

ATSU-SOMA Graduate Loan Repayment Program Application Funded by UnitedHealth Foundation

(Please type all information)

Date: _____

Name _____
Last First Middle Initial

Address _____
Street Address City State Zip Code

Telephone (____) ____ - _____ Email Address _____

Graduation date from SOMA _____ Other Graduate Degrees _____

*Gender: Male Female *Date of Birth: _____ (MO/DAY/YR)

*Ethnicity (check one):

Hispanic or Latino Yes No American Indian or Alaska Native

Asian Black or African American

Native Hawaiian or Other Pacific Islander White

Other: _____

** NOTICE OF NONDISCRIMINATION: A.T. Still University of Health Sciences does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, or status as a Vietnam-era veteran in admission and access to, or treatment and employment in its programs and activities. Any person having inquiries concerning ATSU's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act of 1990, or other civil rights laws should contact the Director of Human Resources, 800 West Jefferson Street, Kirksville, Missouri 63501 (telephone: 660.626.2790). Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education.*

Site information for proposed practice site

Name of site: _____

City _____ County _____ State _____

Type of site: FQHC Private Non-profit Other _____

Geographic designation: Urban Rural Frontier

List any HRSA designated special populations treated at this site. _____

Does this site treat Developmentally Disabled patients? Yes No

Position description: Physician

How long has this position been vacant? _____

If you are replacing a provider that is leaving the organization, when will that provider be leaving?

Proposed date of hire _____

If you are currently employed at this site, what was your date of hire? _____

If you are currently employed at this site, what is the length of your contract? _____

HPSA Score _____

Is the site currently designated as a Medically Underserved Area (MUA)? Yes No

Description of site

Provide a description of the proposed service site. MUST include information on

1. Mission statement
2. Organizational structure
3. Clinical facilities
4. Clinical staffing
5. Services provided
6. Populations served
7. Service area

Additional Information:

- 1. Describe your motivation for seeking employment at a Community Clinic.**
- 2. Describe the reason for selecting this particular clinic.**
- 3. Discuss your leadership and community service experience.**

Agreement and Attestation – ALL information and signatures must be completed before the application will be considered. Incomplete applications will not be considered.

Applicant

- I attest that the above information is correct to the best of my knowledge.

If selected for an award:

- I will agree to maintain continuous full-time clinical employment at the approved site for 2 (two) full years from the date indicated in the award letter. Full-time employment is defined by an average of at least 32 hours per week of clinical contact with up to 8 hours allowed for administrative time. Vacation, sick leave FLMA and CE time should not be included in the hourly average calculation. A minimum of 32 hours of weekly employment is required.
- I understand that for each year served, the program will provide repayment of \$25,000 to my student loan holder.

- I understand that if I fail to maintain employment for an entire year, no award will be given. There are no partial awards given. I understand that for exceptional and extenuating circumstances, I may appeal this policy.
- I agree to provide ATSU/ SOMA with the information on my lender to facilitate loan repayment.
- I understand that the amount received from this program may NOT be tax deductible and I may incur tax liability for the award received.
- I agree to submit quarterly verification of continuous employment for each year of the agreement. Quarterly reports will be due on the dates specified in the award letter.
- I agree to submit an annual verification of continuous employment at the end of each year in the program along with a 360° evaluation in order to allow funds to be released.
- I agree in my quarterly and annual verification of employment to provide descriptions of significant experiences, patient /community stories, and lessons learned. This information may be used to develop and promote the ATSU-SOMA Graduate Loan Repayment Program to future applicants and funders.
- I agree to notify SOMA immediately of any of the following changes: non-profit or FQHC status, patient population, employment status, immediate supervisor or administration.
- I agree that ATSU faculty may share information about my academic history to the program reviewers.

Applicant Signature

Date

Site Administrator (CEO or Immediate Supervisor)

Yes No I attest that the above information regarding this clinical site is correct.

Yes No I certify that the applicant has been offered a position at this site and the proposed start date is _____ .

OR

Yes No I certify that the applicant is currently working at this clinical site and the date of hire was _____ .

Yes No If the applicant is selected for an award, I agree to assist and cooperate with the applicant in fulfilling the reporting requirements of this program.

Administrator Name _____

Title _____

Address _____ Phone number _____

Email Address _____

Site Administrator Signature

Date

Send completed, signed application via mail or email attachment to:

ATSU – SOMA Graduate Loan Repayment Program

c/o Ann Cano

5850 E. Still Circle

Mesa, AZ 85206

Phone: 480-245-6264

email address: somaawards@atsu.edu