



# MLRP APPLICATION PART II - Practice Site Confirmation

Maryland Loan Repayment Program  
Questions? (410) 767-6123

**Application Deadline: April 15, 2026**

Review and follow all application cycle instructions in order to meet submission requirements.

**Application ID Number**

(from notification email)

**Applicant Name**

First

Last

**Applicant's Email Address**

**1. Applicant Profession**

**2. Applicant Specialty**

**3. Employment Start Date**

**4. Annual Salary (Current)**

**5. Employer Name**

**6. Is this employer a public or non-profit (501(c)(3)) entity?**

Yes  No

**7. Practice Site Name**

**8. Practice Site Address**

Address Line 1

City

State

Zip Code

**9. Practice Site Type**

- Academic institution (Higher education)
- Acute Care for the Elderly (ACE) Unit
- Certified Community Behavioral Health Center (CCBHC)
- Community Health Center (e.g. Free clinic)
- Day or Home Care Program (e.g. Home Health)
- Dental Office
- Emergency Room
- Federal and State Bureau of Prisons
- Federal Government
- Federally Qualified Health Center (FQHC) or look-alike
- Hospice
- Hospital
- Indian Health Service (IHS) Site
- Local Government Office or Agency (not LHD)
- Local Health Department (LHD)
- Local Correctional Facility
- Long-Term Care Facility
- Mobile Clinic/Site
- Nurse Managed Health Clinic
- Nursing Home
- Physician Office (Group or individual private practice)
- Physician Office (Hospital owned)
- Residential Living Facility
- School-based Clinic (Primary, middle, high school)
- Specialty Clinic (e.g. mental health practice/rehabilitation/substance abuse clinic)
- State Government Office or Agency (not MDH)
- State Health Department or Facility (MDH)
- Veterans Affairs Hospital or Clinic

**10. Is this practice site located in a Federally-designated Health Professional Shortage Area?**

- Yes  No

*Note: If you are unsure of the HPSA status of this site, use the Find Shortage Areas by Address tool to respond to this question: <https://data.hrsa.gov/tools/shortage-area/by-address>*

**11. Is this practice site located in a Federally-designated Medically Underserved Area/Population?**

Yes  No

*Note: If you are unsure of the MUA/P status of this site, use the Find Shortage Areas by Address tool to respond to this question: <https://data.hrsa.gov/tools/shortage-area/by-address>*

**12. Is this a National Health Service Corp-approved site?**

Yes  No

**13. Is this applicant's work covered by the practice site's sliding fee scale and/or financial aid policy?**

Yes  No  N/A

**14. Are you completing this form for more than one practice site for this applicant?**

Yes  No

**15. How many hours per week will the MLRP applicant work, excluding time spent "on call," as verified by the employment contract or offer?**

Hours per week

**16. Will the MLRP applicant work at least 80% of program participation hours per week in direct patient care?**

Yes  No

**17. Will the MLRP applicant's work week be compressed into less than 4 days per week or with shifts of more than 12 hours in any 24-hour period, or into less than 2 days per week for an applicant working 20-39 hours per week?**

Yes  No

**18. Will the MLRP applicant spend at least 45 weeks out of the year working during the time period July 1, 2026 - June 30, 2028 (with no more than 7 weeks away from the practice for holidays, vacation, continuing professional education, illness or any other reason)?**

Yes  No

**19. What type of services is the MLRP applicant providing?**

Outpatient  Inpatient  Outpatient and Inpatient

**20. Does the applicant have any current/outstanding contractual obligation with this employer, including, but not limited to a sign-on or retention bonus or education loan repayment being provided in return for the agreement to work at the practice site/ with the employer for a certain period of time or pay back the bonus/funds?**

Yes  No

**For employers of applicants applying in final year of medical residency:**

**21. To the best of my knowledge, the applying medical resident is enrolled full-time as a medical resident specializing in primary care.**

Yes  No

**Please upload the following documents.**

### Practice Site Eligibility Form (Part III)

Template available at: <https://health.maryland.gov/pophealth/Pages/State-Loan-Repayment-Program.aspx>.

Complete and submit this form for all practice sites listed above.

#### Background Information about the Practice Site (e.g., practice brochure or marketing materials)

#### Practice's Non-Profit Certification (if applicable)

Note: U.S. Internal Revenue Service document, required for nonprofit and public entities.

#### Practice's Sliding Fee Scale and Sliding Fee Scale Policy

Note: (Eligibility requirement): This can be a Sliding Fee Scale Policy or Financial Aid Policy demonstrating services provided by the applicant will be provided regardless of patients' ability to pay.

#### Applicant's Employment Contract or Other Verification of Applicant's Hours Worked per Week (if not contract employee)

(e.g. employment offer letter, Human Resources report, or other verification of hours worked per week).

Note: This document is used to verify the applicant's hours worked per week and the program participation level at which the applicant is eligible for: full-time (40+ hours per week) or part-time (20-39 hours per week) based on program definitions (see [MLRP Program Guidelines](#)). If the employment contract, offer, etc. does not fully demonstrate the hours consistently worked, supplementary information can/should be submitted. Pay stubs, timesheets, and actual schedules can be included and must represent a minimum of 3 (three) months of proof to reflect the average number of hours per week worked during that time.

#### Attestations and Signature

I understand that MLRP participant practice sites are required to complete an organizational assessment tool to evaluate their current integration of National Standards for Culturally and Linguistically Appropriate Services in Health Care as documented in Part IV, Cultural Competency Requirements. We agree to fulfill these requirements if the site has a staff person who is awarded loan repayment assistance.

Note: Part IV can be found [here](#).

I understand that as a condition of MLRP participation, participants and their employers are required to respond to all survey and reporting requests received for the purpose of ensuring continued compliance with program requirements and the gathering of data to support program operations, as documented in Part V, Experience, Impact, and Retention Data Requirements. We agree to fulfill these requirements if the site has a staff person who is awarded loan repayment assistance.

Note: Part V can be found [here](#).

I understand that the signatory of this form will be noted as the Administrator for the practice site for the purpose of receiving requests related to Part V (Experience, Impact, and Retention Data) of this application, if another Administrator has not been assigned to the practice site via prior program participation.

Note: Part V can be found [here](#).

Name of the Person Completing this Form

Title

First

Last

Email Address

Signature