Date submitted_____ Date received_____

# ARIZONA STATE LOAN REPAYMENT PROGRAMS

# SUPPLEMENTAL INITIAL APPLICATION

## SECTION I: PERSONAL INFORMATION

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

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

_____
(City) (State) (Zip)

4. Telephone Number: Home: _____ Daytime:_____

Email Address: _____

## SECTION II: LOAN INFORMATION

List the current balance of each loan requested for repayment in the initial application. Please submit a copy of the most recent billing statement for each loan.

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 |
| ☐ Yes ☐ No | A Federal Health Education Assistance Loan |
| ☐ Yes ☐ No | A Federal Nursing Student Loan |
| ☐ Yes ☐ No | A Federal Housing Authority Loan |

## SECTION IV: ATTESTATION

I hereby certify that:

a. the information provided in the initial application 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 initial two year contract with the State of Arizona for loan repayment of all or part of the qualifying educational loans identified in the initial application 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 supplemental initial application;
d. the information submitted as part of the supplemental initial application is true and accurate;
e. except for a free clinic or a state/federal prison, I will accept Medicare, Medicaid (AHCCCS), and the Health Insurance Marketplace Qualifying Health Plan assignment and rates.
f. I will implement/utilize a sliding fee scale and treat patients regardless of their ability to pay.
g. I will not discriminate, and
h. 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 supplemental initial 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***

***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. _____Initial***

_____
(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 _____ .

_____ My Commission Expires: _____
Notary Public

## SECTION V: EMPLOYER/SERVICE SITE INFORMATION AND ATTESTATION

**(To be completed and signed by the service site's licensee, employer, or tribal authority)**

Service Site* _____

Site Address _____

Site Point of Contact Name_____Title_____

Phone_____ Email _____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.

_____ 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 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 See Schedule submission and content'
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 the duration of the 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 a free clinic, or a state/federal prison, 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 supplemental initial 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 Person Authorized to Sign on behalf of the licensee, employer, or tribal authority: _____

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)