

Missouri Community Health Foundation: Loan Repayment Program



**Application
And Guidance
December 2025**

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Office Hours: 8:00am-4:00pm, CST
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Applications are accepted continuously throughout the year.

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NOTICE: PLEASE KEEP THIS DOCUMENT

The Application and Program Guidance describes the Missouri Community Health Foundation's Community Health Loan Repayment Program. Applicants selected as a recipient of the Community Health Repayment Program should retain the Application and Program Guidelines as a reference.

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Background and Purpose

Background

The Missouri Community Health Foundation, Inc. (Foundation) was established as a non-profit corporation by the Missouri Primary Care Association (MPCA) in 2009. The Foundation provides financial student loan repayment for the education of health care professionals in the State of Missouri who commit to providing future services for the underserved in the State.

Purpose of the Community Health Loan Repayment Program

The purpose of the Community Health Loan Repayment Program is to create a permanent endowed loan repayment fund that assists with increasing access to health care services in underserved communities throughout Missouri. The Foundation partners with primary care medical, advanced practice nursing, and dental residents during their postgraduate training to provide educational student loan repayment in exchange for service at a Missouri Federally Qualified Health Center (FQHC) upon completion of training. The Program also extends loan repayment support to qualified health professionals who are already working at or have accepted a formal offer of employment to work at, a Missouri FQHC in the following disciplines and specialties: primary care physicians, advanced practice nurses, physician assistants, dentists, optometrists, pharmacists, dental hygienists, Licensed Clinical Psychologists, Licensed Clinical Social Workers, Licensed Professional Counselors, and Marriage and Family Therapists.

The Foundation focuses on health care professionals who demonstrate the characteristics for an interest in serving Missouri's underserved populations and remaining in a FQHC beyond their service obligation. The Foundation also seeks to identify, recruit, and retain under-represented individuals from marginalized populations into health professions. We are the only organization in Missouri that is devoted exclusively to building the next generation of health care providers for Federally Qualified Health Centers/Community Health Centers throughout the state.

The service obligation is a year commitment at a Missouri FQHC for each year of loan repayment assistance received and will begin upon completion of a recipient's training or specified employment date. The total number of years a recipient is obligated to serve will be one (1) or two (2) years. For details on Missouri FQHCs, visit [MPCA's brochure](#) on our website.

Summary of Eligible Specialties and Disciplines	<p>See Eligibility Requirements on page 7 for full details.</p> <p><u>Residents:</u></p> <ul style="list-style-type: none"> • Advanced Practice Nursing Residents in Primary Care Specialties • Medical Residents in Primary Care Specialties • Dental Residents in Public Health, Pediatric, or General Dentistry Residency Programs <p><u>Health Professionals Working at or Who Have Accepted an Offer of Employment to Work at a MO FQHC:</u></p> <ol style="list-style-type: none"> a) Physician: Primary Care b) Advanced Practice Nurse: Primary Care c) Physician Assistant: Primary Care d) Pharmacist e) Optometrist f) Dentist: General, Public Health, & Pediatric g) Dental Hygienist h) Licensed Clinical Psychologist i) Licensed Clinical Social Worker (LCSW) j) Licensed Professional Counselor k) Marriage and Family Therapists <p>All recipients are required to practice primary care. See Service Commitment Requirements on page 12 for additional details.</p>
Funding	<p>The Community Health Loan Repayment Program provides the opportunity for health care professionals to have their qualifying student loans repaid in exchange for working at a Missouri Federally Qualified Health Center (FQHC), also known as Community Health Center.</p>
Service Commitment	<p>Recipients must serve a minimum of 1 year and a maximum of 2 years' service commitment at a Missouri Federally Qualified Health Center (FQHC), also known as Community Health Center.</p>
Tax Liability	<p>Funding for student loan repayment through the Foundation is not taxable.</p>

Definition of Primary Care: Primary care specialties recognized by the Missouri Community Health Foundation for the Loan Repayment Program include: Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Internal Medicine/Pediatrics, Psychiatry, Child and Adolescent Psychiatry, Adult Medicine, Women's Health, General Dentistry, Pediatric Dentistry, and Public Health Dentistry. Additionally, optometrists, pharmacists, dental hygienists, licensed clinical psychologists, licensed clinical social workers, licensed professional counselors, and marriage and family therapists are recognized as primary care for purposes of the program.

Eligibility Requirements

An applicant's commitment to participate in the Community Health Loan Repayment Program is serious, as is the need for access to comprehensive primary health care services in underserved communities throughout Missouri. Only those residents who are committed to remaining in Missouri to practice primary care in a FQHC setting should consider applying for the Community Health Loan Repayment Program. For details on Missouri FQHCs, visit [MPCA's brochure](#) on our website.

To be eligible for the Community Health Loan Repayment Program, all applicants must:

1. Be a U.S. Citizen or U.S. National (permanent residents are not eligible to apply).
2. Be a Missouri resident and attend a Missouri educational institution. Missouri residents are those who have lived in this state for more than one (1) year for any purpose.
 - a. The Foundation will consider non-Missouri residents and non-Missouri residency programs when applicants are recommended by a Missouri FQHC and have accepted an offer of employment to work at the FQHC.
3. Be accepted by or be currently attending a Missouri Medical, Advanced Practice, or Dental Residency Program in the specialty of:
 - a. Family Medicine,
 - b. Internal Medicine,
 - c. Internal Medicine/Pediatrics,
 - d. Obstetrics/Gynecology,
 - e. Pediatrics,
 - f. Psychiatry,
 - g. Child and Adolescent Psychiatry,
 - h. Adult Medicine
 - i. Women's Health
 - j. General Dentistry,
 - k. Pediatric Dentistry, or
 - l. Public Health Dentistry.

OR

Be a full-time employee at a Missouri FQHC **or** have accepted an offer of employment to work full time at a Missouri FQHC as a:

- a. Physician: Primary Care
- b. Advanced Practice Nurse: Primary Care
- c. Physician Assistant: Primary Care
- d. Pharmacist
- e. Optometrist
- f. Dentist: General, Public Health, & Pediatric
- g. Dental Hygienist
- h. Licensed Clinical Psychologist
- i. Licensed Clinical Social Worker
- j. Licensed Professional Counselor
- k. Marriage and Family Therapists

4. Have no conflicting existing service obligations to Federal, State, or any other entity for professional practice or service upon completion of academic training. If an applicant discloses an existing service obligation, the Foundation will review each obligation on a case-by-case basis to ensure all obligations and commitments can be met and do not contradict or conflict with one another. Examples of non-conflicting existing service obligations might be the National Health Service Corps (NHSC) Programs, Primary Care Resource Initiative for Missouri (PRIMO) Program, MO National Guard, or Military Reserves.

NOTE: Current recipients of programs administered by the State of Missouri or the National Health Service Corps are **ineligible** to participate in Missouri Community Health Foundation programs, in accordance with their ‘no existing service obligation’ policies. Refer to your service commitment terms and each organization for further details.

Funding Preferences and Awards

The Community Health Loan Repayment Program is very competitive. The Program anticipates more applicants for awards than there are available funds.

