

**Application Deadline: Postmarked by September 18, 2009**



**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 (Recruitment & Retention)**

### **2010 APPLICATION FORM**

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 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.
- Funds are taxable to the recipient and are reported on a 1099 form.

**How to Apply:** 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 College of Medicine, AHEC Program  
UHC Campus Arnold 5, 1 South Prospect St., Burlington, VT 05401  
Attn: Rebecca T. Dubois

**Deadline & Award Notification:** Application must be postmarked by **September 18, 2009**. Applicant will receive confirmation of receipt, by email, typically within two weeks. Please contact AHEC if you have not received confirmation after you have submitted an application. The schedule for reviewing and making award decisions will depend on a number of factors, including the number of applications received. Award decisions will be announced by January/February.

**IMPORTANT: Please fill out application completely. Only complete applications will be considered.**

AHEC is a statewide program working to improve Vermont's community health systems and the health of Vermonters; and is a partnership between the Northeastern Vermont AHEC, Champlain Valley AHEC, Southern Vermont AHEC, and the University of Vermont College of Medicine AHEC Program.

*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 18, 2009**

## **Vermont Educational Loan Repayment Program for Dentists (Recruitment & Retention)**

### **2010 PROGRAM OVERVIEW**

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.

<b>Component</b>	<b>Standard</b>
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).
Award Amount	Up to \$20,000 in state funds per year. Awards go directly to pay educational loans. State awards may be enhanced by community or employer matching funds.
Tax Liability	VT Educational Loan Repayment is taxable income for recipient, reported on tax form 1099.
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"> <li>• 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.</li> <li>• An area with only one dentist of that specialty, regardless of the FTE rate.</li> <li>• An area where the loss of one dentist due to retirement or relocation, would reduce the area to less than average.</li> <li>• An area where more than 15 percent of dentists are over the age of 60.</li> <li>• Areas with a documented special need approved by the UVM AHEC Program and the Vermont Department of Health.</li> </ul>
Prioritization for Awards	<p>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; or other awarding parameters such as those areas which are underserved, with special consideration for Vermont's most underserved and undersupplied areas.</p> <p><b>* If awarded funds, each recipient is encouraged 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.</b></p>

AHEC is a statewide program working to improve Vermont's community health systems and the health of Vermonters; and is a partnership between the Northeastern Vermont AHEC, Champlain Valley AHEC, Southern Vermont AHEC, and the University of Vermont College of Medicine AHEC Program.

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

## Vermont Educational Loan Repayment Program for Dentists

### 2010 APPLICATION FORM (RECRUITMENT & RETENTION)

- 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: \_\_\_\_\_

Date of Birth (optional): \_\_\_\_\_ Gender (optional): \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_

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 \_\_\_\_\_

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

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

AHEC is a statewide program working to improve Vermont’s community health systems and the health of Vermonters; and is a partnership between the Northeastern Vermont AHEC, Champlain Valley AHEC, Southern Vermont AHEC, and the University of Vermont College of Medicine AHEC Program Office.

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

**Application Deadline: September 18, 2009**

**Applicant Name:** \_\_\_\_\_

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: \_\_\_\_\_

6. Have you ever had a 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?  No  Yes If yes, which hospital? \_\_\_\_\_

AHEC is a statewide program working to improve Vermont's community health systems and the health of Vermonters; and is a partnership between the Northeastern Vermont AHEC, Champlain Valley AHEC, Southern Vermont AHEC, and the University of Vermont College of Medicine AHEC Program Office.

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

Application Deadline: September 18, 2009

Applicant Name: \_\_\_\_\_

**C. Personal Statement (Required for RETENTION and JOB SEEKERS):**

Please attach a brief, typed statement of why you have chosen to practice in the area of Vermont where you are located, or in the specialty care field where you work. Please provide the following: how the Vermont Educational Loan Repayment Program will help you to work as a dentist in Vermont, a brief outline of plans for a professional career in Vermont, and explain any special circumstances that you wish to be considered with your application. *Information provided in the Personal Statement is considered carefully by the selection committee and is an important factor in award decisions.*

**D. Documentation Verifying Educational Loans (Required for RETENTION and JOB SEEKERS):**

Please attach official documentation from your U.S. lender(s) listing all 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 consolidated loans 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.

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

**Verification Documentation for unpaid educational loans must be dated and must be current—dated between July 1 to September 18, 2009. Documentation must include a minimum of the following information for each loan:**

<u>STUDENT LOAN INFO</u>	<b>ORIGINATION DATE of Educational Loan</b>	<b>ORIGINAL AMOUNT OF LOAN</b> (e.g., <u>principle amount only on origination date</u> ); a portion of which may have been paid back prior to this application.	<b>CURRENT LOAN AMOUNT STILL UNPAID</b> (principle amount + interest & fees)
<b>Borrower Name</b>	➔	➔	
<b>Loan ID #</b>			
<b>Account # (may be different from “Loan ID #”)</b>			
<b>Commercial Lending Institution</b> Name/Address/Phone/Fax			

Total of **ALL** 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 loans: \$ \_\_\_\_\_



AHEC is a statewide program working to improve Vermont’s community health systems and the health of Vermonters; and is a partnership between the Northeastern Vermont AHEC, Champlain Valley AHEC, Southern Vermont AHEC, and the University of Vermont College of Medicine AHEC Program Office.

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

**APPLICATION CHECKLIST:**

*If application is 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 18, 2009**
- \_\_\_ **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.

I certify that I have read the program overview and agree to the eligibility requirements, the tax liability, 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 So. Prospect St.  
 Burlington, VT 05401  
 Attn: Rebecca T. Dubois

(802) 656-2658 or [rebecca.dubois@uvm.edu](mailto:rebecca.dubois@uvm.edu)

AHEC is a statewide program working to improve Vermont’s community health systems and the health of Vermonters; and is a partnership between the Northeastern Vermont AHEC, Champlain Valley AHEC, Southern Vermont AHEC, and the University of Vermont College of Medicine AHEC Program Office.

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

**Application Deadline: September 18, 2009**

**Applicant Name:** \_\_\_\_\_

**E. EMPLOYER and PRACTICE SITE/FACILITY INFORMATION**

*To be completed by employer (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: \_\_\_\_\_ 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**

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(s):**

*Information included in this section is very important for the selection committee that reviews applications. Please attach a brief, typed statement for this section.*

**Special Considerations:** 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, or other issues you feel are worthy of consideration. If you have evidence of a specific shortage in this type of specialty care or in your region of the state, be sure to provide this evidence. A second **Letter of Support** specifically advocating for applicant (retention) is optional but tends to strengthen the overall application.

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

AHEC is a statewide program working to improve Vermont's community health systems and the health of Vermonters; and is a partnership between the Northeastern Vermont AHEC, Champlain Valley AHEC, Southern Vermont AHEC, and the University of Vermont College of Medicine AHEC Program Office.

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