

# STATE OF COLORADO

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Colorado Department  
of Public Health  
and Environment

## State Health Care Professional Loan Repayment Program Health Care Community Board Report to the Governor and Legislature

December 1, 2009

C.R.S. § 25-20.5-705

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## SECTION 1: PROGRAM OVERVIEW

### Introduction

On June 2, 2009, House Bill 09-1111 was signed into law. The law created the Primary Care Office at the Department of Public Health and Environment and transferred administration of the State Health Care Professional Loan Repayment Program from CollegeInvest, at the Department of Higher Education, to the Primary Care Office. In addition, the law expanded the Health Care Community Board, created in Senate Bill 07-232, and mandated that a report be made to the governor and Legislature on Dec. 1, 2009, which responds to specific questions related to the State Health Care Professional Loan Repayment Program (Attachment A).

The Primary Care Office is charged with lowering the barriers that prevent Coloradans from accessing high-quality primary health care services in their communities. Specifically, the office assesses the primary health professional work force needs of communities and directs specific health care provider incentives, such as loan repayment, to areas of the state determined to have a provider shortage. The core activities of the office are funded by the U.S. Department of Health and Human Services and Tier II Tobacco Settlement funds from the state of Colorado.

The Health Care Community Board is charged with recommending candidates for participation in the State Health Care Professional Loan Repayment Program. The board comprises health access experts who represent broad interests in addressing Colorado's primary care work force needs. Board members are appointed by the governor for three-year terms (Attachment B).

### Purpose

The purpose of the State Health Care Professional Loan Repayment Program is to increase the number of primary health professionals serving underserved Colorado communities. The low-income portions of many urban communities and most rural communities have insufficient numbers of health care professionals to meet the needs of the population and are, therefore, underserved on that basis. The program accomplishes the goal of increasing the work force in underserved communities by forgiving all or a portion of a health care professional's educational loan debt in exchange for a minimum two-year service commitment in an underserved area. Educational loan debt forgiveness has been demonstrated in state and national studies to increase the successful *recruitment* of providers to underserved communities and increase the rate of provider *retention* once a successful placement has been made.

The federal government participates in this health professional incentive strategy by granting matching funds for loan repayment to states. The current state appropriation of \$120,000 per year is matched by a nearly one-to-one federal grant, for a combined total of \$220,000. In addition, the Primary Care Office recently was awarded \$800,000 from the American Recovery and Reinvestment Act and \$663,000 from The Colorado Health Foundation to increase the number and size of the awards of the program. This significant increase in program capacity was possible because of the passage of HB 09-1111 and the baseline administrative support that the state provides.

The loan repayment program currently supports providers practicing full time, in an outpatient primary care setting (Attachment C), who are licensed and specialize in one of the following areas:

- Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general psychiatry, child psychiatry, general pediatrics and general obstetrics/gynecology
- Certified nurse-midwives
- Clinical and counseling psychologists

- Licensed clinical social workers
- Licensed professional counselors
- Marriage and family therapists
- Nurse practitioners practicing in primary care
- Physician assistants practicing in primary care
- Psychiatric nurse specialists

In addition, the federal program guidelines allow for support of general dentists and dental hygienists. These professional disciplines have not, however, been funded by the State Health Professional Loan Repayment Program because of the availability in Colorado of a separate state program that supports loan repayment for oral health professionals.

### Why Health Professional Incentives Are Needed

There is abundant data derived from program work of the Primary Care Office and other important Colorado stakeholders confirming that clinics who serve publicly insured, uninsured, low-income and rural Coloradans have high barriers to professional recruitment and retention. This problem is known to explicitly affect more than one million Coloradans. Further, 57 of 64 Colorado counties have a designation from the U.S. Secretary of Health and Human Services for primary care health professional shortages.

Physicians graduating from medical school in 2008 reported an average debt load of \$142,000 dollars. High loan debt is known to strongly influence the decision of health care providers to opt for higher paying sub-specialties and opt for practices that do not significantly care for medically underserved people. Loan forgiveness significantly diminishes a key barrier to health professionals who otherwise would consider rural or low-income primary care practice settings.

According to a recent study conducted by the Colorado Commission on Family Medicine, one-third of family medicine residents who leave Colorado for rural and underserved communities report that a loan repayment incentive was a critical factor in their decision to relocate (Attachment D). In addition, this study indicated that loan repayment may be becoming more important among all the factors that contribute to the practice choices of new graduates.

In 2008, loan forgiveness recipients in Colorado delivered 27,000 patient visits in underserved Colorado communities. Of these patient visits, it is estimated that 33 percent were to patients covered by Colorado Medicaid, 7 percent to patients insured by Medicare, 5 percent to patients insured by the Child Health Plan+, and 44 percent to uninsured patients. The combined total of these groups, collectively known to have difficulty acquiring health services because of provider shortages, is 89 percent. This is a rate that is 11 times that of a typical private practice in Colorado. With the aforementioned increase in federal and private support of the program, the Primary Care Office predicts, at minimum, a five-fold increase in capacity over the next 12 months. This increase in program capacity will result in at least 150,000 patient visits delivered by program participants in 2010.

The American Academy of Family Physicians reports that the economic activity generated by one primary care physician in Colorado in 2006 was equal to \$892,177 per year. Therefore, providers recruited or retained by the loan forgiveness program create significant economic activity in communities acutely affected by the current economic recession. State tax revenue plausibly may be enhanced because of the positive economic externalities of this program.

## SECTION 2: RESPONSE TO QUESTIONS CONTAINED IN C.R.S. § 25-20.5-705

### Successful Loan Forgiveness Programs and Best Practices Across the County (1)(a)

Health professional loan repayment programs in California, Iowa, Kansas, Massachusetts, Michigan, Montana, Nebraska, New Mexico, Oklahoma, Washington and Wyoming were selected for review and comparison in this report. A detailed overview of each state's program can be found in Attachment E. These states were chosen based on their proximity to Colorado or their reputation for program effectiveness.