The below **priorities and preferences** will be considered when selecting recipients of awards in the Community Health Loan Repayment Program:

- ❖ Applicants who demonstrate a significant interest and commitment to remain in Missouri to practice primary care in a FQHC. This factor is considered through the following:
 - Essay Questions: Responses to the essay questions in the ‘Community Health Loan Repayment Application Process’ on page 22 aid in the review and selection process and help gauge an applicant’s interest in primary care and dedication to work in Missouri’s underserved communities.
 - Letters of Recommendation: Letters that provide a detailed description of the applicant’s commitment to help/serve underserved populations, education/work achievements, community and civic involvement, etc. will aid in the review and selection process.
- ❖ Applicants that have an existing relationship with a community-based health care organization such as a FQHC and have a letter of recommendation from a senior leader and/or the administrator of the organization.
- ❖ Applicants who have been certified by their academic institution as having a ‘disadvantaged background.’
- ❖ Applicants who display characteristics that indicate a higher likelihood of remaining in Missouri’s underserved areas once an applicant's service commitment is completed as shown by assessing the applicant’s involvement with underserved populations, past work/volunteer experiences, as well as an applicant’s background.

Awards

Community Health Loan Repayment Program awards are based upon available funding and the recipient’s outstanding balance of qualifying educational loans. The total award amount for any recipient will be verified before any award is granted, and the award will not be greater than the applicant’s outstanding balance of qualifying educational loans.

Recipients receive funding levels that require a one- or two-year service obligation. All new Community Health Loan Repayment Program awards are contingent upon the availability of program funds. See Service Commitment Requirements on page 12 for more information.

What types of loans qualify for repayment?

Recipients of the Community Health Loan Repayment Program will receive funding to apply toward the principal and interest of outstanding Federal, State, local, and commercial loans for undergraduate or graduate education obtained by the recipient for school tuition, other reasonable educational expenses, and reasonable living expenses. The educational loans must be obtained prior to the application submission date.

Consolidated or refinanced loans may be considered for repayment, as long as they are from a Federal, State, local, or commercial lender and only contain qualifying educational loans of the applicant. For loans to be eligible, applicants must keep their eligible educational loans separated from all other debt. In addition, eligible education loans consolidated or refinanced with loans owed by any other person, such as a parent, child or spouse, are ineligible for repayment. Applicants may be asked to get a disclosure statement about any consolidated loan being considered for repayment from their lender.

Examples of non-qualifying educational loans include:

- ❖ Loans for which the associated documentation does not identify the loan as applicable to undergraduate or graduate education.
- ❖ Loans not received from a Federal, State, local, or commercial lending institution. For instance, loans made by private foundations and individuals are usually not eligible for repayment.
- ❖ Loans that already have been repaid in full.
- ❖ Parent PLUS Loans that are made to parents.
- ❖ Personal lines of credit.
- ❖ Loans subject to cancellation.
- ❖ Credit card debt.

Applicants must complete a **Loan Information and Verification Form** (page 25) and submit the required accompanying documentation for each loan they wish to have considered for repayment.

Process for Disbursement of Loan Repayment

The Foundation will disburse payments directly to the lending institution/s on behalf of the recipient in the form of a lump sum payment. Recipients must verify payment was received and the entire amount of repayment awarded was applied to their educational debts by sending the Foundation an updated statement of their account/s that reflects their new loan balance/s. Such verification must be sent to the Foundation via email no later than thirty (30) days from the date any payment is issued to a lending institution. An applicant's failure to provide the Foundation with this payment verification could result in a Breach of Agreement as defined in Breaching the Community Health Loan Repayment Program Agreement on page 20.

Program Requirements

Program Requirements for Community Health Loan Repayment for Recipients who are in Residency Training

Recipients of a Community Health Loan Repayment award must adhere to the following while they are in Residency:

- ❖ Once payment is issued to the lending institution/s, recipients will be asked to verify that payments were received, and the entire amounts was applied to their educational debts by sending the Foundation an updated statement of their account/s that reflects their new loan balance. This must be done no later than thirty (30) days from the date any payment is issued to a lending institution.
- ❖ Maintain enrollment **and** remain in good academic standing with the Residency Program. The Community Health Loan Repayment Program must be notified as soon as possible when there are (or will be) changes in enrollment status. Examples may include:
 - A repeat in course work
 - A change in residency completion date
 - A leave of absence from residency training
 - Withdrawal or dismissal from the Residency Program
- ❖ Notify the Community Health Loan Repayment Program of changes in personal information. The Community Health Loan Repayment Program must be immediately notified of any personal information changes such as a name, mailing address, e-mail address, telephone number, etc.
- ❖ When possible, recipients of the Community Health Loan Repayment Program are strongly encouraged to complete clinical rotations and experiences in FQHC settings. Contact the Community Health Loan Repayment Program for assistance and information regarding possible rotation sites and preceptors.

Changes in Disciplines: Recipients of the Community Health Loan Repayment Program must complete the program/degree for which they were awarded. Changes in discipline are not allowed.

Failure to notify the Community Health Loan Repayment Program of changes in personal information may result in a Breach of Agreement and affect the recipient's eligibility to receive further funding and support from the Foundation.

Service Commitment Requirements

Recipients of the Community Health Loan Repayment Program agree to provide full-time clinical primary health care services in a FQHC setting in Missouri upon completion of their health professional training. There is a minimum one (1)-year full-time service commitment and a maximum two (2)-year full-time service commitment.

Award Amounts of:	Have a Service Commitment of:
\$1 - \$30,000	1 Year
\$30,001 - \$60,000	2 Years

Service Commitment Start Date for Residents

Recipients that are in residency programs are required to begin fulfilling their service commitment as soon as possible upon completion of their training.

- For physicians (M.D. and D.O.), the service commitment will begin upon completion of the accredited primary care residency for which they received loan repayment funding. For instance, in the fields of Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Internal Medicine/Pediatrics, Psychiatry, or Child and Adolescent Psychiatry this is generally within three (3) months of June 30.
- For dentists (D.D.S. and D.M.D), the service commitment will begin upon completion of the accredited dental residency for which they received loan repayment funding. For instance, in the fields of General Dentistry, Pediatric Dentistry or Public Health Dentistry, this is generally within three (3) months of June 30.
- For advanced practice nurses (D.N.P and M.S.N.), the service commitment will begin upon completion of the accredited primary care residency for which they received loan repayment funding. For instance, in the fields of Family Medicine, Adult Medicine, Women's Health, Pediatrics, or Psychiatry, this is generally within three (3) months of June 30.

