



**COMMUNITY MEMORANDA OF UNDERSTANDING**

NORTH DAKOTA DEPARTMENT OF HEALTH

FEDERAL STATE LOAN REPAYMENT PROGRAM (SLRP) -Continuation

SFN 60664 (5-2014)

For Office Use Only

File Number	
Date Received	
Contract Number	HPSA Score

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 <input type="checkbox"/> No <input type="checkbox"/>
Community Contact E-mail Address:		
Discipline of Health Professional Community is Seeking:		
<input type="checkbox"/> MD	Allopathic Medicine	<input type="checkbox"/> DDS/DMD General or Pediatric Dentistry
<input type="checkbox"/> DO	Osteopathic Medicine	<input type="checkbox"/> RDH Registered Dental Hygienist
<input type="checkbox"/> NP	Nurse Practitioner	<input type="checkbox"/> HSP Health Service Psychologist (Clinical and Counseling)
<input type="checkbox"/> PA	Physician Assistant	<input type="checkbox"/> LCSW Licensed Clinical Social Worker
<input type="checkbox"/> CNM	Certified Nurse Midwife	<input type="checkbox"/> PNS Psychiatric Nurse Specialist
<input type="checkbox"/> RN	Registered Nurse	<input type="checkbox"/> LPC Licensed Professional Counselor
<input type="checkbox"/> PHARM	Pharmacist	<input type="checkbox"/> MFT Marriage and Family Therapist
Community Commitment Amount: (Community can match up to \$20,000/year not to exceed eligible educational loan totals)		Circle which year of SLRP the applicant is applying for year 3, 4, or 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 years 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 an experience.		
Name of Community Representative:		
Signature		Date

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  
 Fax 701.328.4727  
 Office 701.328.4908  
[blwill@nd.gov](mailto:blwill@nd.gov)  
<http://www.ndhealth.gov/LoanRepaymentProgram.asp>