Each of these 11 state programs conforms to several broad principles. All states appear to focus on incentives for outpatient care in areas known to be short of health care professionals. All programs emphasize primary care, but a few states include additional health professions such as physical therapy, nursing and pharmacy. Most states require multiyear commitments from providers, ranging from two to five years. Total provider award values range from \$10,000 to \$105,000. The largest programs, by total funding, are those that receive a blend of support from state, federal and private sources. The smaller programs tend to be those that only use a state appropriation to draw down federal matching funds. Individual observations of each state program are as follows:

- California has seven individual programs administered by two separate state entities. California is the only state in this review cohort that uses professional licensure fees as a funding mechanism for health professional loan repayment.
- The Iowa program is structured and administered according to federal guidelines.
- Kansas and Oklahoma are the only states to allow medical residents to receive loan repayment prior to the completion of their education. This practice might be expected to increase the retention of medical residents in these states. Because funding for providers in residency is disallowed under federal matching guidelines, these programs presumably fund residents with state and private fund sources only.
- The Massachusetts program is the only program that offers a part-time option to providers in exchange for a longer service commitment. Because funding for part-time contracts is disallowed under federal matching guidelines, Massachusetts presumably funds this option with state and private fund sources only.
- The Michigan program explicitly promotes a match option for communities and correctional facilities. This currently is permissible in the Colorado program and will be explored further in future award cycles.
- The Montana rural provider program is the only program reviewed that assesses a fee on medical students as a funding source for loan repayment.
- The Nebraska program is among a few programs that offer loan repayment to additional, non-primary care provider categories such as occupational therapy. Because funding for providers in non-primary care professions is disallowed under federal matching guidelines, Nebraska presumably funds these professions with state and private fund sources only.
- New Mexico is the only state to offer a Conditional Tuition Waiver Program, which allows for medical students to defer payment of tuition at the state's medical school in exchange for a future service commitment. For providers who receive four years of tuition deferment, the final service obligation of the provider to the state in a rural or underserved area is four years. If a physician fails to complete the service commitment, the outstanding tuition becomes due with interest.

- Washington State has the longest obligation terms, which range from three to five years. The Colorado program will begin three-year contract terms in 2010 at the option of the awardee.
- The Wyoming loan repayment program has the broadest range of eligible health professional disciplines, but apparently does so without federal funds.

The program attributes of other states that warrant further consideration in Colorado are

- 1) awards to primary care physicians who are in residency, with contracts that extend into the first two years of practice;
- 2) a part-time service option for awardees in exchange for an extended service commitment; and
- 3) a conditional tuition waiver program for primary care providers who commit to future service in Colorado in an underserved area.

Though these strategies likely have merit from the perspective of improving recruitment and retention of primary health care professionals, they currently are not allowed under federal matching guidelines. These program enhancements, therefore, should not be actively considered in Colorado until specific state or private funding becomes available for such purposes.

#### Summary of Colorado's Existing Loan Repayment Programs (1)(b)

There are five major health professional loan repayment programs in Colorado: the State Health Care Professional Loan Repayment Program, the National Health Service Corps, the State Dental Loan Repayment Program, the Colorado Rural Outreach Program, and The Colorado Health Foundation Physician Loan Repayment Program. Each program is reviewed in detail in Attachment F.

Of the four state-based incentive programs (the fifth being federal), two are administered by the Department of Public Health and Environment and two are administered by Colorado nongovernmental organizations. All state-based programs likely could be consolidated under the State Health Care Professional Loan Repayment Program without further state legislation. Each individual program would, however, have to modify its eligibility criteria somewhat to conform to the limits of the state program. The following is an overview of individual program attributes, which may require some modification or elimination if funding were to integrate into the state program.

- 1) The State Dental Loan Repayment Program
  - a. part-time practice option
  - b. private practice option
  - c. shortage criteria beyond Health Professional Shortage Area designation
- 2) The Colorado Rural Outreach Program
  - a. awards for uses other than loan repayment
  - b. broad health professional eligibility
  - c. private practice option
- 3) The Colorado Health Foundation Loan Repayment Program
  - a. part-time practice option
  - b. private practice option

Though consolidation of these loan repayment programs into the state program presents several clear advantages, each program contains some features that cannot be included in the state program. Furthermore, those programs supported by private funders will integrate into the state program at their election only.

Recommendations for Streamlining and Consolidating Loan Forgiveness Programs (1)(c)

It is the consensus recommendation of the Health Care Community Board that current and future state appropriations for primary care practice incentives be consolidated under the State Health Care Professional Loan Repayment Program. Further, the board encourages private funders of primary care practice incentives in Colorado to use the State Health Care Professional Loan Repayment Program to administer their funds. These recommendations are based upon three objective advantages of the state program that are unavailable in any other health care provider incentive strategy.

*Operational Efficiency:* First, a consolidated state program simplifies the search, eligibility determination and application process for primary health care providers who are seeking incentives in consideration of a practice in a medically underserved community. In addition, a consolidated program reduces the cost of program administration in proportion to the total funds available for annual awards. This is because the infrastructure and staffing necessary to run a loan forgiveness program are somewhat fixed and do not significantly increase as available award funding rises. Finally, because the authorizing legislation for the state program creates a distributed decision-making process in the Health Care Community Board, most if not all, major interests and organizations invested in health professional work force development are represented in decision-making regarding program policies and award priorities.

*Federal Matching Grants:* Because the State Health Care Professional Loan Repayment Program participates in the federal matching grant program of the Health Resources and Services Administration, all non-federal dollars in the program may receive up to a one-to-one federal match. Though the amount available from the federal government for matching grants is not unlimited, a successful application for at least \$1,000,000 in 2010 is likely as long as the state appropriation remains constant and private funders can be attracted to invest in the state program.

*Income Tax Exemption for Awards:* The third, and perhaps most compelling, reason for a consolidated state program is that awards made from the State Health Care Professional Loan Repayment Program are exempted from federal income taxes. In all other monetary provider incentives, the award is treated as ordinary income and taxed on that basis. The diminution of the award resulting from income taxation ranges from 25 to 35 percent, depending on individual provider circumstances. This effect causes a portion of state tax dollars and philanthropic dollars outside of the State Health Care Professional Loan Repayment Program to flow to the federal government as tax revenue rather than to the exclusive purpose of providing a primary care provider incentive.

The combined effect of these three program advantages can be quantified in comparing the following two scenarios.