Finding a Job at a Missouri FQHC and Pre-Employment Process for Residents

Prior to completing their training, all recipients of the Community Health Loan Repayment Program must consult with a program representative regarding available opportunities that meet the qualifications to fulfill their service commitment in a Missouri FQHC setting. The Foundation provides tailored job placement assistance to ensure recipients are aware of available positions at Missouri FQHCs. Before accepting any employment offer, recipients are highly encouraged to review with program staff to clarify the terms and conditions of their service commitment. Program staff are available to help with:

- Assistance with finding employment in a qualifying Missouri FQHC Setting
- Approval of employment, including copy of employment contract (if needed)
- Service Commitment beginning and ending dates
- Process for Service Commitment Verification

Recipients who for any reason fail to begin or complete their service commitment at the required times set out above are in breach of the Community Health Loan Repayment Program Agreement and incur the damages described in the Breaching the Community Health Loan Repayment Program Agreement section on page 20. Residents who are uncertain of a

commitment to primary health care are advised not to participate in the Community Health Loan Repayment Program. In addition, applicants who are unsure about remaining in Missouri upon completion of their training are advised not to apply for the Community Health Loan Repayment Program.

Community Health Loan Repayment Recipient Pre-Employment Process for Residents

Prior to completion of training and accepting an offer of employment, all recipients of the Community Health Loan Repayment Program will be contacted by program staff to clarify the terms and conditions of their service commitment. Examples of information and clarification may include:

- Assistance with finding employment in qualifying Missouri FQHC Settings
- Approval of employment, including copy of employment contract
- Service Commitment beginning and ending dates
- Submission of Service Commitment Verification Forms

Service Commitment Start Date for Health Professionals Working at or Who Have Accepted an Offer of Employment to Work at a MO FQHC:

- For Community Health Loan Repayment Program recipients who are currently employed at a Missouri FQHC, the service commitment will begin on the date specified in the Community Health Loan Repayment Program Agreement. The Foundation does not adjust service commitment start dates based on time previously worked at a Missouri FQHC. Time already worked at a Missouri FQHC will not be credited toward the service commitment.
- For Community Health Loan Repayment Program recipients who have accepted an offer of employment to work at a MO FQHC, the service commitment will begin on the date specified in the Community Health Loan Repayment Program Agreement and based on the projected employment start date.

Full-Time Clinical Primary Health Care Services for All Recipients

All Recipients of the Community Health Loan Repayment Program are required to engage in the full-time clinical practice of the profession for which they were awarded. A full-time clinical practice is defined as a minimum of 32 hours per week spent in direct patient care and any other administrative hours required by an FQHC related to such direct patient care service. These direct patient care services will be conducted during normally scheduled clinic hours in an outpatient care setting. The 32 hours per week may be compressed into no less than four (4) days per week. Time spent in 'on-call' status will not count toward the 32-hour week direct patient care requirement. OB/GYN physicians and Family Medicine physicians who practice obstetrics on a regular basis are allowed to count time spent at the hospital as long as it is for the purpose of providing clinical services to established patients of the FQHC. Recipients' use of approved time off for CME, vacation or sick leave by a FQHC shall not count against the full-time clinical requirement unless the recipient is away from work for more than 7 consecutive weeks per service commitment year. Such adjustment will include the addition of service commitment days for any days exceeding the seven (7) consecutive weeks the recipient is away from the FQHC. Telehealth services are allowed and may not exceed more than 50% (or 16 hours) of the minimum weekly hours.

Service Commitment Verification for All Recipients

Foundation program staff will verify the employment of recipients of the Community Health Loan Repayment Program who are fulfilling their service commitments every six (6) months. This is typically done via email through the recipient's Human Resources (or designated) contact at the FQHC they are working at. The FQHC will be verifying the recipient's compliance or noncompliance with the applicable clinical practice requirements during that six (6)-month period. Recipients who fail to remain in compliance may jeopardize receiving credit for their service commitment and may be considered in Breach of the Community Health Loan Repayment Program Agreement.

Service Commitment End Date for All Recipients

The last day of the service commitment is determined in whole years from the start date. For example, the last day of service for a Community Health Loan Repayment Recipient with a two (2)-year service commitment who began service on July 15, 2026 would be July 14, 2028. Adjustments in the end date will be made if the recipient is away from the FQHC for more than seven (7) consecutive weeks per service year.

Recipients of the Community Health Loan Repayment Program are eligible for repayment of outstanding educational debt through the State of Missouri Health Professional Loan Repayment Program or the National Health Service Corp (NHSC) Loan Repayment Programs only after their service commitment to the Community Health Loan Repayment Program is fulfilled. At this time, these programs do not allow applicants to have existing service commitments such as that through the Missouri Community Health Foundation.

Licensure/Certification Requirements

Community Health Loan Repayment recipients must have a current, full, permanent, unencumbered and unrestricted license in the state of MO for the health profession they received loan repayment funding for before they can begin their service commitment. In addition, each recipient is responsible for meeting the applicable board and licensure/certification requirements outlined below. The Foundation reserves the right to request documented proof of licensure status, certification and any other requirements set forth below.

Physicians: All physicians must successfully complete Steps 1, 2 (clinical skills and clinical knowledge components) and 3 of the United States Medical Licensing Examination (USMLE) or Levels 1, 2 (cognitive evaluation and performance evaluation components), and 3 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) by the time they complete their primary care residency training. M.D. /D.O recipients who are unable to pass all parts of the licensing examination and obtain a license to practice medicine in the state of MO should immediately contact the Program in writing. All physicians also must receive certification in the primary care specialty in which they received loan repayment funding for from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association. M.D. /D.O recipients who are unable to receive certification should immediately contact the Program in writing via email.

Dentists: All dentists must successfully complete the National Board Dental Examination Part 1 and 2. Recipients are expected to take the appropriate exams at the earliest possible date based on their education and training. D.D.S./D.M.D recipients who are unable to pass all parts of the licensing exam and obtaining a license to practice dentistry in the state of MO should immediately contact the Program in writing. If applicable, dentists must also receive certification in the dental specialty in which they received loan repayment funding . D.D.S./D.M.D recipients who are unable to receive certification should immediately contact the program in writing via email.

Optometrists: All optometrists must successfully complete the National Board of Examiners in Optometry (NBEO) exams, which include the Part I, Part II, and Part III exams. In addition, recipients are expected to take the appropriate exam/s and meet all the necessary licensing requirements to practice as an optometrist in the state of MO.

Pharmacists: All pharmacists must successfully complete the North American Pharmacist Licensure Examination (NAPLEX) and the Missouri Multistate Pharmacy Jurisprudence Examination (MPJE). Additionally, pharmacists must complete any necessary hands-on experience that is required for licensure. In addition, recipients are expected to take the appropriate exam/s and meet all the necessary licensing requirements to practice as a pharmacist in the state of MO.

Physician Assistants: All physician assistants must successfully complete the Physician Assistant National Certifying Exam (PANCE), administered by the National Commission on Certification of Physician Assistants (NCCPA). In addition, recipients are expected to take the appropriate exam/s and meet all the necessary licensing requirements to practice as a physician assistant in the state of MO.

Advance Practice Nurses: All nurse practitioners must successfully complete a discipline-specific national certification exam. In addition, recipients are expected to take the appropriate exam/s and meet all the necessary licensing requirements to practice as a nurse practitioner in the state of MO.

