

**MINNESOTA DENTIST LOAN FORGIVENESS PROGRAM  
APPLICATION FOR FISCAL YEAR 2012**

*Loan repayment for dentists serving public program enrollees or sliding fee scale patients in Minnesota*  
**Application Deadline: December 1, 2010**

Include **all** information requested or your application will be void.

**Personal Information**

First Name:  Middle Name:  Last Name:

Home Address:  Home City:  Home State:

Home Zip:  Home Phone (xxx-xxx-xxxx):  Work Phone (xxx-xxx-xxxx):

Email Address:  DOB (m/d/yyyy):

**Are you currently a Student, Resident, or Licensed Dentist?**

Student  Resident  Licensed Dentist

**Dental School**

University:  University City:  University State:

Start Date (m/d/yyyy):  Graduation Date (m/d/yyyy):  Approx. total educational debt upon graduation:  \$

**Training**

Residency Program Attending (if applicable):  Residency City:  Residency State:

Start Date (m/d/yyyy):  End Date (m/d/yyyy):

## Place of Employment

Only complete if you are working as a licensed dentist or know your intended service obligation site.

Dental Practice Site:

Practice City:

Practice County:

## Personal Contact

List an individual who will be in contact with you during the next three years to ensure our ability to contact you.

Name (First and Last):

Relationship to you:

Home Phone (xxx-xxx-xxxx):

## Training and Experience

Include a resume or CV that describes and details your educational background, dental training and clinical experiences. Specify length of time, location, your capacity and other details of all personal and professional health care experiences and training.

## References

Provide letters of reference and support from at least one but no more than two individuals (including your intended service obligation site, if known). Reference letters should be on **letterhead** and include: (1) a statement of the writer's professional relationship to you; (2) an evaluation of your suitability for participation in this program; and (3) the writers contact information and **signature**. Co-workers, parents, friends, clergy and/or classmates are not suitable references.

Reference letters should detail how you will satisfy unmet health care needs, facilities or community recruitment and retention efforts, and a description of the service area and population.

## Essay

The purpose of Minnesota's Loan Forgiveness program is to recruit and retain health care professionals to needed areas and facilities within Minnesota. Loan forgiveness is an important benefit for health care professionals as well as health care facilities and communities experiencing a shortage of access to primary health care services.

Please provide an essay (two pages or less) describing how you, as a health care provider, will address access to health care issues, and how your experiences will change health care outcomes of the patient population you will be serving. Note: All applicants have similar education backgrounds; describe what makes you uniquely qualified for this program.

*I certify that the information given in this application and attachments is accurate and complete to the best of my knowledge. I hereby authorize the Minnesota Department of Health to contact references listed in the application for the purpose of obtaining information about my professional qualifications and experience. I understand that the information I have provided is subject to verification, and providing willfully false information will result in disqualification from participation in this program.*

*I also acknowledge receipt of the Dentist Loan Forgiveness program guidelines.*

Name (First, Middle, Last), original signature required:

Date (m/d/yyyy):

**RETURN APPLICATION AND ATTACHMENTS BY MAIL 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 TO:** [amy.vallery@state.mn.us](mailto:amy.vallery@state.mn.us) **OR BY FAX TO:** (651) 201-3830

**A confirmation receipt will be sent to you within a week of receiving a complete application.  
To be considered, all required information must be submitted together.  
DO NOT SEND MULTIPLE COPIES.**

For more information contact Amy Vallery at (651) 201-3870 or (800) 366-5424 (MN only) or  
[amy.vallery@state.mn.us](mailto:amy.vallery@state.mn.us)

## **Eligibility and Application**

This program is offered to dental students, residents or licensed dentists.

To be eligible, a prospective participant must submit an application to the Office of Rural Health and Primary Care (ORHPC) during the application cycle (July 1-December 1) while completing dental school or residency training.

Although licensed dentists are eligible if they have remaining educational debt and their annual patient encounters include at least 25 percent state public program enrollees or patients on a sliding fee schedule—students and residents in their final year of training receive highest preference for selection.

## **Loan Eligibility**

The Dentist Loan Forgiveness Program provides funds for repayment of qualified educational loans for Dentists. Applicants are responsible for securing their own educational loans. Credit card or loans from family members do not qualify. Qualified loans include government, commercial, and foundation loans for actual costs paid for tuition, reasonable education and living expenses related to the graduate or undergraduate education of a health care professional.

## **Selection**

This is a competitive selection process. Selections are made based on suitability for practice as indicated by personal and professional experience and training noted on an application, as well as preference given to those closest to completing their training. The number of applicants ORHPC may select for participation varies annually and is contingent upon state funding.

## **Service Obligation and Funding**

Participants must plan to practice for at least 30 hours per week, for at least 45 weeks per year, for a minimum of three years serving at least 25 percent of their annual patient encounters must include patients enrolled in state public programs or receiving a sliding fee.

Participants must begin their service obligation under this program no later than March 31 following completion of their dental program. Participants must complete their dental program as originally stated in their application.

Participants are eligible to participate for up to four years in the program during which they serve at least 25 percent of their annual patient encounters to state public program enrollees or patients receiving a sliding fee schedule. ORHPC will make an annual payment to the participant in the amount of up to \$25,000, not to exceed \$100,000 total for the maximum four-year period **or** the balance of the designated loan(s), whichever is less.

## **Annual Reporting**

Annually, ORHPC requires participants to verify their continued employment and submit documentation that they have applied the loan forgiveness funds to their designated educational loan(s). This information will be verified prior to each annual disbursement. It is at the discretion of the participant to pay their loan servicer(s) with an annual lump sum payment, or make monthly payments that total the annual disbursement from ORHPC.

**Income Tax Reporting**

Loan forgiveness payments made to participants under the loan forgiveness program are considered exempt from federal income taxes as of March 23, 2010. It is the participant's responsibility to determine how to report income appropriately on their state tax return. The state of Minnesota will issue a 1099 form. Neither ORHPC nor the participant is permitted to withhold any part of the annual loan forgiveness disbursement to pay any potential state taxes.

**Temporary Suspension of Service**

Service obligations may be suspended as a result of an illness, disability or temporary job transfer lasting less than a total of 12 months during a three- or four-year commitment. All requests for temporary suspension of service must be in writing in advance (if known) and substantiated by documentation deemed acceptable and approved by the state on a case-by-case basis. The agreement end date will be extended by the amount of time a participant is in suspension status. Suspensions cannot exceed 12 months.

**Penalty for Non-fulfillment**

If a participant does not fulfill the minimum obligation of three years of practice serving at least 25 percent of their annual patient encounters to state public program enrollees or patients receiving a sliding fee scale schedule in Minnesota, the participant will be required to repay the total amount ORHPC paid, plus interest, at a rate established according to Minnesota Statutes 270C.40.