except that the service site shall have a policy providing that patients unable to pay the usual and customary rates shall be charged a reduced rate according to the service site's sliding-fee scale based on federal poverty level guidelines and meets [A.A.C. R9-1-504](#) 'Sliding Fee Schedule submission and content' except for a free clinic or a state or federal prison.
 4. Not discriminate on the basis of a patient's ability to pay for care or the payment source, including Medicare, AHCCCS, or qualifying health plan.
- _____ C. This site has an employment contract/agreement with the provider or a letter of intent to hire the provider for an additional year of loan repayment contract and has the financial means available to support the primary care provider, including salary, benefits, and malpractice insurance expenses.
- _____ D. Except for state/federal prison and tribal/IHS, this site is implementing a sliding fee scale program for patients without health insurance based on current federal poverty levels as dictated by the Federal Register. (Attach a copy of the sliding fee scale, the office procedure for its use, and the sliding fee scale signage posted on the premises.)
- _____ E. The primary care provider awarded loan repayment funds will work full-time at least 40 hours per week or half-time at least 20 hours per week as required in their profession at this site (s).
- _____ F. This site agrees to notify the Arizona Department of Health Services immediately when the employment status of the provider has changed i.e. termination, transfer to a different site, leave beyond 35 work days, change in work hours that is less than full-time or half-time, change in the scope of primary care services provided, etc.

I hereby certify that, to the best of my knowledge, the information contained in this application is accurate, and hereby authorize the Arizona Department of Health Services or its designee to verify all information presented.

Typed or Printed Name of Person Authorized to Sign for Licensee, Employer, Tribal Authority or Designee:

Signature of Authorized Person: _____ Date: _____

State of _____)

County of _____)

The foregoing instrument was acknowledged before me this _____ day of _____.

My Commission Expires: _____

Notary Public

WARNING: Any person who knowingly makes a false statement or misrepresentation or material omission in this loan repayment application, fraudulently obtains repayment for a loan, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment. I have read this statement and understand its contents.

_____ (Initials of Authorized Person)