



## II. Education and Credentials

Health professions school/training program: _____ City/State: _____ Dates of Attendance: _____ through _____ Date of graduation _____	
Residency Program: _____ City/State: _____ Dates of Attendance: _____ through _____ Date of graduation: _____	
Any additional training programs: _____ City/State: _____ Dates of Attendance: _____ through _____ Date of completion: _____	
Current Status <i>(select one)</i>  Enrolled in final year of training program or residency Practicing in Ohio Practicing outside of Ohio Not currently in practice	Credentials <i>(required before beginning the program)</i> List State(s) where you currently hold a license or certification:
Are you Board certified or eligible?  Yes No Pending	Note any licensure restrictions, if applicable:

## III. Obligations

**Note:** All applicants who have an outstanding contractual obligation for health professional service to the Federal Government (e.g. an active military obligation), a State (e.g. Loan Repayment or Scholarship Program) or other entity are ineligible to participate in the state loan repayment programs unless that service obligation will be completely satisfied before a loan repayment contract with the State of Ohio begins. Be aware that certain bonus clauses in employment contracts may impose a service obligation. See application instructions for additional information.

1. Did you apply to the National Health Service Corps Loan Repayment Program this year? \_\_ Yes \_\_ No
2. Do you have a Primary Care Loan from the Health Resources and Services Administration through your medical school? \_\_ Yes \_\_ No
3. Are you a member of a Reserve Component of the Armed Forces or National Guard? \_\_ Yes \_\_ No
4. Do you have an existing service obligation? \_\_ Yes \_\_ No  
*If yes, complete the following:*

Name/Description of obligation \_\_\_\_\_

Contact person \_\_\_\_\_ Telephone \_\_\_\_\_ Completion date: \_\_\_\_\_

Terms of obligation \_\_\_\_\_

Are you in default of this obligation? \_\_ Yes \_\_ No

#### IV. Background and Biographical Statements

*On a separate document, respond to all of the following requests. Label each section to correspond with the numbers and letters below:*

1. Describe your and your spouse's/partner's geographic backgrounds. Include the names of your hometowns, what it was like growing up there, and any time spent in rural or inner city communities.
2. Describe your experience with underserved and diverse populations. Include student, volunteer and work experiences and detail the following information for each experience:
  - a) Name of program, if applicable, and whether the experience was required for school/training.
  - b) Year and length of experience, including average time commitment per week/month.
  - c) Location of experience and brief description of services provided.
  - d) Knowledge, skills and abilities gained from the experience.
  - e) Results of experience, e.g. development of community programs, awards, published articles.
3. Provide two to four professional goals related to your practice in an underserved area.
4. Describe your and your family's interest in living and working in an underserved area.
5. Share language skills (including level of proficiency), if any, that you use or will use to provide services to the patient population of the practice site.
6. List any experience you have with National Health Service Corps programs (SEARCH, Scholarship or Loan Repayment).
7. Provide any additional knowledge, skills, and abilities that will be incorporated into your practice to improve the delivery of health services to the population of the community site. Consider the values, beliefs, and practices of the patient population.

#### V. Certification and Acknowledgements

1. I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

2. I acknowledge that I have read the Application Information and understand that if selected for a loan repayment contract, I will be obligated to remain at the practice site(s) for a minimum of two years. I also understand that failure to uphold the requirements of a loan repayment contract could result in significant financial consequences.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

3. As an administrator with \_\_\_\_\_ (practice site), I understand that the applicant, if selected for an Ohio loan repayment program, has a minimum two-year commitment to the above-named site. Furthermore, I acknowledge that Ohio loan repayment program participants must work either a) if full-time: a total of 40 hours per week at eligible sites, of which no more than 8 hours can be spent in administrative and teaching duties at the site, or b) if half-time: between 20 and 39 hours per week at eligible sites, of which no more than 4 hours can be spent in administrative and teaching duties at the site.

\_\_\_\_\_  
Executive Director or Site Administrator Signature

\_\_\_\_\_  
Date

