

Application Deadline: Postmarked by September 19, 2011



UNIVERSITY OF VERMONT
COLLEGE OF MEDICINE – AHEC PROGRAM
Arnold 5 – UHC Campus
1 South Prospect Street
Burlington, VT 05401

TEL: (802) 656-2179 FAX: (802) 656-3016 www.vtahec.org

Vermont Educational Loan Repayment Program for Dentists 2012 APPLICATION FORM (Recruitment & Retention)

The **Vermont Educational Loan Repayment Program for Dentists** is funded by the State of Vermont, through the Department of Health, and is administered by the University of Vermont College of Medicine Area Health Education Centers (AHEC) Program. The goal of this program is to ensure a stable and adequate supply of dentists to meet the health care needs of Vermonters and increase access for the Medicaid population.

General Eligibility Requirements (see Program Overview for details):

- Recipient must be a Vermont state resident (or plan to become a Vermont resident if being recruited from out-of-state).
- Recipient must work a minimum of 20 hours per week as a dentist in Vermont.

Commitment & Obligations (see Program Overview for details):

- Recipient must meet a one-year service commitment.
- Grants go directly to pay educational loans.

How to Apply: Before applying to the VT State program, first explore if you and your worksite are eligible for National Health Service Corps (NHSC) funds. Visit <http://nhsc.hrsa.gov> for more information. Those eligible for NHSC funds are required to apply to that program. NHSC awards are larger than the state-funded awards. An individual may not receive NHSC and state funds concurrently, thus allowing us to provide awards to individuals and practice sites not eligible for NHSC and leverage the limited state funds. Together, the NHSC and VT State Loan Repayment Program will help Vermont achieve its healthcare workforce goals.

There are three types of applicants (all use this application form).

Type 1: Dentists currently practicing in Vermont, select **RETENTION** as type on the application. In this case, the dentist is initiating the application process.

Type 2: Current dental residents, and others who have completed training and are seeking employment in Vermont, select **JOB SEEKER** as type on the application. In this case, the dentist is initiating the application process. *We understand that you are unlikely to know your employer at this time. Once hired, your practice will need to supply required information.*

Type 3: Employers/practice sites recruiting a new dentist, select **RECRUITMENT** as type on the application. The employer/practice site manager initiates the process by completing an application if the position is being actively recruited and is expected to be filled in the next twelve months. *We understand that you are unlikely to know your employee at this time. Once hired, the dentist will need to supply required information. Award recipient must be a Vermont resident prior to disbursement of funds.*

Where to Send the Application:

UVM Office of Primary Care, AHEC Program
UHC Campus Arnold 5, 1 South Prospect St., Burlington, VT 05401
Attn: Rebecca T. Dubois
(802) 656-2658 or rebecca.dubois@uvm.edu

Deadline & Award Notification: Application must be postmarked by **September 19, 2011**. Applicant will receive confirmation of receipt by email. The schedule for reviewing and making award decisions will depend on several factors, including the number of applications received. Award decisions will be announced in February.

IMPORTANT: Please print clearly and fill out application completely. Illegible applications will be considered incomplete. Only complete applications will be considered. See Application Checklist on page 6.

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Vermont Educational Loan Repayment Program is contingent upon continued funding by the VT General Assembly to the VT Department of Health

Application Deadline: Postmarked by September 19, 2011

Vermont Educational Loan Repayment Program for Dentists 2012 PROGRAM OVERVIEW (Recruitment and Retention)

The Vermont Educational Loan Repayment Program for Dentists was established by the Vermont General Assembly to help ensure a stable supply of dentists to meet the dental care needs of Vermonters and increase access to dental care for the Medicaid population.