Appropriation or private grant <i>outside</i> of the State Health Care Professional Loan Repayment Program	
\$ 1.00	state appropriation and/or private grant
\$ (0.07)	approximate operating requirements
\$ (0.30)	approximate federal income tax liability
<hr/>	
\$ 0.63	net incentive benefit to provider

Appropriation or private grant <i>inside</i> of the State Health Care Professional Loan Repayment Program	
\$ 1.00	state appropriation and/or private grant
\$ (0.07)	approximate operating requirements
\$ 0.93	high end of federal matching funds potential
\$ -	federal income tax liability
<hr/>	
\$ 1.86	net incentive benefit to provider

The provider benefit of the state program, per dollar invested, is nearly three times that of other options for primary care practice incentives. Though these examples are based on assumptions that may vary among individual awardees and annual federal matching grant opportunities, the overall benefit of consolidation under the state program is clear.

#### Recommendations for Statutory and Operational Rules Changes (2)(a)

The Health Care Community Board recommends the following statutory changes to the authorizing legislation for the State Health Care Professional Loan Repayment Program.

- Retitle the “State Health Professional Loan Repayment Program” as the “Colorado Health Service Corps.”
- Retitle the “Health Care Community Board” as the “Colorado Health Service Corps Advisory Council.”
- Modify definition of “Primary Health Services” in 25-20.5-702(8) to include general oral health services.
- Eliminate the maximum grant award of \$35,000 per year under 25-20.5-703(2).
- Create an ongoing, biennial program reporting schedule due in November of odd numbered years, but replace the specific reporting requirements listed under 25-20.5-705(1)(a) through 25-20.5-705(2)(g) with the following:
  - Identification and a summary of successful loan forgiveness programs for health care professionals and best practices in health care professional loan forgiveness programs across the country
  - Colorado Health Service Corps program impact
  - Colorado Health Service Corps program goals
  - Current status of goal completion
  - Current barriers to achieving goals
  - Current efforts to overcome barriers to achieving goals
- Add language to specifically waive “Fiscal Rule 2-2, Paragraph 8: Advance Payments” for program participants so that disbursements can be made at the beginning of the providers’ contract obligation to the state.
- Clarify the status of awardees by stating that program participants are not employees or a provider of personal services to the state with respect to competitive bidding and procurement.

#### Sample Application Form (2)(b)

A standard application is included in this document as Attachment G. This revised program application requests information that can be used to better assess which candidates will be most likely to succeed in their placement and which candidates are most likely to remain in the same practice beyond their service commitment to the state. All future program applications will be submitted via an online submission system.

### Proposed Eligibility Criteria (2)(c)

The Health Care Community Board recommends that statutory eligibility criteria in the Colorado program remain permissive up to the limit allowable under federal matching grant requirements. The board, however, intends to set policies for preferential selection of candidates who have been the beneficiary of other state and private investments in health work force development. The following or similar criteria will be used in determining which applicants are preferentially selected for an award in the program in upcoming award cycles.

- Graduates of any Colorado health professional training program. Because state and private entities make large investments in the education of the health work force, this preference will help ensure that more of the educational investments of the state are retained in the state.
- Graduates of any community health or rural health track professional training program. Students who select a community health or rural health track training program already have demonstrated a commitment to practice in underserved communities. This selection preference should lead to better retention of providers beyond their contractual commitment.
- Graduates of any Colorado primary care residency program. It is likely that more Colorado-trained physicians can be attracted to practice in Colorado upon graduation if loan repayment is more available (Attachment D).
- Alumni of student development programs in secondary and post-secondary settings, which identify and encourage students with an aptitude for a health profession to consider a health career. For example, the Colorado Area Health Education Centers produce a “Summer Health Careers Institute” for high school sophomores and juniors who want to explore career options in a health profession.
- Providers recruited through the Colorado Provider Recruitment program of the Colorado Rural Health Center. Because this program provides a cost-effective recruitment service for rural and safety net practices, this award preference could improve the effectiveness of the program in attracting desirable candidates.
- Practices located in a geographic Health Professional Shortage Area. Though a Health Professional Shortage Area of some kind is a requirement for program eligibility, a geographic designation is a type of designation that occurs in rural communities, with few exceptions.
- Practices that are certified by the Colorado Department of Health Care Policy and Finance or other reputable authority, as a Medical Home. Because the legislature determined in Senate Bill 07-130 that the “Medical Home” model should be the standard of care for children covered by Colorado Medicaid, the state loan repayment program could be used as a positive benefit of successful implementation of the Medical Home standard of care.

Other award preference criteria will be used at the request of private donors who wish to support specific objectives such as rural work force development, federally qualified health center work force development, or work force development of a specific eligible profession such as advanced practice nursing. Permissible donor-directed award priorities will be outlined in a forthcoming policy statement of the Health Care Community Board.

### Strategies for Recruitment and Retention (2)(d)

The Primary Care Office will actively coordinate with the Colorado Rural Health Center, the Area Health Education Centers, and the Colorado Community Health Network to ensure applications are actively solicited from providers throughout Colorado. Furthermore, the office will begin collecting data from each program participant, which will inform the Health Care Community Board on the attributes of a successful placement. Program polices and selection criteria will be revised continuously to conform to what is learned from program evaluation data.



#### Maximizing Federal Matching Funds (2)(e)

The potential for federal matching support of the State Health Care Professional Loan Repayment Program in 2010 is estimated to be \$1,000,000 for Colorado. Because no new appropriations from the state are possible during the 2010 legislative session, the Primary Care Office will seek the support of nongovernmental donors.

#### Strategies for pursuing gifts, grants and donations (2)(f)

The Primary Care Office will actively cultivate new and existing relationships with nongovernmental organizations that seek to advance health access goals in Colorado. The office already has received a significant grant from The Colorado Health Foundation, which was used to match a proposal for American Recovery and Reinvestment Act funding. The support of The Colorado Health Foundation has made it possible to increase total awards in 2010 from \$220,000 to \$1,820,000. Additional participation of private funders in the program likely will be achieved by articulating the inherent program advantages as discussed above in section (1)(c), Recommendations for Streamlining and Consolidating Loan Forgiveness Programs.

#### Changes to Board Membership or Governance (2)(g)

The Health Care Community Board does not recommend any changes to the size or composition of the board at this time.

### SECTION 3: ATTACHMENTS

#### A: C.R.S. § 25-20.5-705. - Community board-report

(1) On or before December 1, 2009, the community board shall submit to the governor and the general assembly a report that includes, at a minimum, the following information:

- (a) Identification and a summary of successful loan forgiveness programs for health care professionals and best practices in health care professional loan forgiveness programs across the country;
- (b) A summary of existing loan forgiveness programs for health care professionals in Colorado, including annual information concerning the clients served by the health care professionals participating in the programs, how many health care professionals participated in the programs, and how the programs are structured;
- (c) A review of the merits of streamlining or consolidating existing loan forgiveness programs for health care professionals, including a possible mechanism by which private loan forgiveness programs may voluntarily participate with public loan forgiveness programs, and a recommendation either in support of or against streamlining and consolidating these existing loan forgiveness programs.

