



State Loan Repayment Program Application Checklist

Applicant Name: _____

- Part I: Candidate Information & Applicant Signature
 - Proof of Citizenship
 - Proof of Malpractice Insurance
 - Proof of Medical License
- Part II: Practice Site Confirmation
- Part III: Site Eligibility Application
 - Background information about practice site
 - Non-profit certificate for practice site, if applicable
 - Copy of practice site's brochure or marketing, if available
 - Copy of sliding fee scale and sliding fee scale policy for site
 - Copy of public notice of sliding fee scale
 - Copy of applicant's employment contract with practice site
- Part IV: Lender Verification Forms
- Part V: Transcript
- Part VI: Cultural Competency Requirement Form Signature
- Part VII: Retention Study Signature