

Loan Assistance Program Application 2020

BEFORE YOU BEGIN, please make sure you have electronic copies of the required documents, listed below. You will be asked to upload these documents throughout the application.

- Verification of your education/training (only one of the documents below is needed):
 - copy of your diploma OR
 - letter from the school stating dates of attendance and program completion OR
 - transcripts stating dates of attendance and program completion
- Documentation from lenders indicating current educational loan balances

You must also submit a personal essay describing your reasons for choosing your practice site and describing your plans after completing your service obligation.

In addition, the following documents are required from your employer:*

- A completed [Employer Form](#) - **copy and send the link to your employer** and ask them to complete the form. Within the form they will be asked to upload or complete the following:
 - A letter detailing their commitment to your retention; this must also include confirmation that your wages will not be offset by the amount of any award you may receive. We will share this letter with you after we receive it.
 - For HPLAP applicants only: A copy of your employer's policy for accommodating patients unable to pay full price for services, if they have such a policy. This is sometimes referred to as a sliding scale or fee policy.

**It is the applicant's responsibility to confirm required employer's documents have been submitted. The application is not complete until the employer's form and documents have been completed.*

Note: ALL parts of the application and employer's form must be submitted online. Mailed, faxed, or emailed material will NOT be accepted.

Applications to the Loan Assistance Program are evaluated based on several criteria and are considered by an independent review committee, which scores and ranks applications based on these criteria. You can view these criteria here: [LAP application evaluation criteria](#)

If you need more than one session to complete your application, you will need to use the same computer and the same Internet browser. There is no "save" button - to exit the system, simply close the browser window. To re-enter the system, click on the application link using the same computer and the same Internet browser.

Are you a physician?

- Yes
- No

Please select the program(s) for which you are applying:

- Health Professions Loan Assistance Program
- Rural Physician Loan Assistance Program

Applicant Information

A significant portion of funding for the Loan Assistance Programs (LAP) comes from the federal government. The Wisconsin Office of Rural Health (WIORH) is required to collect and submit specified information in order to participate in these funding opportunities. Information in this section of the application is used for reporting purposes only; it is NOT considered in the process of selecting LAP awardees. Please enter your personal email address, not a work or school email address.

Salutation	<input type="text"/>
First name	<input type="text"/>
Middle initial	<input type="text"/>
Last name	<input type="text"/>
Suffix	<input type="text"/>
Home address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
ZIP code	<input type="text"/>
Email	<input type="text"/>

Please select your responses from the drop-down menus below.

Gender

Race/Ethnicity

US citizen

How did you first hear about WIORH's loan assistance programs?

- I am a previous Loan Assistance Program award recipient
- Presentation by WIORH staff
- Job fair
- Colleague
- School/Residency/Training Program
- Employer
- Internet search
- Other (please explain) _____

Practice Information

Please indicate your discipline, specialty, and credential as applicable.

Discipline

Specialty

Credential

WI License Number

National Provider Identifier (NPI) Number

[NPI Number Lookup](#) If you do not have an NPI Number, please contact [Kevin Jacobson](#).

Education Information

In what state did you complete your medical education?

Verification from your school regarding program completion and graduation date is required. Acceptable verification includes:

- a copy of your diploma, **OR**
- a copy of your transcript, **OR**
- a letter from your school

Upload verification by dragging and dropping the file to the box below or by clicking on the box and selecting the file.

Drop files or click here to upload

Financial Information

	Yes	No
Are you currently receiving a National Health Service Corps award?	<input type="radio"/>	<input type="radio"/>
Do you have an open application on file with the National Health Service Corps?	<input type="radio"/>	<input type="radio"/>
Do you have a lien against your property from the Federal Government?	<input type="radio"/>	<input type="radio"/>
Have you ever defaulted on any Federal payment obligations?	<input type="radio"/>	<input type="radio"/>
Have you ever had any Federal debt written off as uncollectible or had any Federal service or payment obligation waived?	<input type="radio"/>	<input type="radio"/>
Do you have a Primary Care Loan through the US Department of Health and Human Services, Health Resources and Services Administration?	<input type="radio"/>	<input type="radio"/>
Have you previously received a Wisconsin Health Professions Loan Assistance Program award?	<input type="radio"/>	<input type="radio"/>
Have you previously received a Wisconsin Rural Physicians Loan Assistance Program award?	<input type="radio"/>	<input type="radio"/>

What is your current outstanding balance on all educational loans?

How many educational loans do you currently have?

If you have more than 20 educational loans, please contact [Kevin Jacobson](#) for more information.

Enter individual loans and their outstanding balances below. This is the amount for which you applying for repayment assistance. For each loan, you will need to upload documentation from the lender clearly indicating that amount. If multiple loans are listed on the statement, the total amount must be clearly indicated.

If you have multiple loans for which you are requesting assistance, enter each loan's Loan Information separately. If multiple loans are reported on one balance statement from your lender, you only need to upload the statement once.

NOTE: The amount of each individual loan balance you enter below must appear clearly on the documentation you upload. If the amount you enter is a combination of amounts on the documentation, clearly note this. The sum of your individual loan balances **MUST** equal your current outstanding balance above.

Loan Information

Date of original loan (mm/yyyy)

Lender

Loan balance (no commas)

Loan Balance Documentation

Upload documentation by dragging and dropping the file to the box below or by clicking on the box and selecting the file.

Drop files or click here to upload

Eligible providers must work at least *32 hours/week and 45 weeks/year* seeing patients in a Health Professional Shortage Area or a rural community, if applying for the Rural Physician LAP. Applicants may work at multiple eligible practice sites to meet this requirement. Indicate the number of eligible sites where you currently work.

Primary Practice Site Information

Practice site name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
County	<input type="text"/>
State	<input type="text"/>
9-digit ZIP code	<input type="text"/>
HPSA score	<input type="text"/>
HPSA ID	<input type="text"/>
Average hours/week	<input type="text"/>

The fields above are repeated in the electronic application to allow applicants to provide information about additional practice sites.

Please indicate your employment start date at your Primary Practice Site and how many weeks you will be spending there.

Start date (mm/yyyy)

How many hours per week do you work/will you be working?

How many weeks per year do you work/will you be working?

Note: You must be currently working, or begin working within 60 days, at your practice site when you apply for any of the loan assistance programs.

Will you be delivering or assisting in the delivery of babies?

- Yes
- No

Primary Practice site - Contact

Contact first name

Contact last name

Contact phone

Contact email

Contact position

Personal Essay (maximum 750 words)

Provide an explanation of why you have chosen to practice in this community. In addition, please provide background information on factors that may influence your decision to remain in this community. The application reviewers will carefully consider your essay when making award decisions. Your name must appear in your essay.

There are two options for submitting your personal essay:

1. Text can be copied and pasted into the box below **OR**

2. An electronic copy of your essay can be uploaded here. Upload documentation by dragging and dropping the file to the box below or by clicking on the box and selecting the file.

Drop files or click here to upload

All of the information I have provided is correct to my knowledge and belief.

- Agree
- Disagree

If you did not upload all of the required documents or in any other way did not complete your application, do not click Submit. If you need more than one session to complete your application before you click Submit, you will need to use the same computer and the same Internet browser. If you click Submit and then need to modify your application, you will need to complete a new application.

EXAMPLE