(2) If the community board recommends streamlining and consolidating existing loan forgiveness programs for health care professionals, it shall include with the recommendation a proposal for streamlining and consolidating that includes, but need not be limited to, the following items:

- (a) Recommendations concerning the statutory and operational rule changes that would be necessary to implement a new program;
- (b) A sample standard application form;
- (c) Proposed eligibility criteria for health care professionals and specifications of award amounts;
- (d) Strategies for recruitment and retention of health care professionals to the new program;
- (e) Strategies to maximize the amount of federal moneys the state may receive for health care professional loan forgiveness programs;
- (f) Strategies for pursuing gifts, grants, and donations to be applied to health care professional loan forgiveness programs;
- (g) Any recommended changes to the membership or governance structure of the community board.

B: Health Care Community Board Members

Board Member	Interest Served on the Board
Ross Brooks, Chair Colorado Community Health Network	Representative of a membership organization representing federally qualified health centers
Tracy Anselmo Colorado Department of Public Health and Environment, Oral Health Unit	Representative of a state loan forgiveness program for oral health professionals
Jan Beezley University of Colorado Denver and Health Sciences Center	Advanced practice nurse licensed to practice in Colorado
Steven Cordova Southeast Mental Health Services	Representative of a behavioral health organization that operates in Colorado
Dr. Beuford Durmon Lake Fort Health Services District	Actively practicing primary care physician serving in a rural community
Randy Evetts Pueblo County Schools	Person with expertise in health care in rural and medically underserved areas
Tony Prado-Gutierrez Colorado Association of Family Medicine Residencies	Representative of the Commission on Family Medicine
Jay Lee, MD Denver Health and Hospitals	Person with expertise providing health care in a medically underserved area
Michael Stafford Self-Employed Rural Health Consultant	Person with expertise in health care in rural area
David West, MD Self-Employed Health Policy Consultant	Representative of the Colorado Medical Society
Jack Westfall, MD, MPH University of Colorado Denver and Health Sciences Center	Representative of a public institution of higher education that has experience in administering loan repayment programs for health professionals serving in medically underserved areas
Lou Ann Wilroy Colorado Rural Health Center	Representative of a nonprofit statewide membership organization providing programs and services to enhance rural health care
Vacant	Representative of an economic development organization that operates in Colorado
Vacant	Representative of a foundation that funds a health care professional loan forgiveness program

### C: Definition of Primary Care for the Purpose of Primary Care Office Activities

Primary care is that care provided by health professionals specifically trained for and skilled in comprehensive first contact and continuing care for people with any undiagnosed sign, symptom or health concern not limited by problem origin, organ system or diagnosis. Primary care includes diagnosis and treatment of acute and chronic illnesses, health promotion, disease prevention, health maintenance, counseling and patient education in a variety of health care settings.

### D. Recruitment of Colorado-Trained Medical Residents in Family Medicine to a Colorado Practice

The Colorado Commission on Family Medicine conducted a survey of graduates from Colorado family medicine residency programs in 2009. The following are findings regarding the factors that contributed to the recruitment of new graduates:

- 1) There were 58 medical resident graduates in family medicine in 2009.
- 2) Thirty-five (60 percent) entered practice in Colorado.
- 3) Of those opting for a Colorado practice, 23 percent located in a rural community (eight graduates), and 23 percent located in an urban underserved community (eight graduates). This is a slight increase over last year's combined proportion of 42 percent that went to practices in rural/low-income settings.
- 4) Of those who left Colorado for another state, five went to an urban setting, 16 to a rural setting and two to an underserved setting. One-third of those who left Colorado, but selected a rural or low-income practice setting in another state, reported that loan repayment was a critical determining factor.
- 5) Of graduates who stayed in Colorado in a rural or low-income setting in 2009, 25 percent indicated that loan repayment was critical to their practice choice.
- 6) Because loan repayment was a more dominant feature of the choices of physicians who left Colorado for a rural or low income practice, it may indicate that more loan repayment opportunities in Colorado could increase the number of new graduate providers choosing to practice in Colorado's underserved communities.
- 7) More graduates in 2009 reported loan repayment as critical to their practice choice than in 2008, suggesting that loan repayment options are increasingly influencing the practice choice of new graduates.
- 8) Loan repayment is a component of a total job offer, which may include salary, signing bonus and other recruitment incentives. For Colorado loan repayment to be successful, it must be viewed as part of an overall strategy and job offer package.

