

Provider Application
State Loan Repayment Program of Kansas

Prior to completing the application, review the following health care provider requirements:

This application form is used to determine provider eligibility for local participation in the State Loan Repayment Program of Kansas (State LRP). If you need additional space to answer any of the questions, attach as many pages as needed: type your name, title, and agency at the top of each page.
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1. Must be a resident of Kansas.
2. Must be United States citizen.
3. Provider is not eligible to participate if he/she has previously incurred an obligation for health professional service to the Federal, State, or local government, or other entity unless the obligation is completely satisfied prior to the beginning of service under this program.
4. Provider is not eligible to participate if a breach of obligation has occurred for health professional service to the Federal Government, a State Government or other entity.
5. Provider is not allowed credit for any practice done while the provider is in a professional school or graduate training program.
6. Provider is not allowed loan repayment for any professional practice performed prior to the effective date of the health professional's State LRP contract.
7. Must serve in the clinical practice of his/her profession full time (40 hours per week).
8. Must charge for professional services at the usual and customary rates prevailing in the areas in which such services are provided, except that if a person is unable to pay such charge, such person shall be charged at a reduced rate or not charged any fee.
9. Must apply all loan repayments received from the State LRP to reducing qualifying graduate and undergraduate educational loans.
10. Must agree that, in providing primary health services, he/she will not, in the case of an individual seeking care, discriminate on the basis of the ability of the individual to pay for such care or on the basis that payment for such care will be made pursuant to the program established in Title XVIII (Medicare) of the Social Security Act or pursuant to the program established in Title XIX (Medicaid) or Title XXI HealthWave (Children's Health Insurance) of such Act.
11. Must agree to accept assignment under Section 1842(b) (3) (B) (ii) of the Social Security Act for all services for which payment may be made under Part B of Title XVIII and will enter into an appropriate agreement with Kansas Department of Social and Rehabilitation Services (SRS) which administers the State plan for medical assistance under Title XIX and XXI of such Act to provide service to individuals entitled to medical assistance under the plan.

Criteria used to determine provider eligibility include:

1. Completion of the appropriate level of education. Board certified or eligible for board certification if a physician.
2. Willingness to accept Medicare assignment.
3. Acceptance of Medicaid and HealthWave patients in practice.
4. Willingness to provide services regardless of the patients ability to pay and to use a sliding fee schedule based upon the client's income and the current federal poverty guidelines.
5. Availability to provide care as outlined in the loan repayment contract entered into with an approved site with a minimum of twelve months of service.
6. Demonstration of commitment to serve in medically underserved areas, especially rural areas.

Applicants will also be evaluated on their capability to become board certified or otherwise state or professionally credentialed, academic or professional achievements and professional recommendations.

Supporting documents should include:

- 1. Copy of Kansas License.
- 2. Proof of Citizenship and Local Kansas residence.
- 3. Proof of qualifying educational loans.
- 4. Loan Information and Verification Form

Loan Repayment Application

Applicant information:

Name and credential of Applicant: _____

Kansas License Number / Licensing Agency or Board: _____

Applicant Address: _____

Phone #: _____

E-mail (optional): _____

Signature

Date of Application

<p>Employer Contact Information:</p> <p>Name: _____</p> <p>Employer Address: _____ _____</p> <p>Phone #: _____ E-mail (optional): _____</p>
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For assistance with the application, call Barbara Huske at (785) 296-2742.

Return this application to: Barbara Huske
Kansas Department of Health and Environment
State Loan Repayment Program of Kansas
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365

PLEASE NOTE: This year, state loan repayment awards are considered taxable income by the IRS. A 40% supplement will be added to cover taxes on the award.

INSTRUCTIONS FOR COMPLETING THE LOAN INFORMATION FORM

Please complete one Loan Information Form for each loan you wish the State LRP to consider for repayment. This form authorizes your lender to release information about your loan to the State LRP. (If you need additional forms, you may photocopy the blank.) These forms must be enclosed with your application.

