NORTH DAKOTA PROVIDER/ADMINISTRATOR (CLINIC) VERIFICATION OF PRACTICE

NORTH DAKOTA DEPARTMENT OF HEALTH
OFFICE OF PUBLIC HEALTH SYSTEMS AND PERFORMANCE
SFN 61402 (4-2018)

FEDERAL STATE LOAN REPAYMENT PROGRAM (SLRP)

Recipients of awards through the Federal/State Loan Repayment Programs are required to complete this practice verification form three times throughout their contract period. Please respond to the following questions and check the appropriate box for verification.

Award Recipient

Name of Award Recipient	NPI Number	Telephone Number (cell or home)	
Discipline			
Home Address	City	State	ZIP Code
Home Email Address	License Number		Expiration Date

Practice Site

Name of Practice Site	Name of Contact Person		
Practice Site Mailing Address	City	State	ZIP Code
Contact Person Email Address		Contact Person Telephone Number	

Medicare Number of Awardee or Practice Site	Medicaid Number of Awardee or Practice Site

Verification Statements - Please mark below the verification statements that apply.

- ☐ I am providing full-time services (40 hours/week for 45 weeks/year) for the required number of years per the notice of contract. If part-time contract (20 hours/week for 45 weeks/year).
- ☐ I accept Medicaid patients.
- ☐ I accept Medicare patients.
- ☐ I accept Children's Health Insurance (CHIP) patients.
- ☐ The clinic offers a sliding fee or Charity Care Plan for patients.
- ☐ I am not using loan repayment funds to satisfy other service obligations under similar programs.
- ☐ I am not currently receiving loan repayment awards from any other agency/organization.
- ☐ I agree to notify the North Dakota Primary Care Office of any changes in my intent to practice at the site identified in the application and/or contract with the North Dakota Department of Health.

Award/Provider Signature	Date
Practice Site Signature	Date

Return the completed form by fax or email to:

Bobbie Will
Director of North Dakota Primary Care Office
Office of Public Health Systems and Performance
Office 701.328.4908
Fax 701.328.4727
blwill@nd.gov
http://www.ndhealth.gov/pco/