Idaho State Loan Repayment Program (SLRP) Grant Guidance

State Fiscal Year (SFY) 27: July 1, 2026 – June 30, 2027

Idaho Bureau of Healthcare Access

Application Deadline:
Applications must be **received** via electronic application on or before:
Tuesday, October 13, 2026, 5:00 p.m. Mountain Time.

Applications received after this date and time will not be considered. ***Emailed, faxed, and mailed/delivered applications will not be accepted or reviewed.*** Applicants will receive verification of application receipt within one week and notified of application status by October 30, 2026, via the email address listed on the application.

Program Purpose:

The purpose of this program is to improve access to care in rural and underserved Idaho communities. The State Loan Repayment Program (SLRP) provides educational loan repayment awards to clinicians practicing in rural and underserved communities. Loan repayment is provided through a $1 to $1 match from the federal grant and healthcare employment site in exchange for a two-year, full-time service obligation. Recipients may receive total loan repayment awards of up to $50,000 for oral and behavioral health disciplines and $75,000 for primary care disciplines. Awards may vary due to the amount of money the healthcare site can match, discipline, the competitiveness of the application cycle, and the clinician's amount of eligible debt. Sites must submit annual reports during the funding period.

Eligibility Requirements:

Participants currently receiving other loan repayment awards and fulfilling a service obligation are not eligible. Clinicians must practice within one of the below disciplines.

- **Alcohol and Substance Abuse Counselors:** Licensed/credentialed/certified by their state of practice that meet educational requirements and master's degree requirements
- **MD:** Allopathic Medicine
- **CNM:** Certified Nurse-Midwife
- **DT:** Dental Therapists
- **DDS/DMD:** General and Pediatric Dentistry
- **HSP:** Health Service Psychologist (Clinical and Counseling)
- **LCSW:** Licensed Clinical Social Worker
- **LPC:** Licensed Professional Counselor
- **MFT:** Marriage Family Therapist
- **NP:** Nurse Practitioner
- **DO:** Osteopathic Medicine
- **PA:** Physician Assistant
- **Pharm:** Pharmacist
- **PNS:** Psychiatric Nurse Specialist
- **RD:** Registered Dietician (considered part of primary care team)
- **RDH:** Registered Dental Hygienist
- **RN:** Registered Nurse

Participants must also meet the below eligibility criteria:

- Work full-time; 40 hours per week at a minimum of 45 calendar weeks (Sunday-Saturday) per year. The healthcare professional may provide services at multiple healthcare entities; however, each entity must provide the site information.

- Ensure individuals at or below 200% of the HHS Poverty Guidelines will receive a schedule of discounts, and individuals with income at or below 100% of the HHS Poverty Guidelines will receive services at a nominal fee or at no charge at the healthcare employment site.
- Be employed or contracted by an eligible healthcare employment site **(government, non-profit, or a for-profit organization operated by a non-profit entity)** located in a Health Professional Shortage Area (HPSA).
- Accept Medicare, Medicaid, and the Children's Health Insurance Program at employment sites.
- Commit to fulfilling a two-year federal service obligation at the practice location and agree to substantial repayment penalties **(a minimum of $31,000)** if the term of service is not completed.
- The healthcare site (employer) must provide 50% of the total loan repayment award.

Please see the SLRP FAQs for further details and eligibility requirements.

Application Evaluation and Assessment:

Eligibility for SLRP does not guarantee an award. When available funding is insufficient to fund all eligible applications, priority will be given as described below.

Applications will first be reviewed for completeness and eligibility. Eligible applications will then be considered based on the funding priorities below, available funding, discipline, the healthcare site's available match, the competitiveness of the application cycle, and the clinician's qualifying educational loan debt. The Department may offer an award that is less than the amount requested.
Priority funding will be given to 1) primary care physicians (family medicine, internal medicine, OB/GYN, and pediatrics), psychiatrists, nurse practitioners, physician assistants, and registered nurses employed full-time by public or nonprofit entities; and 2) mental/behavioral health clinicians with substance use disorder (SUD) certifications or training employed at qualifying sites.