Dental Hygienists: All dental hygienists must successfully complete the National Board Dental Hygiene Examination (NBDHE) administered by the Joint Commission on National Dental Examinations. In addition, recipients are expected to take the appropriate exam/s and meet all the necessary licensing requirements to practice as a dental hygienist in the state of MO.

Licensed Clinical Psychologists: All licensed clinical psychologists must successfully complete the Examination for Professional Psychology and are expected to take any additional appropriate exam/s and meet all the necessary licensing requirements to practice as a licensed clinical psychologist in the state of MO.

Licensed Clinical Social Workers: All licensed clinical social workers must successfully complete the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing OR successfully complete the Licensed Clinical Social Workers Standard Written Examination and the Clinical Vignette Examination and complete the state required number of hours of clinical social work experience. Licensed clinical social workers are expected to take any additional appropriate exam/s and meet all the necessary licensing requirements to practice as a licensed clinical social worker in the state of MO.

Licensed Professional Counselors: All licensed professional counselors must have successfully completed all required exams and other prerequisites to obtain licensure, certification, or registration to practice as a licensed professional counselor in the state of MO.

Marriage and Family Therapists: All marriage and family therapists must have a least 2-years of post-graduate supervised clinical experience; or be a Clinical Fellow member of the American Association for Marriage and Family Therapists; or successfully completed the Marriage and Family Therapist Standard Written Examination. Marriage and family therapists are expected to take any additional appropriate exam/s and meet all the necessary licensing requirements to practice as a marriage and family therapists in the state of MO.

Changing Jobs

Once recipients of the Community Health Loan Repayment Program establish employment at a Missouri FQHC they are expected to remain there until their service commitment is fulfilled. After a service commitment is approved, it is the recipient's responsibility to notify the Community Health Loan Repayment Program of any potential changes of employment. Job changes must be approved by the Community Health Loan Repayment Program in advance and only will be granted in extraordinary and limited circumstances.

Should recipients be unable to fulfill their service commitments, they must notify the Program **immediately via email and telephone**. Recipients should not voluntarily leave their employer without the prior written approval of the Community Health Loan Repayment Program. If any recipient leaves his/her employer for any reason without advance approval from the Program he/she may be considered in Breach of the Community Health Loan Repayment Program Agreement.

Deferment of the Community Health Loan Repayment Program Service Commitment

Deferment is the temporary postponement of fulfilling the Community Health Loan Repayment Program service commitment due to extenuating circumstances or for attending post-graduate training (including chief residency or fellowship). While in Deferment, recipients do not receive awards or financial support from the Program, nor do they incur additional service commitments. Deferments will be granted to recipients when it is determined to be in the best interest of the Community Health Loan Repayment Program.

Deferments will be granted to **physicians** (M.D. and D.O.) while they are serving as a Chief Resident of an accredited primary care medical residency in the field of Family Medicine, Internal Medicine, Obstetrics/Gynecology, Pediatrics, Internal Medicine/Pediatrics, Psychiatry, or Child and Adolescent Psychiatry. Deferments will be granted to **Dentists** (D.D.S. and D.M.D), who wish to participate in an accredited post-graduate residency program in the field of General Dentistry, Pediatric Dentistry or Public Health Dentistry.

Recipients must submit a request for deferral in writing to the Community Health Loan Repayment Program and include information about their training plans and when necessary, applicable medical and personal financial documentation. The Community Health Loan Repayment Program reviews all deferral requests on a case-by-case basis. Recipients will be notified in writing whether or not deferment has been approved or denied.

Deferments will **not be approved** for non-primary health care programs (e.g. emergency medicine, surgery, radiology, neurology, anesthesiology, oral surgery, endodontics, etc.) or programs which the Community Health Loan Repayment Program determines are not consistent with the needs of the Program. Recipients who are not approved for deferment will be subject to the provisions listed in the Breaching the Community Health Loan Repayment Program Agreement on page 20. Additionally, periods of postgraduate training will not be credited toward satisfying the Community Health Loan Repayment Program service commitment.

Applicants who are unsure about their future specialty interests or who are unable to commit themselves to Missouri FQHC settings are advised **not** to accept awards from the Community Health Loan Repayment Program.

Medical and Dental Fellowships may be approved for one (1) year of deferment on a case-by-case basis. Recipients of the Community Health Loan Repayment Program should submit their request for deferment to the Program in their last year of residency training.

Post graduate deferments for recipients that are not physicians or dentists may be submitted in writing via email to the Community Health Loan Repayment Program and include information such as post-graduate program name, location, timeline, and details on why the post graduate training is necessary to fulfil your service commitment to the Foundation. The Community Health Loan Repayment Program reviews all deferral requests on a case-by-case basis. Recipients will be notified in writing in email whether or not deferment has been approved/granted.

Conditions of Deferment

It is the responsibility of every recipient of the Community Health Loan Repayment Program in Deferment to notify the Program of any changes in contact information and/or training status and to remain in contact with program staff to assure he/she is in compliance with Community Health Loan Repayment Program.

Breaching the Community Health Loan Repayment Program Agreement

Recipients should immediately contact the Community Health Loan Repayment Program if a situation arises in which they are unable to fulfill their service commitments. The Community Health Loan Repayment Program will assist them to the extent possible to avoid a breach of agreement.

Failure to Complete Academic Training

Recipients who are dismissed from their Residency Program for academic or disciplinary reasons, or who voluntarily terminate academic training before completion of the program for which the Community Health Loan Repayment Program was awarded, will be declared in breach of their agreement and will be held liable for the repayment of all funds that were paid to their lending institution/s on their behalf. Such repayment will be due from the recipient to the Foundation within sixty (60) days after the recipient's breach. In addition, the recipient agrees to pay the Foundation the total sum of interest in the amount of Eighteen Percent (18%) per annum from the date the funding was paid to the lending institution/s until the total funding repayment amount is paid to the Foundation in full.

Failure to Begin or Complete Service Commitment

Recipients who, for any reason, fail to begin or complete their service commitment after completion of their training will be declared in Breach of the Agreement and will be held liable for repayment of all funds paid to their lending institution/s on their behalf. Such repayment will be due from the recipient to the Foundation within sixty (60) days after the recipient's breach. In addition, the recipient agrees to pay the Foundation the total sum of interest in the amount of Eighteen Percent (18%) per annum from the date the funding was paid to the lending institution until the total funding repayment amount is paid to the Foundation in full.

Delinquent Debt

If a recipient's debt to the Foundation is not paid within sixty (60) days after the recipient's breach and collections are unsuccessful, the Foundation may refer the recipient's debt to a collection agency for enforced collection. The recipient also may be liable for the above debt incurred, plus collection costs, court costs and expenses. If a recipient defaults on his/her service commitment, the Foundation may elect to recover any debts due to it from the recipient by wage garnishment after securing a judgment against the recipient.

Waiver or Cancellation of Community Health Loan Repayment Program Service Commitment

The Community Health Loan Repayment Program may cancel or waive (in whole or part) a service commitment. Recipients seeking a cancellation or waiver of their service commitments must submit a written request stating the underlying circumstances to the Program.