E: Overview of Select State Loan Forgiveness Programs

Program	Award Characteristics	Eligibility	Funding and Administration
<p><b>California</b></p>	<p><b>Licensed Vocational Nurse Loan Repayment Program:</b> ≤\$6,000 over a two-year period for a two-year commitment</p> <p><b>Bachelor of Science Nursing Loan Repayment Program:</b> ≤\$19,000 in exchange for a two- or four-year commitment</p> <p><b>Licensed Mental Health Services Provider Education Program:</b> ≤\$15,000 over a two-year period for a two-year commitment</p> <p><b>Mental Health Loan Assumption Program:</b> ≤\$10,000 over a one-year period for a one year commitment</p> <p><b>Health Professions Loan Repayment Program:</b> ≤\$20,000 over a two-year period for a two-year commitment</p> <p><b>Steven M. Thompson Physician Corp Loan Repayment Program:</b> ≤\$105,000 for a three-year service obligation</p> <p><b>State Loan Repayment Program/National Health Service Corps Loan Repayment Program:</b> ≤\$50,000 for a minimum two-year commitment. ≤\$35,000 a year for an additional third- and/or fourth-year commitment</p>	<ul style="list-style-type: none"> <li>• Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology</li> <li>• General Dentists</li> <li>• Dental Hygienists</li> <li>• Certified Nurse-Midwives</li> <li>• Clinical or Counseling Psychologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Professional Counselors</li> <li>• Marriage and Family Therapists</li> <li>• Nurse Practitioners</li> <li>• Physician Assistants</li> <li>• Psychiatric Nurse Specialists</li> <li>• Registered Nurses and Licensed Practical Nurses</li> </ul>	<p><b>Licensed Vocational Nurse Loan Repayment Program:</b> A \$5.00 surcharge collected by the Board of Vocational Nurses at the time of initial licensure and renewal. This program is also funded by grants from the S. Mark Taper Foundation and the California Wellness Foundation.</p> <p><b>Bachelor of Science Nursing Loan Repayment Program:</b> A \$10.00 surcharge is collected by the Board of Registered Nurses licensure renewal.</p> <p><b>Licensed Mental Health Services Provider Education Program:</b> A \$10.00 surcharge is collected by the Board of Behavioral Sciences and the Board of Psychology at the time of initial licensure and renewal.</p> <p><b>Mental Health Loan Assumption Program:</b> Through the Workforce, Education and Training component of the Mental Health Services Act, \$2.5 million is allocated by the Legislature yearly to loan repayment awards.</p> <p><b>Health Professions Loan Repayment Program:</b> Funds are received through grants and contributions from public and private agencies, foundations, corporations and individuals.</p> <p><b>Steven M. Thompson Physician Corp Loan Repayment Program:</b> The STLRP is funded by several different sources, which include the following: 1) A \$25.00 surcharge is collected from physicians and surgeons by the Medical Board of California at the time of initial licensure and renewal. 2) Up to \$1 million will be transferred annually from the Managed Care Administrative Fines and Penalties Fund to the Health Professions Education Foundation. 3) Private donations and grants.</p> <p><b>State Loan Repayment Program/NHSC Loan Repayment Program:</b> The program is funded through a grant from the NHSC and is administered by the State of California, Office of Statewide Health Planning and Development (Office).</p> <p>All programs are administered by the California Health Professions Education Foundation, unless otherwise noted.</p>

Program	Award Characteristics	Eligibility	Funding and Administration
Iowa	<p><b>The Primary Care Recruitment and Retention Endeavor (PRIME CARRE)</b></p> <p>≤\$30,000 per year for a two-year commitment for primary care physicians, psychiatrists and clinical psychologists</p> <p>≤\$20,000 per year for dentists for a two-year commitment</p> <p>≤\$15,000 per year for a two-year commitment for physician assistants, registered nurse practitioners, certified nurse midwives, dental hygienists, clinical social workers and psychiatric nurse specialists</p>	<ul style="list-style-type: none"> <li>• Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology</li> <li>• General Dentists</li> <li>• Dental Hygienists</li> <li>• Certified Nurse-Midwives</li> <li>• Clinical or Counseling Psychologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Professional Counselors</li> <li>• Marriage and Family Therapists</li> <li>• Nurse Practitioners</li> <li>• Physician Assistants</li> <li>• Psychiatric Nurse Specialists</li> </ul>	<p>Two Iowa universities and two private health care systems fund PRIME CARRE with matching funds from the Health Resources and Services Administration.</p> <p>Administered by the Iowa Bureau of Health Care Access</p>
Kansas	<p><b>Kansas State Loan Repayment Program</b></p> <p>≤\$30,000 per year for primary care physicians and general dentists for a two-year commitment</p> <p>≤\$20,000 per year for nurse practitioners, nurse midwives, physician assistants, dental hygienists, psychologists, licensed clinical social workers, psychiatric nurse specialists, mental health counselors, licensed clinical professional counselors, and marriage and family therapists for a two-year commitment</p> <p><b>Kansas Bridging Program:</b> ≤\$26,000 for resident physicians in return for full-time practice in a selected rural community for 36 continuous months upon completion of a residency training program</p>	<p><b>Kansas State Loan Repayment Program:</b></p> <ul style="list-style-type: none"> <li>• Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology</li> <li>• General Dentists</li> <li>• Dental Hygienists</li> <li>• Certified Nurse-Midwives</li> <li>• Clinical or Counseling Psychologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Professional Counselors</li> <li>• Marriage and Family Therapists</li> <li>• Nurse Practitioners</li> <li>• Physician Assistants</li> <li>• Psychiatric Nurse Specialists</li> </ul> <p><b>Kansas Bridging Program:</b> Resident physicians</p>	<p><b>Kansas State Loan Repayment Program:</b> Funded by the State of Kansas and the Health Resources and Services Administration. The state funds are appropriated annually by the legislature (\$150,000 from the general fund in 2009).</p> <p><b>Kansas Bridging Program:</b> Loan forgiveness consists of two separate loans: one from the state of Kansas, and the other from a rural health care organization selected by the resident physician for practice. The state of Kansas loans participating resident physicians up to \$10,000. A loan of \$5,000 is usually distributed each year, during the second and third years of residency training. The rural health care organization practice site matches the amount loaned by the state, and loans an additional \$6,000 upon completion of residency training. The combined total of both loans can be up to \$26,000, all of which all is forgiven after the 36-month commitment.</p> <p>Both programs administered by the Kansas Office of Primary Care.</p>
Massachusetts The Community Health Center	<p>≤\$25,000 per year for two to three years of service for primary care physicians and nurse practitioners or the equivalent extended part-time work at one of the state's 52</p>	<ul style="list-style-type: none"> <li>• Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child</li> </ul>	<p>The program is funded by a major donation from Bank of America, Commonwealth of Massachusetts, Neighborhood Health Plan, Blue Cross and Blue Shield</p>

