

Kansas Department of Health & Environment
Bureau of Community Health Systems

Application Checklist
Kansas State Loan Repayment Program

A complete Kansas State Loan Repayment Program application will include the following materials:

- _____ Provider Application
- _____ Site Application
- _____ Copy of service site's discounted sliding fee schedule
- _____ Copy of the health professional's job description
- _____ Verification of Employment Form
- _____ Proof of U.S. Citizenship or U.S. National (certified birth certificate or passport)
- _____ Copy of the health professional's permanent Kansas license
- _____ Loan Information Forms for each loan for which assistance is sought (Pages 2-3)
- _____ Copies of all necessary loan materials as identified in the Loan Information Form
- _____ Signed Program Requirement Document

Submit the completed applications and required documentation to:

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