A waiver may be granted if the recipient documents a permanent situation that makes compliance with the service commitment impossible or an extreme hardship, such that enforcement would be against good conscience. Compliance would be considered 'impossible' if the recipient suffers from a documented physical or behavioral disability resulting in his/her inability to fulfill the service commitment. All requests for a waiver are subject to approval by

the Community Health Loan Repayment Program and must be submitted in writing and include full medical and financial documentation.

To determine an 'extreme hardship' and be in 'good conscience,' the Community Health Loan Repayment Program will consider: (1) the recipient's present financial resources and obligations; (2) the recipient's estimated future financial resources and obligations; and (3) the extent of which the recipient has problems of a personal nature, such as physical or behavioral disability, which so intrudes on the his/her present and future ability to fulfill the Community Health Loan Repayment Program service commitment.

In the unfortunate event of a recipient's death, any service commitment is cancelled in its entirety. No liability will be transferred to the recipient's heirs.

Community Health Loan Repayment Application Process

To be eligible for the Community Health Loan Repayment Program, the following documentation must accompany the application. Incomplete applications will not be processed, and the applicant will not be considered.

Submission of Supporting Documentation

All supporting documentation must be submitted with the application. Supporting documentation includes the following items:

- ❖ Completed Community Health Loan Repayment Participant Application
- ❖ Proof of U.S. Citizenship or U.S. National Status. A copy of applicant's birth certificate that states U.S. Citizenship, the ID Page of applicant's U.S. Passport, or a certification of naturalization will suffice.
- ❖ Proof of Missouri residency. A copy of one of the following examples of proof of Missouri residency will suffice: Current Missouri Driver's License, Current State of Missouri Identification Card, or current Missouri Voter's Registration.
- ❖ For Residents: Letter of good standing from the applicant's Residency Program Director.
- ❖ Proof of Disadvantaged background from a school official (if applicable).
- ❖ Current Resume or Curriculum Vitae (CV).
- ❖ Completed Loan Information and Verification Form (page 25) and the required accompanying documentation for each loan an applicant wishes to have considered for repayment.
- ❖ Applicants must submit a biographical statement. Biographical statements must be typed, dated and signed, and at minimum include the following:
 - Why is the applicant interested in the Community Health Loan Repayment Program?
 - Student or work experience with medically underserved populations (examples: community health centers, public health departments, community/volunteer service, shadowing, etc.). Statement should include:
 - Organization name, location, and supervisor name (if applicable)
 - Start and end dates of each experience
 - Number of hours spent on each experience
 - Brief description of the experience
 - Knowledge and skills gained from the experience.
 - What are the applicant's long-term professional plans after fulfilling the Community Health Loan Repayment Program service commitment?
- ❖ At least two Letters of Recommendation. Letters can be emailed directly to Joni Adamson at jadamson@mo-pca.org. They will be matched up with the application once all documents are received.
 - For Health Professionals working in a MO FQHC or accepted an offer of employment to work in a MO FQHC, at least 1 of the letters of recommendation must be from a senior leader and/or the administrator of the organization acknowledging their support for your application.

Notification of Community Health Loan Repayment Program Award

Applications are accepted continuously throughout the year. The Foundation's Scholarship Committee reviews all completed applications. Applications recommended to move forward are then presented to the Foundation's Board of Directors, who vote to select and award recipients. Individuals selected as recipients of the Community Health Loan Repayment Program are notified via email. If the individual does not respond to Community Health Loan Repayment Program by the deadline indicated, the applicant's opportunity to participate in the Program may expire and may be offered to an alternate individual.

Recipients are asked to enter into an agreement to accept their award. Before signing the Community Health Loan Repayment Program Agreement, applicants should review the entire agreement and Application and Program Guidance to ensure a complete understanding of all requirements and expectations, including the full-time clinical primary health care service commitment in a FQHC setting in Missouri and the consequences of failing to fulfill their service commitment. Recipients should also retain this Application and Program Guidance document for continued reference throughout their participation.

All Community Health Loan Repayment Program award payments are paid directly to the applicant's lending institution/s.

Individuals whose applications did not fall within the competitive range to be considered by the Community Health Loan Repayment Program will also be notified via email.

Establishment of the Christopher S. “Kit” Bond Community Health Scholarship

As a resolute public servant and leading champion of improving access to comprehensive health care for all Missourians, former Senator Kit Bond played a key role in the development of Federally Qualified Health Centers, also known as, Community Health Centers in our great state and across the nation. Senator Bond either led the way or supported *every major piece* of legislation affecting Community Health Centers. His lifelong commitment to improving the lives of the people of Missouri and the nation was evident in his diligent work to expand access to primary care, oral health, and mental health services. During his distinguished tenure in the U.S. Senate, Senator Bond was an enthusiastic advocate and leading voice for Community Health Centers.

Senator Bond’s commitment to the growth of Community Health Centers in Missouri was impactful. When he retired in 2011, Missouri boasted 21 Community Health Centers serving over 420,000 people. Today, Missouri is home to 28 Community Health Centers, providing essential healthcare to over 680,000 people, a third of whom are children. His efforts have touched the lives of countless residents in both urban and rural communities, leaving a lasting impact on the healthcare infrastructure of our state.

The Foundation established the Christopher S. “Kit” Bond Community Health Scholarship as a small token of appreciation for his efforts and will forever link FQHC/ Community Health Centers successes with his legacy. This scholarship, which assists individuals pursuing careers in healthcare for underserved communities, stands as a testament to his unparalleled dedication to improving health access. The scholarship will continue to benefit future generations of healthcare professionals, ensuring that Senator Bond’s legacy lives on in the communities he worked so hard to improve. His legacy as a tireless advocate for health care access will endure for generations to come.

All recipients of the Missouri Community Health Foundation Loan Repayment Program are eligible for the Christopher S. “Kit” Bond Community Health Scholarship. The Foundation’s Board of Directors typically awards scholarships every other year based on available funding. If awarded, recipients of the Christopher S. “Kit” Bond Community Health Scholarship are eligible to receive a one-time monetary award of \$2,000. This award is in addition to any other funding received to pay for education-related debt and expenses. Recipients of the Christopher S. “Kit” Bond Community Health Scholarship are encouraged to consult a tax professional or attorney to understand any potential tax obligations related to scholarship funds.

Missouri Community Health Foundation Loan Information and Verification Form

Applicant: Complete one copy of this form for each loan you are applying to have considered for repayment through the Community Health Foundation. Attach the following to each form: promissory notes (when available), disclosure statements to include information from the current holder indicating your name, original amount borrowed, date of original disbursements (when available), and type of loan. In addition, include a current loan account statement showing your loan balance. The current loan statement must be dated no more than thirty (30) days from the postmark of the Community Health Loan Repayment Participant Application. Incomplete information will render your loan ineligible for the Program.