Application Instructions (Strictly Enforced):

- All application submissions must be submitted via electronic application found on the Idaho Department of Health & Welfare SLRP application website (clinician and healthcare site portion).
- Application fields and attachments must be filled out completely.
    - If any fields are left blank, your application will be considered ineligible.
    - Be sure to thoroughly proofread for typos, misspellings, grammatical errors, and ensure every field has been marked appropriately.

- The two-part application must be completed by the clinician and healthcare site/employer.
- A healthcare employment site is a hospital, health system, medical center, clinic, or other medical organization located in a HPSA that employs/contracts with clinicians for the purpose of providing healthcare services to patients.
- Applicants must include a copy of their curriculum vitae (CV) or resume with their application materials.
- The clinician must submit statements for each educational loan being submitted for loan repayment consideration. Only qualifying educational loans will be considered toward the maximum repayment over the two-year service obligation. Qualifying educational loans are government or commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the participant's healthcare professional education.

Breach of Service:

- SLRP awardees are in breach of service if they fail to complete the required two-year service obligation. The breach of service provision includes the following:
    - The clinician shall be considered in default if they do not complete the period of obligated service at an eligible site in accordance with the subgrant established between the clinician and the Idaho Department of Health & Welfare or otherwise fail to comply with the terms of the subgrant.
    - Components of the breach of subgrant formula include:
        - The amounts paid to the participant for any period not served;
            - The number of months not served, multiplied by seven thousand five hundred dollars ($7,500.00); and
            - Interest on the amounts described above, at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach; and
    - The sum of the formula is the amount to be repaid by the clinician.
    - If the amount resulting from the formula above equals less than thirty-one thousand dollars ($31,000.00), **the clinician owes thirty-one thousand dollars ($31,000.00)**. The amount owed must be paid within one (1) year of breach. See 42 U.S.C. § 254o(c)(1).

Program Structure:

Approved applicants will be offered awards no later than October 30, 2026. To accept a SLRP award and begin the service obligation, the clinician must enter into a subgrant agreement with the Department. Each year, the participant will be required to submit a progress report to ensure program compliance. Proof of the healthcare site's matching payment must be

submitted with the progress report. Once program compliance and the healthcare site match have been verified, the Department will release its matching payment to the participant.

The participant must immediately apply both the healthcare site and Department payments, in full, to qualifying educational loan debt and provide proof of loan repayment to the Department. The participant may not withhold any award funds. Payments are made to the clinician in annual installments after the service year is completed. This program does NOT reimburse the clinician for payments already made to eligible debt even while under service obligation. If the clinician has made contributions to their overall debt amount during the service obligation that is less than the original award amount, adjustments on loan repayment amounts from the healthcare site and SLRP award will be made equal to the current debt amount. If an awarded participant leaves or changes the approved service site without prior approval from the Department, the participant may be in breach of the service obligation and subject to federal default provisions.

Federal requirements provide limited suspension and waiver provisions for participants who are unable to serve due to illness or other compelling personal circumstances. Idaho SLRP suspension and waiver provisions will not be more lenient than National Health Service Core Loan Repayment Program requirements. Temporary suspensions may be approved for up to one year, and full or partial waivers may be considered in cases of extreme hardship or impossibility. The service obligation will be canceled in the event of the participant's death. Participants must contact the Department before leaving or changing to an approved service site or when circumstances may affect their ability to complete service.

Important annual dates for participants:

Progress Report Due:	Payment Released:	Proof of Loan Repayment Due:
December	After verification	January 15

ATTACHMENTS *MUST* BE INCLUDED WITH APPLICATION

The following documents must be included with the SLRP applications. Failure to submit these documents will result in the application being incomplete and ineligible. All attachments should include the healthcare professional and healthcare site name at the top of each page and be labeled with the attachment number.