Component	Standard
Description	Funded by state and local funds. AHEC shall make loan repayment awards in exchange for service commitments by health care practitioners. Recipient must have outstanding educational debt acquired in pursuit of an undergraduate or graduate degree from an accredited college or university that exceeds the amount of the loan repayment award.
State of Residence	Must be a Vermont resident (or if being recruited, will become a Vermont resident) and legally authorized to work in the U.S.
Award Amount	Up to \$20,000 in state funds per year. Awards go directly to pay educational loans (loan must be in good standing, lender will be requested to apply payment directly to loan principal to have the greatest impact on debt reduction). State awards may be enhanced by community or employer matching funds. If awarded funds, each recipient is required to continue making their own monthly payment(s) in addition to this award to further reduce overall educational debt; the recipient's own debt reduction effort is viewed favorably in future applications. A goal of this program is to work as a partnership between the recipient, the State of Vermont, and communities/practices/foundations to reduce educational debt; these funds are a direct investment in the State's workforce and achieving debt reduction must be evidenced to show impact and ensure the program's continuation.
Tax Liability	The federal Affordable Care Act passed on March 23, 2010 treats debt repayment under the Vermont Educational Loan Repayment Program for Healthcare Professionals as exempt for income tax purposes.
Reapplication & Lifetime Maximum	Must reapply annually. May receive loan repayment funds for maximum of six years per individual.
Service Obligation	One year of service per year of funding. Service period will be defined in award contract. No credit for practice that is a requirement of a training program. No credit during a leave of absence. Recipients who take a leave of absence will have to extend the service contract end date.
Default of Service Obligation	Must repay proportional to unserved period, plus collection costs.
Hours	Must practice dentistry a minimum average of 20 hours per week in Vermont during the year of service.
Ineligible Practitioners	Those with a current contractual service obligation, including loan repayment contractual obligation from other sources; practitioners holding J-1 visa waivers.
Patient Policies	Recipient will be expected to accept patients with coverage under Medicaid, or other state-funded health care benefit program. A minimum number of Medicaid patients will be determined at the time of award and noted in contract.
Service Area	The county, acute care service area, federally designated area, or other geographic units defined by AHEC or other entities.
Eligible Service Areas	<ul style="list-style-type: none"> • An area with less than the average recommended number of FTE dentists to serve the population. This may be based on the total, adult/child or individual specialty categories. • An area with only one dentist of that specialty, regardless of the FTE rate. • An area where the loss of one dentist would cause the area to fall below the average recommended number of FTE dentists. • An area where more than 15 percent of dentists are over the age of 60. • Areas with a documented special need approved by the UVM AHEC Program and the Vermont Department of Health.
Prioritization for Awards	Program objectives/selection criteria are established by the Vermont Department of Health and AHEC, in accordance with Vermont laws. Factors <i>may</i> include local goals for improved service; recruitment or retention needs of a given community; Medicaid data provided by the state; applicant educational loan debt level; number of hours per week that applicant works; serving as a preceptor to health professions students; or other awarding parameters such as those areas which are underserved, with special consideration for Vermont's most underserved and undersupplied areas.

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Vermont Educational Loan Repayment Program for Dentists

2012 APPLICATION FORM (RECRUITMENT & RETENTION)

Print Clearly

- Application Type:**
- Retention (initiated by individual dentist currently practicing in VT)
 - Recruitment (initiated by practice—complete Page 7 only)
 - Job Seeker (initiated by individual dentist seeking employment in VT)

Pages 3-6 to be completed by the **dentist applicant** (retention and job seeker applications)

Page 7 to be completed by the **employer** (retention and recruitment applications)

A. PERSONAL INFORMATION (required for RETENTION & JOB SEEKERS)

Name: _____ Social Security Number: _____

Maiden Name: _____ Other Legal Name(s) Used: _____

Birth Date (optional): _____ Gender (optional): _____ Ethnicity (optional): Hispanic or Latino Yes No

Race (optional, check all that apply):

- American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Town of Residence: _____ County: _____ State: _____

Phone: _____ Email: _____

1a. U.S. Citizen? Yes No If no, current visa type _____ 1b. Vermont Resident? Yes No

2a. Degree: DDS DMD 2b. Specialty: Pediatric Oral/Maxillofacial Surgery Other _____