Applicant's Name (First, Middle, Last) _____

Applicant's Current Address _____

Applicant's Main
Telephone Number _____

Applicant's
Email _____

Name of Lending Institution _____

Lending Institution's Address _____

Lending Institution's Telephone _____

Current Loan Balance

\$ _____

Applicant's Social Security Number _____

Loan Account Number _____

Original Date of the Loan _____

Original Amount of the Loan

\$ _____

Loan In Default? ☐ No ☐ Yes

Purpose of the Loan _____

For Consolidated loans: If you have consolidated your loans for education costs, you must attach a copy of the loan documents for costs that were consolidated into a new loan.

Applicant Certification: I hereby certify to the accuracy of the above information and further certify that the above identified loan was incurred exclusively for the costs of undergraduate or graduate education pursued prior to my receipt of degree in the health profession in which I would satisfy my Community Health Loan Repayment Program service commitment.

Authorization For Disclosure: I hereby authorize the Missouri Community Health Foundation, Inc. to contact the financial institution listed above for relevant information related to my loan. I hereby further authorize the financial institution named above to release financial records relating to the educational loan identified above to the Missouri Community Health Foundation for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the Community Health Loan Repayment program. This authorization is valid for three (3) months from the date of my signature.

Applicant Signature

Date



Missouri Community Health Foundation Loan Repayment Program Application

APPLICANT INFORMATION

Name (First, Middle, Last) _____

Current Address _____

City _____ State _____ Zip _____ County _____

Cell Phone _____ Email _____

Permanent Address _____

City _____ State _____ Zip _____ County _____

Your Hometown City & State _____ Birth Date _____

Social Security Number _____ Gender ☐ Male ☐ Female ☐ Prefer Not to Answer

Are you a U.S. Citizen or U.S. National? ☐ No ☐ Yes

Are you a Missouri Resident? ☐ No ☐ Yes (for how long?) _____

Do you have an existing professional service or practice obligation? ☐ No ☐ Yes (please list) _____

Are you fluent in any languages other than English? ☐ No ☐ Yes, please list: _____

Has your academic institution certified you as having a disadvantaged background? ☐ No ☐ Yes ☐ N/A

Are you currently in good academic standing with your Residency Program? ☐ No ☐ Yes ☐ N/A

Ethnicity (please check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> American Indian | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Other, Please Specify _____ | <input type="checkbox"/> Prefer not to answer. | |

EMERGENCY CONTACT INFORMATION

Name (First, Middle Initial, Last) _____

Address _____ City _____ State _____ Zip _____

Cell Phone _____ Email _____

UNDERGRADUATE & GRADUATE INFORMATION

Name of Undergraduate School _____ City & State _____

Name of Graduate/Post Graduate School _____ City & State _____

Type of Degree ☐ D.O. ☐ M.D. ☐ D.D.S. ☐ D.M.D. ☐ M.S.N ☐ D.N.P. ☐ P.A.
☐ O.D. ☐ R.D.H. ☐ PharmD ☐ L.C.P. ☐ L.P.C. ☐ L.C.S.W. ☐ Marriage & Therapy

RESIDENCY PROGRAM INFORMATION (if applicable)

Discipline ☐ Medical Resident ☐ Dental Resident ☐ Advanced Practice Nursing
Specialty ☐ Family Medicine ☐ Internal Medicine ☐ Pediatrics ☐ Internal Medicine/Pediatrics
☐ Obstetrics/Gynecology ☐ Psychiatry ☐ Child and Adolescent Psychiatry
☐ Adult Medicine ☐ Women's Health
☐ General Dentistry ☐ Pediatric Dentistry ☐ Public Health Dentistry

Complete This Highlighted Section Only if Still in Residency:

Program Year of Residency _____ What is the Total Length of your Residency? _____

Anticipated Completion Date _____ Anticipated Date you will begin practicing? _____

Residency Coordinator Name _____ Email _____

Name of Residency Program Attended/Attending (if applicable) _____

Address _____ City _____ State _____ Zip _____

Complete This Highlighted Section Only if Working at a MO FQHC or Accepted an Offer of Employment to Work at A MO FQHC

FQHC Name _____

Clinic Location/s _____

Employment Start Date or Anticipated Start Date _____

Job Title _____

ADDITIONAL INFORMATION TO INCLUDE WITH YOUR APPLICATION

Please submit the following with your application:

APPLICATIONS WITHOUT APPROPRIATE ATTACHMENTS WILL NOT BE PROCESSED.

1. Proof of U.S. Citizenship or U.S. National Status (copy of Birth Certificate stating U.S. Citizenship, ID page of U.S. Passport or Certification of Naturalization).
2. Proof of Missouri residency (copy of current MO driver's license, current MO ID card, or current MO voter's registration card).
3. Letter of good standing from your Residency Program Director (if applicable).
4. Proof of disadvantaged background from a school official (if applicable).
5. Current Resume or Curriculum Vitae (CV).
6. Completed Loan Information and Verification Form and the required accompanying documentation for each loan applicant wishes to have considered for repayment.
7. A typed Biographical Statement to include, at a minimum all of the following:
 - a. Why you are interested in the Community Health Loan Repayment Program ("the Program")?
 - b. Briefly describe any prior work and/or experience you have had in working with medically underserved populations. Please list: organization names, locations and supervisor name (if applicable) and position start/end dates of each experience, number of hours spent on each experience, knowledge and skills gained.
 - c. What are your long-term professional plans after fulfilling the Program service commitment?
8. At least two Letters of Recommendation. Letters can be emailed directly to jadamson@mo-pca.org.
 - For Health Professionals working in a MO FQHC or accepted an offer of employment to work in a MO FQHC, at least 1 of the letters of recommendation must be from a senior leader and/or the administrator of the organization acknowledging their support for your application.

DISCLAIMER, ASSURANCES & SIGNATURE

I certify the information contained in this application is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in the rejection of my application or my disqualification from the Program if I am selected for participation. I authorize the Missouri Community Health Foundation, Inc. ("the Foundation") to investigate any of the facts set forth in this application. I further understand that the Foundation may contact the persons providing my letters of recommendation or who have knowledge of my student, resident, or work experiences to conduct a background inquiry. I hereby authorize and request any personal references and other persons, firms or entities to furnish the Foundation any information regarding my work and service. I hereby release all persons, companies, corporations or individuals from all liability and responsibility that may result from providing Foundation such information.

I also verify that I understand, should I be offered and accept an award from the Program, that I will provide full-time clinical primary health care services in a Federally Qualified Health Center (FQHC) setting in Missouri with a minimum service commitment of one year and maximum of two years. I further verify that if selected for an award from the Program, I will execute a Service Obligation Agreement prior to receiving any funding under the Program.

Signature

Date

Email completed application to:
Joni Adamson: jadamson@mo-chf.org

Email is the preferred method for submitting applications.

If email is unavailable, please mail to:
Missouri Community Health Foundation
ATTN: Joni Adamson

3325 Emerald Lane, Ste B. Jefferson City, MO 65109

MISSOURI COMMUNITY HEALTH FOUNDATION
LOAN REPAYMENT PROGRAM SERVICE OBLIGATION AGREEMENT

It is mutually understood and agreed by Missouri Community Health Foundation, Inc., a Missouri non-profit corporation ("Foundation"), and _____ ("Resident"), on the _____ day of _____, as follows:

1. Purpose. The purpose of this Agreement is to provide educational loan repayment assistance in return for Resident's commitment to provide health care services at a federally qualified health center ("FQHC") in Missouri upon completion of his/her residency training ("Residency" or "Residency Program") and receipt of his/her license and/or board certifications pursuant to the terms herein.