Required Application Attachments:

- Curriculum Vitae/Resume (attachment 1)
- Eligible student loan statements (attachment 2)
- I-9 of clinician (Healthcare site attachment 1)
- Healthcare site policy for the sliding fee scale. Ensuring individuals at or below 200% of the HHS Poverty Guidelines will receive a schedule of discounts and individuals with income at or below 100% of the HHS Poverty Guidelines will receive services at a nominal fee or at no charge (Healthcare site attachment 2).

Clinician: Complete the healthcare professional section of the electronic application and address the following:

- Your connection to Idaho, describe your reasons for choosing this practice location, your scope of practice and the population served, your length of employment at this practice location, and your anticipated future commitment to the organization and community (limit 1,750 characters, approx. ½ - ¾ page).

Healthcare site: Complete the healthcare site section of the electronic application and address the following:

- Recruitment and Retention; Provider Impact on Community: Please explain the recruitment and retention challenges your facility is facing and the impact this clinician has on your community (limit 1,750 characters, approx. ½ - ¾ page).

Applications must be received via electronic application

A confirmation email will be sent once the application is received.

For further information regarding the program and application process, contact the Bureau of Healthcare Access at 208-334-0669 or ruralhealth@dhw.idaho.gov.

IDAHO STATE LOAN REPAYMENT PROGRAM (SLRP)

The following information will be entered by the clinician in the electronic application.

Loan Repayment and Grants | Idaho Department of Health and Welfare

(To be completed by clinician)

Note: The electronic application uses conditional logic. Some questions, instructions, warning messages, and upload fields shown in this appendix will appear only when triggered by an applicant's responses.

Application Introduction and Acknowledgment

State Loan Repayment Program Application — Clinician Portion

TO BE COMPLETED BY THE CLINICIAN

Fields marked with an asterisk (*) are required. The Idaho State Loan Repayment Program (SLRP) uses a two-part application. Both the clinician and employer portions must be submitted electronically by Tuesday, October 13, 2026, at 5:00 p.m. Mountain Time. Submission of one portion does not constitute a complete application or guarantee an award.

Before beginning, review the current SLRP guidance and gather your professional, employment, educational-loan, and supporting documentation. You may save and resume your application; however, saving does not submit the application or extend the deadline.

Acknowledgement*

☐ I have read and understand the current SLRP guidance and have gathered the information and documentation needed to complete this application.

☐ I understand that I may submit only one clinician application.

☐ I understand that saving my application does not submit it for consideration or extend the application deadline.

☐ I understand that I am responsible for coordinating with my employer or healthcare site point of contact to ensure both portions of the application are submitted by the deadline.

Clinician Applicant Information

Clinician Applicant Name* (first and last)

Email Address*

Date of Birth*

Mailing Address* (street address, address line 2, city, state, ZIP code, and country)

Primary Phone Number*

Work Phone Number*

Professional Credentials

Are you currently licensed, certified, or registered without restriction to practice your profession in Idaho?* ☐ Yes ☐ No

Conditional message—displayed if "No" is selected: Based on this response, you do not currently meet the Idaho State Loan Repayment Program's professional licensure requirements. Eligible clinicians must hold the applicable current, unrestricted license, certification, or registration required to practice their profession in Idaho. Review the SLRP guidance before continuing.

Professional License, Certification, or Registration Number*

National Provider Identifier (NPI) Number*

Eligible Discipline* ☐ Doctor of Medicine (MD) ☐ Doctor of Osteopathic Medicine (DO) ☐ Nurse Practitioner (NP) ☐ Physician Assistant/Physician Associate (PA) ☐ Registered Nurse (RN) ☐ Certified Nurse-Midwife (CNM) ☐ Pharmacist ☐ Health Service Psychologist (Clinical or Counseling) ☐ Licensed Clinical Social Worker (LCSW) ☐ Psychiatric Nurse Specialist (PNS) ☐ Marriage and Family Therapist (MFT) ☐ Licensed Professional Counselor (LPC) ☐ Alcohol or Substance Abuse Counselor who meets applicable state licensure, credentialing or certification requirements and the program's education and master's-degree requirements ☐ Doctor of Dental Surgery/Doctor of Dental Medicine (DDS/DMD) ☐ Registered Dental Hygienist (RDH) ☐ Dental Therapist (DT) ☐ Registered Dietitian (part of a primary care team)