3a. Board Certified: Yes No If no, Board Eligible? Yes No

3b. National Provider Identifier (NPI): _____

4. Education:	Name of School/Program	State	Degree	Date of Degree/Completion
High School				
Undergraduate				
Graduate				
Dental School				
Residency Program				
Other				

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5. Have you ever been fired from a dental/health care position or been convicted of a crime (other than minor traffic violation) in any state? **Yes** (in Year _____) **No**

If yes, please explain: _____

6a. Have you ever received an award from the National Health Service Corps (NHSC)? **Yes** **No**

If yes, when: _____

6b. Do you have a current contractual service obligation in return for scholarship, loan forgiveness, or loan repayment (e.g., university, military, VSAC/state, federal program, employer, etc.)?

Yes **No**

If yes: Award Amount: _____ Obligation Start Date: _____ Obligation End Date: _____

Name of Organization/Program: _____

If current or existing service agreement, list the terms of this obligation: _____

B. CURRENT EMPLOYMENT INFORMATION (section B is required for RETENTION applications only)

(NOTE: Please read the program overview for eligibility requirements. You must be employed an average of at least 20 hours per week in dentistry in Vermont if awarded funds. Please list one employment site here. Copy this page and attach one additional page per employment site if you are currently employed by more than one employer.)

Name of Employer: _____
Supervisor's Name: _____ Phone: _____
Name of the Practice/Institution/Facility/Site where you work: _____
Employment Site Location – Town of Work Site: _____
Employment Site Mailing Address: _____
City: _____ State: _____ Zip: _____
County: _____
Job Title: _____
Employment Start Date: _____ Average Hours/Week at position: _____
Do you serve a specific segment of the population (e.g., geriatric, pediatric, the disabled, etc.): _____
Are you currently on staff at a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which hospital? _____

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C. Personal Statement: (required for RETENTION and JOB SEEKER applications—1 page maximum)

Please attach a brief, typed statement of why you have chosen to practice in a Vermont community, or in the specialty care area that you work. Also include:

- Your career goals and plans for a professional career in Vermont
- The contributions that you make to patient care
- The contributions that you make to training the next generation of health care professionals (i.e., serving as a preceptor, job shadow opportunities for youth, working with AHEC’s youth programs, etc.)

Information provided in the Personal Statement is considered carefully by the selection committee and is an important factor in award decisions.

D. Documentation Verifying U.S. Educational Loans (required for RETENTION and JOB SEEKER applications):

Please attach official documentation from your U.S. lender(s) listing your original total debt and all currently unpaid **student loans** (any educational loan, including undergraduate) borrowed in your name for your educational pursuit. This documentation must be from the U.S. lender(s), such as a current statement of account, printed statement from web account, or letter from the lender. The documentation must clearly indicate that these are educational loans obtained through a U.S. student loan program and may not include any loans consolidated with another person or borrowed for another person’s educational pursuit, nor may they include mortgage, car, credit card, personal, business, or any other type of loan.

Verification Documentation for unpaid educational loans must be dated and must be current—dated between July 1 to September 19, 2011. Documentation must be actual, not estimated, and include a minimum of the following elements for each loan:

- Borrower Name, Loan ID #, Account # (may be different from Loan ID #)
- Lending Institution Name, Address, Phone, Fax
- Origination Date of Loan
- Original Amount of Loan (principle amount only, without interest, on origination date; a portion of which may have been paid back prior to this application)
- Current Loan Amount Still Unpaid (principle amount + interest and fees)

Summarize ALL of your documented educational debt combined:

Be sure that these amounts are corroborated by the required loan verification documentation. Applications with conflicting information will be ‘incomplete’ until resolved. Incomplete applications will not be considered.

Total of **ALL** (paid & unpaid, principle + interest) Educational Loans **ever** borrowed in your name for your education:

\$ _____

Total of **UNPAID** Educational Loans verified by attached documentation:

\$ _____

Current Total Monthly Payment amount for these **UNPAID** loans:

\$ _____



RECRUITMENT applicants will be required to provide documentation at a later date (i.e., once the recruit has been identified).