2. Loan Repayment. Foundation agrees to provide _____ Dollars and No Cents (\$_____.00) to Resident by way of check/s written directly to _____ ("Lending Institution/s"), from which Resident has qualifying educational loan/s, ("Funding"). Resident agrees to comply with the reporting requirements herein under paragraph 4A. Resident further verifies that all such funding is being applied toward principal and interest of his/her outstanding Federal, State, local or commercial loan/s for undergraduate or graduate education obtained by Resident for school tuition, other reasonable education expenses and reasonable living expenses.

3. Service Obligation.

A. Length of Service. As consideration for Resident's receipt of the funds under paragraph 2 herein, Resident agrees to complete a service obligation to Foundation by continuously working full time for _____ full years at a FQHC in Missouri as a _____ as set out herein. While completing such service obligation, Resident will be an employee of the FQHC and will not at any time be an employee of the Foundation.

B. Service Commitment Start Date. Resident is required to begin fulfilling his/her service commitment as soon as possible upon completion of his/her Residency Program.

- *For physicians (M.D. and D.O.), the service commitment will begin upon completion of an accredited primary care Residency in the field of Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, Obstetrics/Gynecology, Pediatrics, or Psychiatry. This is generally within three (3) months of June 30; or*
- *For physicians (M.D. and D.O.), the service commitment will begin upon completion of an accredited primary care Residency in the field of Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, Obstetrics/Gynecology, Pediatrics, or Psychiatry. This is generally within three (3) months of June 30 and such service commitment will run concurrently with physician's service commitment to _____; or*

- *For physicians (M.D. and D.O.), the service commitment will begin immediately upon completion of physician's service commitment to _____ until _____ (date); or*
- *For dentists (D.D.S. and D.M.D.), the service commitment will begin upon completion of the accredited dental Residency in the field of General Dentistry, Pediatric Dentistry or Public Health Dentistry. This is generally within three (3) months of June 30; or*
- *For dentists (D.D.S. and D.M.D.), the service commitment will begin upon completion of the accredited dental Residency in the field of General Dentistry, Pediatric Dentistry or Public Health Dentistry. This is generally within three (3) months of June 30 and such service commitment will run concurrently with physician's service commitment to _____;*
- *For dentists (D.D.S. and D.M.D.), the service commitment will begin immediately upon completion of dentist's service commitment to _____ until _____ (date).*
- *For nurse practitioners (MSN or DNP), the service commitment will begin within 3 months upon completion of an accredited primary care Residency in the field of Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, Obstetrics/Gynecology, Pediatrics, or Psychiatry.; or*
- *For nurse practitioners (MSN or DNP), the service commitment will begin within 3 months upon completion of an accredited primary care Residency in the field of Family Medicine, Internal Medicine, Internal Medicine/Pediatrics, Obstetrics/Gynecology, Pediatrics, or Psychiatry. Such service commitment will run concurrently with nurse practitioner's service commitment to _____.*

C. Community Health Loan Repayment Pre-Employment Process. Prior to completion of professional Residency training and accepting an offer of employment, Resident will be contacted by the Foundation to clarify the terms and conditions of his/her service commitment. Examples of information and clarification may include:

- Assistance with finding employment in a qualifying Missouri FQHC setting
- Approval of employment, including copy of employment contract
- Service Commitment beginning and ending dates to the Foundation
- Submission of Service Commitment Verification Forms

While the Foundation will assist Resident in finding employment, the Foundation cannot guarantee Resident's employment.

D. Full-Time Clinical Primary Health Care Service. Resident is required to engage in the full-time clinical practice of the profession of _____. A full-time clinical practice is defined as a minimum of 32 hours per week spent in direct patient care and any other administrative hours required by an FQHC related to such direct patient care service. The direct patient care service will be conducted during normally scheduled clinic hours in an outpatient care setting. The 32 hours per week may be compressed into no less than four (4) days per

week. Time spent in 'on-call' status will not count toward the 32-hour week direct patient care requirement. A Resident's use of approved time off for CME, vacation or sick leave by an FQHC shall not count against the full-time clinical requirement. *OB/GYN physicians and nurse practitioners; and Family Medicine physicians and nurse practitioners who practice obstetrics on a regular basis are allowed to count time spent at the hospital as long as it is for the purpose of providing clinical services to established patients of the FQHC.*

- E. Service Commitment Verification. Resident shall submit a service commitment verification form created by the Foundation to the Foundation for each six (6) months of service. The form must be completed and signed by Resident and the representative at the FQHC designated by the Foundation.
- F. Service Commitment End Date. The last day of the service commitment is determined in whole years from the start date. For example, the last day of service for a Resident with a total four (4)-year service commitment who began service on July 15, 2014 would be July 14, 2018. The Foundation will adjust the end date for Resident's service if Resident is away from the FQHC for more than seven (7) consecutive weeks per service year. Such adjustment will include the addition of service days for any days exceeding the seven (7) consecutive weeks that Resident was away from the FQHC.
- G. Changing Jobs. Once Resident establishes employment at a Missouri FQHC he/she is expected to remain there until his/her service commitment is fulfilled. After a service commitment is approved, it is Resident's responsibility to notify the Foundation of any potential changes of employment. All job changes by Resident must be approved by the Foundation in advance of such change.

4. Requirements.

- A. Reporting. Resident must adhere to the following while he/she is in Residency and until his/her service commitment is fulfilled:
 - ❖ Once payment/s is/are issued to the Lending Institution/s, Resident will be asked to verify that payment/s was/were received and the entire amounts of the check/s was/were applied to Resident's educational debt/s by sending the Foundation an updated statement of Resident's loan account/s that reflect/s the new loan balance/s. This must be done no later than thirty (30) days from the date any check is issued to any Lending Institution.
 - ❖ Maintain enrollment and remain in good academic standing with the Residency Program. The Foundation must be notified as soon as possible when there are (or will be) changes in Resident's enrollment status. Examples may include:
 - A repeat in course work;
 - A change in Residency completion date;
 - A leave of absence from Residency Program;
 - Withdrawal or dismissal from the Residency Program.

- ❖ Notify the Foundation of changes in personal information. The Foundation must be immediately notified of any personal information changes for Resident such as a name, mailing address, e-mail address, telephone number, etc.

Resident also is strongly encouraged to complete clinical rotations and experiences in FQHC settings and may contact the Foundation for assistance and information regarding possible rotation sites and preceptors.