SLRP Service Category* ☐ Primary Care ☐ Behavioral or Mental Health ☐ Oral Health

Conditional field—displayed when Primary Care is selected: Primary Care Specialty* ☐ Family Medicine/Family Practice ☐ General Internal Medicine ☐ General Pediatrics ☐ Geriatrics ☐ Adult ☐ Women's Health ☐ Obstetrics/Gynecology ☐ Family Medicine with Obstetrics

Conditional field—displayed when Behavioral or Mental Health is selected: Behavioral Health Specialty* ☐ Psychiatry — General ☐ Psychiatry — Child and Adolescent ☐ Mental Health and Psychiatry ☐ All specialties eligible / Not otherwise specified

Conditional field—displayed when Oral Health is selected: Oral Health Specialty* ☐ General Dentistry ☐ Pediatric Dentistry

Are you board certified?* ☐ Yes ☐ No ☐ Not applicable

Are you board eligible?* ☐ Yes ☐ No ☐ Not applicable

Education and Applicant Background

Name of Professional School*

Date of Graduation*

Are you a U.S. veteran?* ☐ Yes ☐ No ☐ Prefer not to answer

Do you have a rural background or rural residency experience? Answer to the best of your ability.* ☐ Yes ☐ No

Do you come from a disadvantaged background? Answer to the best of your ability.* ☐ Yes ☐ No ☐ Prefer not to answer

Ethnicity* ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Prefer not to answer

Race* ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Another race ☐ Prefer not to answer

Gender* ☐ Male ☐ Female ☐ Prefer not to answer

Initial Eligibility Screening

Have you previously participated in the Idaho State Loan Repayment Program (SLRP)?* ☐ Yes ☐ No

Conditional field—displayed if the applicant previously participated in SLRP: Previous SLRP Service Agreement Start Date*

Conditional field—displayed if the applicant previously participated in SLRP: Previous SLRP Service Agreement End Date*

Conditional field—displayed if the applicant previously participated in SLRP: Did you complete the prior SLRP service obligation?* ☐ Yes ☐ No

Are you a U.S. citizen or U.S. national and able to provide acceptable documentation?* ☐ Yes ☐ No

Acceptable documentation may include a birth certificate, the identification page of a U.S. passport, or a certificate of naturalization.

Are you free of any judgment liens arising from federal debt?* ☐ Yes ☐ No

Have you ever breached or failed to complete a healthcare-related service obligation to a federal, state, local, or other entity?* ☐ No ☐ Yes

Conditional field—displayed if a prior breach or incomplete obligation is reported: Explain the prior breach or incomplete service obligation, including the program, dates, and current status.*

Conditional field—displayed if a prior breach or incomplete obligation is reported: Has the prior obligation or resulting debt been fully satisfied?* ☐ Yes ☐ No

Are you a current or former National Health Service Corps (NHSC) scholar or participant?* ☐ No ☐ Yes

Conditional message—displayed based on prior eligibility responses: Based on one or more responses, you may not meet the Idaho State Loan Repayment Program eligibility requirements. Review the SLRP guidance before continuing. If you believe your circumstances require individual review, you may complete the application and provide the requested explanation.

Healthcare Site and HPSA Information

Name of Healthcare Site*

Healthcare Site Address* (street address, address line 2, city, state, ZIP code, and country)

Employer/Site Point of Contact Name*

Employer/Site Point of Contact Email*

After you submit this clinician application, a link to the separate employer/site application will be emailed to this address. Please verify the email address carefully and notify your employer/site point of contact that the application is required. The email is a courtesy reminder; you remain responsible for coordinating with your employer/site to ensure both application portions are submitted by the deadline.

