Affidavit of Practice as a Dentist in Minnesota

You are required to complete and return this ORHPC Affidavit of Practice
to provide necessary documentation of your service as a dentist.

Participant Name: ______________________________ Phone: (____) ______________________

Address: ____________________________________Cell: (____) ______________________

City: ____________________________________ State: __________ Zip: ______________

County: ___________________________________ E-Mail: ____________________________

____ MN License Number: ___________________
Signature of Participant

Practice Site: ______________________________ Phone: (____) ______________________

Address: ____________________________________

City: ____________________________________ State: __________ Zip: ______________

County: ____________________________________

To Be Completed by an Authorized Individual at the Practice Site Named Above

I certify that the above named dentist has worked full time (at least 30 hours per week) for at least 45 weeks per year and provided services to at least 25 percent public program participants and/or patients charged according to a formal sliding

fee schedule at the site named above from _____/_____/_____ to _____/_____/_____.
Date **Date**

A. Total Number of Medical Assistance, or MinnesotaCare encounters___________
B. Total Number of Sliding Fee Scale encounters ___________
C. **Total** Number of yearly patient encounters (Including public and private)___________

______________________________________ ______________________________________
Printed Name of Authorized Representative **Title of Authorized Representative**

______________________________________ _____/_____/_____
Signature of Authorized Representative **Date**

Phone: (____) ___________________________ **Email Address:** ______________________________

Please return to: Minnesota Department of Health, Office of Rural Health and Primary Care
Attn: Loan Forgiveness Program Officer
P.O. Box 64882 St. Paul, MN 55164-0882
Or by Email: mohamed.samaha@state.mn.us Or by Fax (651) 201-3830

For Questions, please contact Mohamed Samaha at (651) 201-3870 or (800) 366-5424.