Program	Award Characteristics	Eligibility	Funding and Administration
Primary Care Provider Loan Repayment Program	federally qualified health centers	psychiatry, general pediatrics and general obstetrics/gynecology <ul style="list-style-type: none"> <li>• Nurse Practitioners</li> </ul>	Foundation of Massachusetts, and Partners HealthCare.  Administered by the Massachusetts League of Community Health Centers (Primary Care Association)
State Loan Repayment Program of Michigan	<p>≤\$25,000 a year for a minimum two-year commitment for general dentists, primary care physicians, psychiatrists, psychologists, licensed professional counselors (doctoral), marriage and family therapists (doctoral)</p> <p>≤\$15,000 for certified nurse midwives, nurse practitioners, physician assistants, clinical social workers, licensed professional counselors (M.A.), marriage and family therapists (M.A.), mental health counselors and psychiatric nurse specialists</p>	<ul style="list-style-type: none"> <li>• Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology</li> <li>• General Dentists</li> <li>• Dental Hygienists</li> <li>• Certified Nurse-Midwives</li> <li>• Clinical or Counseling Psychologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Professional Counselors</li> <li>• Marriage and Family Therapists</li> <li>• Nurse Practitioners</li> <li>• Physician Assistants</li> <li>• Psychiatric Nurse Specialists</li> </ul>	<p>Federal funding through the Health Resources and Services Administration is matched with state of Michigan or local match funds contributed by health care employers to provide this loan repayment assistance.</p> <p><b>Competitive Contracts:</b> 50% state funding; 50% federal funding</p> <p><b>Local Match Contracts:</b> 50% employer contribution; 50% federal funding</p> <p><b>Community Mental Health/Department of Corrections State Match Contract:</b> 50% Department of Corrections funding; 50% federal funding</p> <p>Administered by the Michigan Department of Community Health</p>
Montana	<p><b>National Health Service Corps State Loan Repayment Program:</b> ≤\$15,000 per year for a two-year commitment (with an option to extend for a third year) for non-physician primary care providers, mental health and dental providers including dental hygienists</p> <p><b>Montana Rural Physician Incentive Program:</b> ≤\$100,000 over five years for physicians. Service commitment varies from six months to five years (with commensurate award amounts).</p>	<ul style="list-style-type: none"> <li>• Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology</li> <li>• General Dentists</li> <li>• Dental Hygienists</li> <li>• Certified Nurse-Midwives</li> <li>• Clinical or Counseling Psychologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Professional Counselors</li> <li>• Marriage and Family Therapists</li> <li>• Nurse Practitioners</li> <li>• Physician Assistants</li> <li>• Psychiatric Nurse Specialists</li> </ul>	<p><b>NHSC SLRP:</b> State appropriates \$75,000 with matching funds from the Health Resources and Services Administration.</p> <p><b>MRPIP:</b> Funding comes from fees charged to medical students.</p> <p>Administered by the Montana Primary Care Office</p>

Program	Award Characteristics	Eligibility	Funding and Administration
<b>Nebraska</b>	≤\$20,000 per year for a three-year commitment for nurse practitioners, physician assistants, master's level mental health professionals, pharmacists, occupational therapists and physical therapists; ≤\$40,000 per year for physicians, dentists and clinical psychologists	Nurse practitioners, physician assistants, master's level mental health professionals, pharmacists, occupational therapists, physical therapists, physicians, dentists and clinical psychologists	Communities within shortage areas must apply to become approved loan repayment sites and must agree to provide an equal match to state dollars (up to \$20,000 per year for three years.) The local match may come from any source.  Administered by the Nebraska Office of Rural Health
<b>New Mexico</b>	<p><b>Health Professional Loan Repayment Program:</b> ≤\$35,000 per year for a two-year commitment for primary care physicians, physician assistants, advanced practice nurses, allied health care providers, podiatrists, optometrists and dentists</p> <p><b>Conditional Tuition Waiver for Primary Care Medical Students:</b> \$30,000 per year for primary care medical students. (The cost to waive tuition and fees is \$15,000, and a reasonable stipend for living expenses is another \$15,000.) Students must agree to practice as licensed primary care physicians in underserved areas of New Mexico based on the number of years of funding received for a period of up to five years.</p>	<p><b>HPLRP:</b> Primary care physicians, physician assistants, advanced practice nurses, allied health care providers, podiatrists, optometrists and dentists</p> <p><b>Conditional Tuition Waiver for Primary Care Medical Students:</b> Primary care medical students</p>	<p><b>HPLRP:</b> Health professionals practicing in Health Professional Shortage Areas will be offered NHSC federal funding first and will receive the highest priority. Health professionals eligible for state funding (outside of the eligible professions under the federal funding) will have their applications reviewed by the Health Advisory Committee.</p> <p><b>Conditional Tuition Waiver for Primary Care Medical Students:</b> The primary care physician conditional tuition waiver fund was created as a non-reverting fund in the state treasury. The department deposits into the fund all funds received for the program. The fund is self-sustaining and consists of money appropriated by the legislature for the program, private contributions to the program and receipts from participant repayments.</p> <p>Administered by the New Mexico Higher Education Department, in conjunction with the University of New Mexico School of Medicine</p>
<b>Oklahoma</b>	<p><b>Dental Loan Repayment Program:</b> ≤\$25,000 per year for participating dentists for a two- to five-year period per dentist</p> <p><b>Family Practice Resident Rural Scholarship Loan Program:</b> Up to \$1,000 per month for participants currently enrolled in an accredited Oklahoma family practice or general practice program. Participants spend one month during their third year of residency on elective rotation in a selected underserved Oklahoma community and agree to return to the community upon completion of residency training one month for each month the loan was received.</p> <p><b>Physician Community Match Program:</b> Up to \$10,000 a year for two years of service or \$40,000 for three years of</p>	<p><b>ODLRP:</b> General dentists</p> <p><b>FPRRSLP:</b> Participants who are currently enrolled in an accredited Oklahoma family practice or general practice program</p> <p><b>PCMP:</b> Physicians</p>	<p><b>ODLRP:</b> Funds for the program are allocated by the state Legislature from the general fund.</p> <p><b>FPRRSLP:</b> Funds for the program are allocated by the Legislature from the general fund and from Revolving Fund 2010.</p> <p><b>PCMP:</b> State money, allocated from the general fund, Revolving Fund 2010, and sponsor funds are matched dollar for dollar by a rural community in which the physician agrees to practice.</p> <p>Administered by the Oklahoma State Department of Health and the Oklahoma Physician Manpower Training Commission</p>



Program	Award Characteristics	Eligibility	Funding and Administration
	service in a rural practice for physicians		
<b>Washington</b>	<p><b>Health Professional Loan Repayment Program</b></p> <p>≤\$25,000 per year for the first three years and ≤\$35,000 per year in the fourth and fifth years for up to a five-year total commitment</p>	<ul style="list-style-type: none"> <li>• Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology</li> <li>• General Dentists</li> <li>• Dental Hygienists</li> <li>• Certified Nurse-Midwives</li> <li>• Nurse Practitioners</li> <li>• Nurses (all levels)</li> <li>• Pharmacists</li> <li>• Physician Assistants</li> </ul>	<p>Administered by the state of Washington Higher Education Coordinating Board</p> <p>Funding comes from the Health Resources and Services Administration and matching funds that are appropriated annually from the state Legislature. 100% of the appropriated state funds come from the general fund.</p>
<b>Wyoming</b>	<p><b>Provider Incentive Program</b></p> <p>≤\$30,000 per year for three years for primary care physicians and general dentists</p> <p>≤\$10,000 per year for three years for allied health professionals, including but not limited to hospital, medical, surgical, dental, vision, nursing, radiology, mental health, speech/language pathology and pharmaceutical services</p>	<p>Primary care physicians and dentists and allied health professionals, including but not limited to hospital, medical, surgical, dental, vision, nursing, radiology, mental health, speech/language pathology and pharmaceutical services</p>	<p>Administered by the Office of Rural Health, Rural and Frontier Health Division, Wyoming Department of Health</p> <p>75% of the funding comes from the state general fund and 25% comes from funds in any combination from a county, city, school district, health care facility or health care association.</p>