Is your healthcare site located in a federally designated Health Professional Shortage Area (HPSA) that corresponds with your discipline—primary care, dental health, or mental health?* ☐ Yes ☐ No

Conditional message—displayed if “No” is selected: Based on this response, the healthcare site does not appear to meet the SLRP HPSA requirement. Review the SLRP guidance and verify the site’s designation before continuing.

HPSA Identification Number*

Enter the HPSA identification number exactly as it appears in HRSA’s Find Shortage Areas by Address tool: https://data.hrsa.gov/tools/shortage-area/by-address

Facility Type* ☐ Nonprofit organization ☐ Government organization ☐ Private practice operated by a nonprofit organization

Facility Category* ☐ Community or Migrant Health Center ☐ Federally Qualified Health Centers or Look-Alike ☐ Certified Rural Health Clinic ☐ Critical Access Hospitals (with an affiliated outpatient clinic) ☐ Rural Emergency Hospital (with an affiliated outpatient clinic) ☐ State or Federal Prisons ☐ Correctional or detention facility ☐ Long-Term Care Facility ☐ State or County Health Department Clinic ☐ Community Mental Health Facility ☐ State Mental Health Facility ☐ Indian Health Service practice site ☐ Tribal/638 health clinic ☐ Urban Indian Health Program ☐ Other eligible public or nonprofit outpatient facility

To the best of your knowledge, does the healthcare site accept Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP), as appropriate for your discipline, and use a qualifying sliding-fee discount schedule for low-income and uninsured patients?* ☐ Yes ☐ No ☐ I am not sure

The employer application provides the healthcare site’s official certification.

Employment and Service Commitment

Are you currently employed in a permanent position and practicing at the healthcare site identified in this application?* ☐ Yes ☐ No

Employment Start Date or Anticipated Start Date at This Healthcare Site*

Enter your actual employment start date. If you have not yet begun employment, enter your anticipated start date.

If selected for an SLRP award, I agree to work full-time at the approved healthcare site for at least 40 hours per week and at least 45 weeks per service year. I understand that at least 32 hours per week must be spent providing direct clinical care and that no more than eight hours per week may be spent on administrative or other nonclinical duties.* ☐ Yes ☐ No

Conditional message—displayed if "No" is selected: Based on this response, you do not meet the full-time service requirements for the Idaho State Loan Repayment Program. Review the SLRP guidance before continuing.

Other Service Obligations

Do you currently have, or expect to begin, a service obligation through another loan repayment, scholarship, recruitment incentive, or similar program?* ☐ No ☐ Yes

Have you applied for or received an award through the National Health Service Corps (NHSC) or another loan repayment, scholarship, recruitment incentive, or other program that requires a period of service?* ☐ Yes ☐ No

The NHSC does not allow its recipients to have any outstanding service obligation for any health professional or other service to the federal government, a state, or another entity unless the obligation will be completed before receipt of the NHSC Loan Repayment award. See https://nhsc.hrsa.gov.

Conditional field—displayed if another program or service obligation is reported: Other Program or Agreement Information*

Identify each program or agreement, whether you applied or received an award, the current status, and the anticipated service-obligation start and end dates.

Conditional field—displayed if another program or service obligation is reported: Will every other service obligation be completed before your Idaho SLRP service obligation begins?* ☐ Yes ☐ No ☐ Not yet determined

Conditional message—displayed based on prior service-obligation responses: An applicant may not fulfill another service obligation concurrently with an Idaho SLRP service obligation. Your circumstances may require additional review before an award can be made.