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APPLICATION CHECKLIST:

If application is illegible or incomplete, it will not be considered. The application should contain the following:

___ **Pages 1-2**, please keep these pages, along with a copy of your completed application, for your records
___ Application must be postmarked no later than **September 19, 2011**

___ **Pages 3-6**, personal, employment, and educational loan information (retention & job seeker applicants)
___ **Page 5**, a personal statement (retention & job seeker applicants)
___ **Page 5**, documentation from lender (retention & job seeker applicants)
___ **Page 6**, applicant signature—below (retention & job seeker applicants)
___ **Page 7**, completed by employer (retention & recruitment applicants)

How did you hear about the Vermont Educational Loan Repayment Program for Dentists?

- Flyer** **AHEC web site** **UVM College of Medicine** **Coworker/Colleague**
- Health Fair** **Employer** **Other** _____

Are there other ways that AHEC can assist you in your profession?

Certification:

I certify that the information given in this application and applicable attachments is accurate and complete to the best of my knowledge. I understand that the information I have provided is subject to verification and that willfully providing false information may result in disqualification from this program.

I give permission for AHEC to verify information contained in this application and acknowledge that this process may include discussing my application with lender(s) and/or employer(s) listed in this application as well as with necessary personnel at the Vermont Department of Health, and Educational Loan Repayment Award Selection Committee. I authorize my lender(s) and employer(s) to provide information that pertains to this application and the Vermont Educational Loan Repayment Program for Health Care Professionals directly to AHEC.

I certify that I have read the program overview and agree to the eligibility requirements, and service commitment associated with the Vermont Educational Loan Repayment award.

Signature: _____ Date: _____

Print Name: _____

Return completed application to: UVM College of Medicine, AHEC Program
UHC Campus Arnold 5, 1 South Prospect St.
Burlington, VT 05401
Attn: Rebecca T. Dubois

(802) 656-2658 or rebecca.dubois@uvm.edu

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E. EMPLOYER and PRACTICE SITE/FACILITY INFORMATION

To be completed by employer (required for RECRUITMENT & RETENTION APPLICATIONS). If this section is being completed by an employer in advance of hiring dentist (i.e., RECRUITMENT application type), one form must be completed for each position for which loan repayment is being sought.

If this is a **RECRUITMENT** application type, list position vacancy date: _____ & expected start date: _____

Open DDS/DMD Position Job Title: _____; Specialty Care: _____

Name of Dentist Applicant, if known (RETENTION): _____

Name of Organization (Practice Site): _____

Contact Person: _____ Title: _____ Phone: _____

Fax: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Practice/Facility Type: **Public** **Private, Non Profit** **Private, For Profit**

Does practice have a sliding fee scale, including free care? **Yes** **No**

The practice has precepted (clinical rotations) health professions students in the past two years: **Yes** **No**

of students precepted in past two years: _____ School(s): _____

Does the applicant have a current employment contract with your organization? **Yes** **No** **N/A**

Applicant's average hours of work per week: _____ Is this a salaried position? **Yes** **No**

To your knowledge, is the applicant currently obligated under an existing contractual service agreement in return for scholarship, loan repayment, or loan forgiveness? **Yes** **No** **N/A**

Will the practice site/institution or another institution in the region offer a community match to enhance the award? **Yes** **No**

If yes, name of match provider: _____

If yes, indicate the type/amount of the match: **Fixed Amount \$** _____

Dollar-for-Dollar Match if Awarded Funds

Will you be providing other services and incentives to help ensure that this dentist will remain in your facility or the community?

Yes **No** If yes, please describe: _____

Employer Statement/Special Considerations (optional):

Please attach a brief, typed statement for this section. This is optional but may strengthen the application.

Describe any special or extenuating circumstances that should be considered in evaluating this application. This can include problems in recruiting, circumstances that make retention difficult, results of consumer surveys, input from other practitioners, or other issues you feel are worthy of consideration.

Signature of Employer: _____ Date: _____

Print Name: _____ Title: _____

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