

# Vermont Educational Loan Repayment Program for MDs, DOs, APRNs, and PAs 2019 APPLICATION FORM

**E. INFORMATION FROM THE EMPLOYER OR COMMUNITY AFFILIATE (Match Provider) for RETENTION & RECRUITMENT To be completed by employer.** Employer Contact person must be an individual authorized in hiring or human resource matters (e.g., direct supervisor, practice manager, human resource professional).

1. Save this PDF to your computer.
2. Rename the file to read "2019 Employer Section PC ELR Applicant Last Name First Initial".
3. Forms must be completed using the fillable PDF and then printed.
4. Use TAB button to move from field to field. Save as you complete. You may return to it.

\*Indicates required field

## APPLICANT START DATE and HOURS at PRACTICE SITE

Name of Practitioner Applicant (not required for recruitment application)\*: \_\_\_\_\_  
Name of Practice Site\*: \_\_\_\_\_  
Date employment started or will begin\*: (mm/dd/yyyy) \_\_\_\_\_ Average total clinical hrs/week\*: \_\_\_\_\_

## EMPLOYER/MATCHING ORGANIZATION AND ADDRESS

Employer or Match Provider Organization\*: \_\_\_\_\_  
Organization Mailing Address\*: \_\_\_\_\_  
City\*: \_\_\_\_\_ State\*: \_\_\_\_ Zip\*: \_\_\_\_\_  
Practice Site Ownership Structure/Organization\*: Hospital FQHC/RHC Other: \_\_\_\_\_

## CONTACT PERSON

Contact Person\*: \_\_\_\_\_ Honorary Title: \_\_\_\_\_  
Contact Person Title\*: \_\_\_\_\_

Email is used for most communications; provide an email address that you check regularly:

Contact Person Email\*: \_\_\_\_\_  
Contact Person Phone\*: \_\_\_\_\_

## MATCHING DOLLARS--REQUIRED for Retention & Recruitment

Will the practice site/employer/organization offer matching dollars to enhance the award\*? Yes No  
If no, the applicant is ineligible for this program.

Name of Matching Organization: \_\_\_\_\_

MATCH AMOUNT PLEDGED: \$10,000 (minimum required match) per year of award  
Other: \$\_\_\_\_\_ (must be greater than \$10,000 per year of award)

Typical match funds range from \$10,000 up to \$20,000 per year of award.

I certify that all matching funds are from non-federal sources.

The federal Affordable Care Act passed on March 23, 2010 treats debt repayment under the VT Educational Loan Repayment Program for Healthcare Professionals as exempt for income tax purposes. Employer matches that supplement state awards, and are processed by AHEC as part of the recipient's service contract, are income tax exempt. Employer loan repayment programs that are offered separately from the VT Educational Loan Repayment program are taxable. For more information, consult an income tax professional.

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**Employer Statement/Supplemental Data (optional): Type or paste below- must fit into the space provided.**

Describe additional data or extenuating workforce recruitment/retention circumstances that should be considered in evaluating this application (e.g., information about current vacancies or planned retirements).

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**Employer Certification\*:** *(All boxes must be checked or this section is not complete)*

I certify that the stated practice accepts patients with coverage under Medicaid, Medicare, Vermont's Children's Health Insurance Program (Dr. Dynasaur), or other state-funded health care benefits programs, if applicable.

I certify that I have read the program overview and understand eligibility requirements (established annually, i.e. may be different from one year to the next) and service commitment associated with the Vermont Educational Loan Repayment Program (posted on [www.vtahec.org](http://www.vtahec.org)).

I certify that the information I have provided in this application is accurate and complete to the best of my knowledge.

I will notify AHEC immediately if there are changes in this applicant's employment status (clinical hours, practice site, employment separation/termination) and will provide updated information directly to AHEC. I acknowledge that the applicant has provided permission for the employer to update AHEC when he/she completed the application's required certification statement.

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 Signature

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 Date

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 Print Name

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 Print Title

*Sign and mail completed application to:*

UVM Office of Primary Care and AHEC Program  
 1 South Prospect Street  
 Mail Stop 430 AR5  
 Burlington, VT 05401  
 Attn: Rebecca T. Dubois  
 (802) 656-2658 or [rebecca.dubois@uvm.edu](mailto:rebecca.dubois@uvm.edu)

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