Clinical Services

Are you a telehealth provider?* ☐ Yes ☐ No ☐ Not applicable

Do you have a Substance Use Disorder (SUD) treatment license or certification?* ☐ Yes ☐ No ☐ Not applicable

Do you provide Substance Use Disorder (SUD) treatment or counseling services?* ☐ Yes ☐ No ☐ Not applicable

Key Services Provided* (select all that apply) ☐ Integrated behavioral health in primary care ☐ Substance use disorder treatment or counseling ☐ Telehealth ☐ Maternal health care ☐ Other ☐ None of the above

Conditional field—displayed if "Other" is selected: Description of Other Services Provided*

Qualifying Educational Loans

List only qualifying educational loans as defined in the SLRP guidance. Do not include nonqualifying consumer debt or loans that are not attributable to the applicant's qualifying professional education.

Add one loan entry for each qualifying educational loan. A current statement dated within 30 days of application submission must be provided for every listed loan. If loans were consolidated, documentation must identify the qualifying health-professions education costs included in the consolidation.

For each loan: Name of Lending Institution*

For each loan: Loan or Account Identifier*

Last four digits only.

For each loan: Current Qualifying Balance*

For each loan: Statement Date*

Enter the total qualifying educational loan balance for all loans listed above.*

Requested Matching Funds

Enter the amount the healthcare site proposes to provide as the required 1:1 nonfederal match for each year of the two-year service obligation. Do not include federal matching funds.

Year 1 and Year 2 site contributions must be equal. The site's annual contribution may not exceed $18,750 for primary-care disciplines or $12,500 for oral-health and behavioral-health disciplines.

The combined site and federal payments cannot exceed the clinician's remaining qualifying educational loan debt. Requested amounts are not guaranteed; final amounts will be established before service begins.

Year 1 Healthcare Site Matching Funds*

Year 2 Healthcare Site Matching Funds

Total Healthcare Site Matching Funds

Applicant Narrative

Describe your connection to Idaho; your reasons for choosing this healthcare site and community; your scope of practice and the population you serve or expect to serve; your current or anticipated employment at this location; and your anticipated future commitment to the organization and community.*

Limit your response to 1,750 characters (approximately one-half to three-quarters of a page).

Legal Attestation and Breach Acknowledgment

Legal Attestation*

☐ I understand that if I receive an award but do not complete the service obligation, I will be subject to Idaho SLRP's breach-of-contract terms and applicable federal requirements, as described below. By checking this box and submitting my application, I acknowledge, certify, and agree to all statements in this section.

I understand that submitting an application does not guarantee that I will receive an Idaho State Loan Repayment Program (SLRP) award.

If selected for an award, I understand that I must enter into an SLRP service agreement before my service obligation begins.

I understand that I must complete a two-year, full-time service obligation at the healthcare site approved in my service agreement and comply with all requirements established in the SLRP guidance and executed service agreement.

I understand that I may not fulfill another service obligation concurrently with my SLRP service obligation.

I agree to promptly notify the Idaho Department of Health and Welfare (Department) of any change that may affect my eligibility or ability to fulfill my service obligation, including changes to my employment, work schedule, practice location, professional license, other service obligations, or qualifying educational loan debt. I understand that changes to my approved service site or service arrangement may require the Department's prior written approval.

If I receive an award, I understand that I will receive two separate payments after successfully completing each year of service: one from the Department and one from my healthcare site or employer.

I agree to immediately apply each payment in full to my qualifying educational loan debt and provide the Department with documentation showing that the payments were applied to that debt.

I understand that SLRP does not reimburse me for payments I previously made toward my qualifying educational loan debt, including payments made during my service-obligation period.

I understand that the combined Department and healthcare-site payments may not exceed my remaining qualifying educational loan debt. If payments I make reduce my remaining qualifying educational loan debt below my original award amount, the Department and healthcare-site payments may be adjusted so the combined payments do not exceed my remaining qualifying debt.

Breach Terms

I understand that failure to begin or complete my required service obligation or otherwise comply with the SLRP guidance or executed service agreement may constitute a breach.

If the Department determines that I have breached my service obligation, I will owe a debt to the State of Idaho calculated under the SLRP Breach Policy, applicable federal requirements, and my executed service agreement. The amount owed will include:

1. The amount of loan-repayment funds paid to me for any period of obligated service I did not complete;
2. $7,500 multiplied by the number of months of obligated service I did not complete; and
3. Interest on the amounts owed at the maximum legal prevailing rate, as determined by the Treasurer of the United States, calculated from the date of breach.