- B. Licensure/Certification. Resident must have a current, full, permanent, unencumbered and unrestricted license in the state of MO for the health profession he/she received funding for before he/she can begin his/her service commitment and such service commitment must not be in conflict with any other existing service obligations to Federal, State or any other entity for professional practice or service upon completion of academic training. In addition, Resident is responsible for meeting the applicable board and licensure/certification requirements outlined below:

- i. **Physicians:** *All physicians must successfully complete Steps 1, 2 (clinical skills and clinical knowledge components) and 3 of the United States Medical Licensing Examination (USMLE) or Levels 1, 2 (cognitive evaluation and performance evaluation components), and 3 of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) by the time they complete their primary care residency training. All physicians also must receive certification in the primary care specialty in which he/she received loan repayment funding for from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association.*

or

- ii. **Dentists:** *All dentists must successfully complete the National Board Dental Examination Part 1 and 2.*

- iii. **Advanced Practice Nurses / Nurse Practitioners** must have a master's degree, postmaster's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education, in one of the primary care nurse practitioner specialties. All Advanced Practice Nurses / Nurse Practitioners must also receive certification by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation in one of the primary care nurse practitioner specialties. Advanced Practice Nurses / Nurse Practitioners recipients who are unable to receive certification should immediately contact the Program in writing.

Resident is expected to take the appropriate exams and achieve the required specialty certifications at the earliest possible date based on his/her education and training.

5. Term. This Agreement shall be in effect from the date set forth above through Resident's completion of his/her Service Obligation set forth under paragraph 3 herein.

6. Noncompliance. A Resident's failure to perform any **one** of the following obligations shall be considered a material breach of this Agreement to which Foundation immediately can terminate the Agreement and seek damages from Resident: (i) failure to complete Residency training including, but not limited to, dismissal from the Residency Program for which the Foundation funding was awarded; (ii) failure to begin or complete service contract including failure to begin or complete his/her service commitment after completion of his/her Residency training or as otherwise required in paragraph 3; (iii) failure to complete any one of the reporting requirements under paragraphs 4A or 3E herein; (iv) failure to become licensed and/or board certified as required under 4B; (v) failure to secure the Foundation's advance approval for any employment changes under paragraph 3G; (vi) any determination that the loan/s at the Lending Institution/s set forth in paragraph 2 herein was/were not used for Resident's undergraduate or graduate education for school tuition, other reasonable education expenses or reasonable living expenses; and/or (vii) failure to begin and continue any service commitment obligations to any other Federal, State or other entity listed under paragraph 3B if such commitment is to occur prior to Resident's service commitment to Foundation. The parties agree that Resident's breach of this Agreement will result in Resident's obligation to repay **the full Funding amount** set out under paragraph 2 regardless of the time in Resident's service that such breach occurs. Such repayment will be due from Resident to Foundation within sixty (60) days after Resident's breach. In addition, Resident agrees to pay Foundation the total sum of interest in the amount of Eighteen Percent (18%) per annum or one and one-half percent (1 ½ %) of the actual Funding amount per month from the date the Funding was paid to the Lending Institution/s for Resident until the total Funding amount is repaid in full to the Foundation.

7. Correspondence and Notices. All correspondence, notices, invoices, reports, etc. required to be given under this Agreement shall be made in writing and delivered to the individuals named below or other authorized representative of Foundation and Resident.

For Foundation: Joseph E. Pierle, CEO
Missouri Community Health Foundation, Inc.
3325 Emerald Lane
Jefferson City, MO 65109
jpierle@mo-chf.org

For Resident:

E-mail: _____

Any notice delivered shall be hand delivered, sent via Certified, Registered or First-Class mail, sent by overnight courier, sent by facsimile or sent by email. Notice shall be deemed delivered to the locations set forth in this Agreement or as otherwise designated by the parties and received,

whether actually received or not, as follows: (1) three days after being deposited in the United States Mail, postage prepaid, Certified, Registered or First-Class Mail; (2) upon execution of written receipt when hand delivered; (3) one day after being sent via overnight courier; and (4) upon the sender receiving confirmation that the facsimile or email transmission was completed successfully when sent via facsimile or email.

8. Indemnity. Resident shall indemnify and hold Foundation harmless including, without limitation, its agents, directors, officers, employees, parents, subsidiaries and independent contractors of and from any and all claims, losses, costs, damages and expenses arising out of or connected with injury to or the death of any person or damage to real or personal property resulting from or arising out of Resident's service obligations under this Agreement.

9. Permissions. Resident gives Foundation permission to share and obtain Resident's personal information from Resident's application and reports submitted by Resident with its agents, business partners, Residency Program personnel, schools, Lending Institutions and any other Federal, State or any other entity to which Resident has an existing service obligation for professional practice or service upon completion of academic training necessary for the purposes of administering the Funding and service obligations, as well as permission to use whatever means Foundation deems necessary to verify any information provided by Resident for the purpose of determining compliance of Resident with the terms of this Agreement.

10. General Provisions.

- A. Legal Action. Should legal action by Foundation be required due to Resident's breach of his/her obligations under this Agreement, in addition to other damages arising under this Agreement, Resident shall indemnify and reimburse Foundation for all expenses incurred in the enforcement of this Agreement, including, without limitation, collection and administrative costs, attorney's fees, court costs and expenses. Such expenses also shall be reimbursed to Foundation in the event Resident agrees to settle Foundation's claims out-of-court during a pending lawsuit.
- B. Choice of Law and Venue. This Agreement is accepted by Foundation and Resident in the State of Missouri and shall be interpreted, construed and governed according to the laws of the State of Missouri and is enforceable in the courts of Missouri. The parties further agree and hereby consent and submit to the venue and jurisdiction of the Circuit Court of Cole County, Missouri for any legal proceeding arising out of or relating to this Agreement.
- C. Entire Agreement and Amendment. This Agreement constitutes the entire agreement of Resident and Foundation with respect to the matter contained herein. No amendment or variation to this Agreement shall be valid unless in writing and signed by all parties.

- D. Waiver. The failure to enforce at any time any of the provisions of this Agreement or to require at any time performance by any party of any of the provisions hereof shall in no way be construed to be a waiver of such provision or to affect either the validity of this Agreement, or any part hereof, or the right of each party thereafter to enforce each and every provision in accordance with the terms of this Agreement.
- E. Assignment. Resident may not assign his/her obligations and rights under this Agreement. Foundation expressly reserves the right to assign all of its rights and obligations hereunder to a third-party.
- F. Third-Party Beneficiaries. The parties acknowledge and agree that no parties other than the parties thereto are intended to benefit hereunder.
- G. Severability. If any provision of this Agreement shall be held by a court of competent jurisdiction to be contrary to the law, the remaining provisions of this Agreement shall remain in full force and effect.
- H. Headings. The headings in this Agreement are for convenience only and are in no way intended to describe, interpret, define, or limit the scope, extent or intent of this Agreement or any of its provisions.

IN WITNESS THEREOF, the parties hereto execute this Agreement.

MISSOURI COMMUNITY HEALTH
FOUNDATION, INC.

Resident Signature

By: _____

Joseph E. Pierle, CEO

Missouri Community Health Foundation, Inc

Resident Printed Name

Date: _____

Date: _____

Resident Witness Signature

Resident Witness Printed Name

Date: _____