F: Comparison of Existing Provider Incentive Programs in Colorado

Program	Award Characteristics	Participants and Clients Served	Eligibility	Administration Structure and Funding
<p><b>State Health Care Professional Loan Repayment Program</b></p>	<p>Up to \$70,000 for a two-year service commitment and \$105,000 for a three-year service commitment against educational loan debt</p> <p>Renewable for as long as the provider has outstanding educational loan debt</p> <p>Annual provider incentive ≤\$35,000 (nontaxable income)</p>	<p>Eleven new and continuing providers participated in FY 2009</p> <p>27,000 patient visits were delivered in 2008. With an increase in federal and private support of the program, it is predicted that at least 150,000 patient visits will be delivered in 2010.</p>	<p>This program is open to the following providers who are practicing full time in a public or nonprofit, outpatient, primary care, clinical setting. All providers must practice in a rural or low-income area.</p> <ul style="list-style-type: none"> <li>• Allopathic or osteopathic physicians who specialize in family medicine, general internal medicine, general/child psychiatry, general pediatrics and general obstetrics/gynecology</li> <li>• General Dentists*</li> <li>• Dental Hygienists*</li> <li>• Certified Nurse-Midwives</li> <li>• Clinical or Counseling Psychologists</li> <li>• Licensed Clinical Social Workers</li> <li>• Licensed Professional Counselors</li> <li>• Marriage and Family Therapists</li> <li>• Nurse Practitioners</li> <li>• Physician Assistants</li> <li>• Psychiatric Nurse Specialists</li> </ul> <p>*Oral health professionals have not been funded to date because of the availability of the State Dental Loan Repayment Program (described below)</p>	<p>The Primary Care Office at CDPHE administers the program. Award decisions are delegated to the Health Care Community Board.</p> <p>In the previous two years, there has been a single award cycle. For 2010, there likely will be three award cycles to accommodate four fiscal years and certain state contracting requirements.</p> <p>The program is funded by the state of Colorado, the Health Services and Resources Administration, and The Colorado Health Foundation.</p>
<p><b>National Health Service Corps</b></p>	<p>Up to \$50,000 for a two-year service commitment against educational loan debt; renewable for \$35,000 per year as long as the provider has outstanding educational loan debt.</p> <p>Annual provider incentive ≤\$25,000 (nontaxable income)</p>	<p>118 providers are currently obligated to service with the National Health Service Corps in Colorado.</p> <p>440,000 (estimated) patient visits were delivered in the previous twelve months.</p>	<p>This program is open to the same providers and with the same eligibility criteria as the State Health Care Professional Loan Repayment, with the addition of a private practice option.</p>	<p>The Health Resources and Services Administration administers the program. The Primary Care Office manages certain aspects of eligibility and placement.</p> <p>There are four award cycles per year through September 2011.</p> <p>The program is funded by the Health Services and Resources Administration.</p>

Program	Award Characteristics	Participants and Clients Served	Eligibility	Administration Structure and Funding
<b>State Dental Loan Repayment Program</b>	<p>Up to \$25,000 for a two-year service commitment against educational loan debt</p> <p>Award is renewable once for a total of four-years.</p> <p>Annual provider incentive ≤\$12,500 (taxable income)</p>	<p>29 new and continuing providers participated in FY 2009</p> <p>60,795 patient visits were delivered in FY 2009.</p>	<p>The program is open to general dentists and dental hygienists in under served areas.</p>	<p>The Oral Health Unit at CDPHE administers the program.</p> <p>There are two award cycles per year.</p> <p>The program is funded by the state of Colorado and the Health Resources and Services Administration.</p>
<b>Colorado Rural Outreach Program (CROP)</b>	<p>Up to \$10,000 per year paired with a one-to-one community match against educational loan debt or any other associated costs of recruitment or retention of a health care provider</p> <p>Award is renewable twice for a total of three years.</p> <p>Annual provider incentive ≤ \$20,000 (taxable income)</p>	<p>25 health professionals participated in 2009.</p> <p>87,500 patient visits were delivered in the most recent fiscal year.</p>	<p>The program is open to all health professions for practices in rural communities.</p>	<p>The Colorado Rural Health Center Administers the program.</p> <p>There are two award cycles per year.</p> <p>The program is funded by The Colorado Trust.</p>
<b>The Colorado Health Foundation Physician Loan Repayment Program</b>	<p>Up to \$150,000 for a three-year service commitment against educational loan debt</p> <p>Award not renewable</p> <p>Annual provider incentive ≤\$50,000 (taxable income)</p>	<p>37 new and continuing providers participated in 2009.</p> <p>32,936 patient visits were delivered in the previous 12 months.</p>	<p>The program is open to physicians practicing full time in outpatient family medicine, internal medicine, pediatrics, or obstetrics and gynecology who are practicing in a rural or low-income urban setting.</p>	<p>The Colorado Rural Health Center and the Colorado Community Health Network jointly administer the program.</p> <p>There is one award cycle per year in the spring.</p> <p>The program is funded by The Colorado Health Foundation.</p>

G: Standard Application Form

***Part 1: Personal Information***

Last Name:		First Name:	
Mailing Address:			
City:		State:	Zip:
Home Phone: (    )		Date of Birth:	
Cell Phone: (    )		Email Address:	
Work Phone: (    )		Gender:	Ethnicity(Optional):