If the calculated amount is less than $31,000, I will owe a minimum penalty and damages of $31,000.

Unless otherwise provided by applicable law or my executed service agreement, the debt will be due within one year of the date of breach. The Department may pursue collection and any other remedies available under the SLRP guidance, executed service agreement, and applicable law.

I understand that a waiver or suspension is not automatic and is effective only if approved in writing by the Department in accordance with applicable requirements. The obligation may be canceled in the event of my death. If any part of this acknowledgment conflicts with my executed service agreement, the executed service agreement will control.

Certification

I certify that all information and documentation I have provided are true, complete, and accurate to the best of my knowledge. I authorize the Department to verify information necessary to determine my eligibility and administer an SLRP award.

Required Documents

Curriculum Vitae or Résumé*

Upload your current curriculum vitae or résumé.

Current Qualifying Educational Loan Statement(s)*

Upload a current statement dated within 30 days of application submission for every qualifying educational loan listed in this application. Statements must identify the borrower, lender, loan or account identifier, current balance, and statement date. For consolidated loans, also provide documentation identifying the qualifying health-professions education costs included in the consolidation.

Certification and Signature

Clinician Applicant Name* (first and last)

Date Signed*

Signature*

I certify that the above information is correct to the best of my knowledge.

Verification*

IDAHO STATE LOAN REPAYMENT PROGRAM

The following information will be entered by the healthcare site (employer) in the electronic application.

Loan Repayment and Grants | Idaho Department of Health and Welfare

(To be completed by healthcare site)

Note: The electronic application uses conditional logic. Some questions, instructions, warning messages, and upload fields shown in this appendix will appear only when triggered by an applicant's responses.

Application Introduction and Acknowledgment

State Loan Repayment Program Application — Employer Portion

TO BE COMPLETED BY THE EMPLOYER

Fields marked with an asterisk (*) are required. The Idaho State Loan Repayment Program (SLRP) uses a two-part application. Both the clinician and employer portions must be submitted electronically by Tuesday, October 13, 2026, at 5:00 p.m. Mountain Time. Submission of one portion does not constitute a complete application or guarantee an award.

Before beginning, review the current SLRP guidance and gather the healthcare-site, clinician-employment, matching-funds, and supporting documentation needed to complete this application. You may save and resume your application; however, saving does not submit the application or extend the deadline.

Acknowledgement*

☐ I confirm I have reviewed the grant guidance and have gathered the information and documentation needed to complete this application.

☐ I understand I may save and resume my work using the same system.

☐ I understand that I may submit only one employer application for this clinician applicant.

☐ I understand that, as the site point of contact, I am responsible for coordinating with the clinician applicant to ensure the clinician and employer portions of the application are both submitted.

Healthcare Site Information

Name of Healthcare Site*

Facility Type* ☐ Nonprofit organization ☐ Government organization ☐ Private practice operated by a nonprofit organization

Healthcare Site/Organization UEI Number*

Healthcare Site Address* (street address, address line 2, city, state, ZIP code, and country)

Does the healthcare site have a parent organization?* ☐ No ☐ Yes

Conditional field—displayed if the site has a parent organization: Parent Organization Name*

Conditional field—displayed if the site has a parent organization: Parent Organization Address* (street address, address line 2, city, state, ZIP code, and country)

Contact Information

Employer/Site Point of Contact Name* (first and last)

Site Contact Email Address*

Work Phone Number*

Alternate Phone Number

CEO/Executive Director Name* (first and last)

CEO/Executive Director Email Address*

Clinician Employment

Clinician Applicant Name* (first and last)

Is the clinician currently employed in a permanent position and practicing at this site?* ☐ Yes ☐ No

Clinician's Employment Start Date or Anticipated Start Date*

Enter the clinician's actual employment start date. If the clinician has not yet begun employment, enter the anticipated start date.

