## COMMUNITY MEMORANDA OF UNDERSTANDING

NORTH DAKOTA DEPARTMENT OF HEALTH
FEDERAL STATE LOAN REPAYMENT PROGRAM (SLRP) - CONTINUATION

SFN 61300 (9-2017)

### For Office Use Only

<table>
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<tr>
<th>File Number</th>
<th>Date Received</th>
<th>Contract Number</th>
<th>HPSA Score</th>
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### Name of Health Professional

### Name of Community/Facility

### Name of Community Contact Person

### Name of Sponsoring Organization & Address

### Is County or Facility a Federally Designated HPSA?

- Yes ☐
- No ☐

### Community Contact E-mail Address:

### Discipline of Health Professional Community is Seeking:

- ☐ MD  Allopathic Medicine
- ☐ DO  Osteopathic Medicine
- ☐ NP  Nurse Practitioner
- ☐ PA  Physician Assistant
- ☐ CNM  Certified Nurse Midwife
- ☐ RN  Registered Nurse
- ☐ PHARM  Pharmacist
- ☐ General or Pediatric Dentistry
- ☐ RDH  Registered Dental Hygienist
- ☐ HSP  Health Service Psychologist (Clinical and Counseling)
- ☐ LCSW  Licensed Clinical Social Worker
- ☐ PNS  Psychiatric Nurse Specialist
- ☐ LPC  Licensed Professional Counselor
- ☐ MFT  Marriage and Family Therapist

### Community Commitment Amount (Continuation):

- Community can match up to $20,000/year for years 3 and 4, up to $10,000 for year 5 not to exceed eligible educational loan totals

### Circle which year of SLRP Continuation the applicant is applying for:

- 3
- 4
- 5

### Community match for this current year MOU is $________

I certify that the above named community/facility supports the above named health professional and agrees to financially commit the above specified amount per year for one year as required in the Federal State Loan Repayment Program. I also verify that the health professional’s salary is comparable to other health professionals in the area with equivalent education and experience.

### Name of Community Representative:

### Signature

### Date

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Return the completed form to:
Bobbie Will
Manager of North Dakota Primary Care Office
Office of Public Health Systems and Performance
600 E Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200
Fax 701.328.4727
Office 701.328.4908
blwill@nd.gov
http://www.ndhealth.gov/LoanRepaymentProgram.asp