***Part 2: Training and Education***

<p>Professional Discipline (Check one)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Certified Nurse Midwife</li> <li><input type="checkbox"/> Clinical or Counseling Psychologist (Ph.D. or Psy.D.)</li> <li><input type="checkbox"/> Dental Hygienist</li> <li><input type="checkbox"/> Dentist (general or pediatric dentistry)</li> <li><input type="checkbox"/> Doctor of Osteopathy (DO)* Specialty: _____</li> <li><input type="checkbox"/> Licensed Clinical Social Worker (master's or doctorate degree in social work)</li> <li><input type="checkbox"/> Licensed Professional Counselor (master's or doctorate degree in counseling)</li> <li><input type="checkbox"/> Marriage &amp; Family Therapist (master's or doctorate degree in marriage &amp; family therapy)</li> <li><input type="checkbox"/> Medical Doctor (MD)* Specialty: _____</li> <li><input type="checkbox"/> Nurse Practitioner</li> <li><input type="checkbox"/> Physician Assistant</li> <li><input type="checkbox"/> Psychiatric Nurse Specialist</li> </ul> <p style="text-align: center;">Date diploma or certification was received: ____/____/____</p> <p>Did you education program have a program emphasis in rural or community health?    Yes <input type="checkbox"/>    No <input type="checkbox"/></p> <p style="text-align: center;">*Physicians must be boarded in Family Medicine, Internal Medicine, Pediatrics, Psychiatry, Child Psychiatry, and/or Obstetrics and Gynecology.</p>
<p>If you have other post-secondary degrees, please list them with the date of completion.</p> <p>Degree and Subject: _____    Date Completed: ____/____/____</p> <p>Degree and Subject: _____    Date Completed: ____/____/____</p> <p>Degree and Subject: _____    Date Completed: ____/____/____</p>

Colorado Professional License Number: \_\_\_\_\_ Date of first issuance: \_\_\_\_/\_\_\_\_/\_\_\_\_

Only providers holding an unrestricted Colorado practice license at the beginning of their service commitment are eligible for an award in this program. Providers without a Colorado license may apply, but must complete the Colorado licensure process and begin work within 90 days of an award notice.

For physicians in residency, what is the name of your residency program?

\_\_\_\_\_

Expected date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part 3: Educational Loan Debt**

What is the sum of your qualifying educational loan debt? \_\_\_\_\_

Qualifying educational loans are government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate and graduate education of the participant. The debt must be associated with a degree in the health profession in which the participant will satisfy his or her service commitment. Debts associated with other degrees are not eligible for repayment.

**1) Lender/Loan Holder Name:**

Mailing Address:

City:	State:	Zip:
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Account Number:	Loan Balance: \$
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Web Address:	Origination Date:
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**2) Lender/Loan Holder Name:**

Mailing Address:

City:	State:	Zip:
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Account Number:	Loan Balance: \$
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Web Address:	Origination Date:
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**3) Lender/Loan Holder Name:**

Mailing Address:

City:	State:	Zip:
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Account Number:	Loan Balance: \$
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Web Address:	Origination Date:
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<b>4) Lender/Loan Holder Name:</b>		
Mailing Address:		
City:	State:	Zip:
Account Number:	Loan Balance: \$	
Web Address:	Origination Date:	
<b>5) Lender/Loan Holder Name:</b>		
Mailing Address:		
City:	State:	Zip:
Account Number:	Loan Balance: \$	
Web Address:	Origination Date:	

**Part 4: Service Obligation**

All terms of service are at least 24 months, regardless of the total award amount. Would you accept a 36-month term of service if the amount of your award were increased? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please record any application and/or acceptance of other service commitments prior to this application. Please check all that apply:		
<u>Loan Repayment Program</u>	<u>Applied</u>	<u>Accepted</u>
The Colorado Health Foundation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Colorado Rural Outreach Program (CROP)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
National Health Service Corp (NHSC)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
State Dental Loan Repayment Program	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently owe a term of service to any other entity? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what date does your service obligation conclude: ____/____/____		
Concurrent service obligations with other entities are disallowed in the state loan repayment program. If you have an existing term of service that concludes within 90 days of an award notice from this program, you may begin your service commitment to this program on that date.		



## ***Part 6: Personal Statement & Supporting Documents***

1. Attach a personal statement of up to 2,000 words describing your interest in and commitment to caring for underserved people. Please address each of the following points:
  - Tell us about yourself, where you grew up, what led you to a career in a health profession, and why you are interested in a practice serving rural or low-income communities.
  - Discuss your commitment to caring for the needs of rural or urban underserved populations (depending on your intended practice location).
  - Describe how your current practice setting, if you are employed, helps address the particular health care needs of the community in which you work.
  - Discuss your perceptions of the importance of cultural competency when caring for diverse populations and relate any unique experiences that have improved your ability to care for patients of a different culture. If possible, speak specifically about your professional and personal response to diversity in your current practice setting.
  - Discuss what your plans are when your loan commitment to the state is complete.
  - Discuss any additional personal attributes that might aid the award committee in determining how you will support the program goal of increasing primary care access to underserved Coloradans.
2. Attach a copy of your curriculum vita.
3. Attach a copy of your signed employment contract. If you do not yet have a signed contract, you will remain eligible but must submit a signed contract before an award can be made. Employment must begin within 90 days of a notice of an award.
4. Attach a **current** loan statement from each lender that holds your qualified educational loan debt. The statement must be dated within three months of application, include your name and list all outstanding loan balances owed by you.
5. Attach at least two letters of support for your application.
  - If you are completing a residency program, please submit a letter of support from the residency program director.
  - If you are currently employed, please submit a letter of support from your chief executive, medical director or human resources director.
  - If you are not currently in residency and are not currently employed, submit a letter of recommendation from two or more peers.



### *Applicant Notice*

Your application must be submitted in its entirety, with all supporting documentation, prior to the end of the application period. Incomplete applications will not be considered. If you are unable to complete your application online, you must call 303-692-2406 and request a paper application. Only applications received during the application period will be accepted.

By signing the application, you affirm that all statements are true and accurate to the best of your knowledge. Any material false statement will disqualify you permanently from consideration in the current and any future award cycle. Should a material false statement be discovered after an award is made, your contract may be considered in default and may result in **significant** penalties.

By submitting this application, you are authorizing representatives of the Colorado Department of Public Health and Environment to contact your educational institutions, employers, professional licensing and certification boards, lenders, and those who drafted your letters of support to verify the accuracy of the information contained in your application.

If selected for an award from this program, you will enter into a minimum 24-month contract with the state, which will require continuous full-time practice at the specified clinical address. You will be required to maintain all attributes of your practice that make you eligible to receive an award during your full term of service. Failure to do so may cause your contract to go into default, which may result in **significant** penalties.

Primary Care Office  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246  
303-692-2582