You are required to send in documents verifying your loans. This includes a copy of the original loan application(s), a copy of the promissory note(s), disclosure statements, and statements from the current holder, indicating the borrower's name, original amount borrowed, date of original disbursements, and the type of loan.

In addition, include a current account statement showing your loan balance. Applications without the required loan documents will be ineligible.

Do not send the Loan Information and Verification form to your lender. The State Loan Repayment Program office will forward these forms to your lenders to verify the loan amounts, balances, and purposes of the loans.

LOAN CONSOLIDATION: If you have consolidated your educational loans, you may fill out one loan form for the consolidation, but you must list the original date and amount of each educational loan in item 9 and 10. The total amount of the consolidated loan should be entered in item 11. If there is not enough room in items 9 and 10, you may attach this information to the loan form. The list should include the original disbursement date, the amount, and the loan type.

State Loan Repayment Program participants will receive monies to be applied to the principal, interest, and related expenses of Government (Federal, State, or local) and commercial loans obtained by the participant for:

- a. school tuition and required fees;
- b. other reasonable educational expenses; and
- c. reasonable living expenses

The fees and expenses listed above are limited to those incurred by the participant for undergraduate or graduate education leading to a degree in the health profession in which the participant will satisfy his or her State Loan Repayment Program service commitment.

If an eligible educational loan is consolidated or refinanced with any debt other than another eligible education loan of the applicant, NO portion of the consolidated/refinanced loan will be eligible for loan repayment.

Note: Do not send this form to your lender. Submit it with the application.

LOAN INFORMATION AND VERIFICATION FORM STATE LOAN REPAYMENT PROGRAM OF KANSAS

INSTRUCTIONS:

APPLICANT: Complete one copy of this form for each loan you are applying to have considered for repayment under the State Loan Repayment Program of Kansas. To each form, attach a copy of the original loan application, promissory notes, disclosure statements, and statements from the current holder, indicating the borrower's name, original amount borrowed, date of original disbursement, and type of loan. In addition, include a current account statement showing your loan balance. Please complete all fields and print clearly to expedite verification.

1. _____
Applicant's Name (Last, First Middle)
2. _____
Applicant's Social Security No.
3. _____
Applicant's Complete Address
4. _____
Applicant's Telephone No.
5. _____ 5a. _____ 6. _____
Name of Lending Institution Lender's Telephone No. Loan Account No.
7. _____
Full Address of Lending Institution
8. Was the loan sold? _____ **YES** _____ **NO** (If you are not sure, check with your lender)
- _____
- If "yes," give the secondary loan holder's name and full address.
9. Original Date of the Loan _____ 10. Original Amount of the Loan _____
11. Current Balance (Principal & Interest) \$ _____ as of (date) _____ 11a. Interest Rate _____
12. _____
Purpose of the Loan as Indicated on the Loan Application:
13. Type of Loan (e.g., GSL, NDSL, HEAL) Please spell out the type of loan _____
14. Loan in Default? _____ **YES** _____ **NO** Date of Default: _____
15. Loan Under a Federal Court Judgment? _____ **YES** _____ **NO** Date of the Judgment: _____

For Consolidated Undergraduate and Graduate Education Loans: If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for health professions education costs that were consolidated into a new loan.

WARNING - Any person who knowingly makes a false statement or misrepresentation in this loan repayment transaction, bribes or attempts to bribe a government official, fraudulently obtains repayment for a loan under this statute, or commits any other illegal action in connection with this transaction is subject to a fine or imprisonment under Federal statute. I have read this statement and understand its contents.

CERTIFICATION BY APPLICANT - I hereby certify to the accuracy of the above information and apply to enter into an agreement with the Secretary of KDHE for repayment of the educational loans I have submitted with my application hereof, incurred solely for the costs of education, including reasonable living expense, leading to a degree in medicine, osteopathy, dentistry, or other health profession. I hereby authorize the Government or financial institution named in item 5 or 8 above to release this information about the loan to the administrators of the State Loan Repayment Program of Kansas.

Signature of Applicant

Date