Conditional field—displayed if the clinician is currently employed in a permanent position and practicing at the site: I-9 Form Upload*

Upload a copy of the clinician's completed I-9 form. This field is shown when the clinician is currently employed in a permanent position and practicing at the site.

Healthcare Site Encounters

Estimated total number of monthly patient encounters provided by this clinician at the healthcare site:*

Estimated number of monthly Medicaid patient encounters provided by this clinician at the healthcare site:*

Estimated number of monthly Medicare patient encounters provided by this clinician at the healthcare site:*

Matching Funds

Enter the amount the healthcare site agrees to provide as the required 1:1 match for each year of the required two-year service obligation. Do not include the federal matching funds in these amounts.

The Year 1 and Year 2 site contributions must be equal. The healthcare site's annual match may not exceed $18,750 for primary care disciplines or $12,500 for oral health and behavioral health disciplines.

The total combined award, including the healthcare site contribution and federal matching funds, cannot exceed the clinician's qualifying educational loan debt. If the clinician's qualifying debt is less than the maximum award, divide the requested healthcare site contribution equally between Year 1 and Year 2.

Note: The amount entered is a request and is not guaranteed. If the clinician is selected for an award, all parties will establish and agree on the final matching amount before the service obligation begins.

Year 1 Healthcare Site Matching Funds*

Year 2 Healthcare Site Matching Funds

Total Healthcare Site Matching Funds

Legal Attestation and Breach Acknowledgment

Legal Attestation*

☐ I understand that if the clinician receives an award but does not complete the service obligation, the clinician will be subject to Idaho SLRP's breach-of-contract terms and applicable federal requirements, as described below. By checking this box and submitting this application, I acknowledge, certify, and agree to all statements in this section on behalf of the healthcare site.

I certify that I am authorized to submit this application and make these certifications on behalf of the healthcare site.

I understand that submitting this application does not guarantee that the clinician or healthcare site will be selected for an Idaho State Loan Repayment Program (SLRP) award.

If the clinician is selected for an award, the healthcare site agrees to enter into and comply with the applicable SLRP agreement before the clinician's service obligation begins.

The healthcare site agrees to provide the required employer matching funds in the amounts and according to the payment schedule established in the applicable SLRP agreement.

I understand that the clinician will receive two separate payments after successfully completing each year of service: one from the Idaho Department of Health and Welfare (Department) and one from the healthcare site.

I understand that the clinician must immediately apply each SLRP payment in full to qualifying educational loan debt and provide the Department with documentation showing that the payments were applied to that debt.

I understand that SLRP does not reimburse the clinician for payments previously made toward qualifying educational loan debt, including payments made during the service-obligation period.

I understand that the combined Department and healthcare-site payments may not exceed the clinician's remaining qualifying educational loan debt. If the clinician's remaining qualifying educational loan debt is less than the original award amount, the Department and healthcare-site payments may be adjusted accordingly.

The healthcare site agrees to promptly notify the Department of any change that may affect the clinician's eligibility or ability to fulfill the service obligation, including changes in employment status, work schedule, practice location, professional duties, or site eligibility.

If the clinician is selected for an award, the healthcare site agrees to accept Medicare, Medicaid, and Children's Health Insurance Program (CHIP) reimbursement, as applicable, and to provide services to individuals regardless of their ability to pay, as required by SLRP.

The healthcare site agrees to maintain and apply a sliding fee discount schedule for individuals with incomes at or below 200% of the applicable U.S. Department of Health and Human Services Poverty Guidelines. Individuals with incomes at or below 100% of those guidelines will receive services at no charge or for a nominal fee, consistent with SLRP requirements.

The healthcare site agrees to assist the clinician in maintaining program compliance and completing all required employment verification, documentation, and reporting.

The healthcare site agrees to retain documentation supporting this application and its compliance with SLRP requirements and to provide that documentation to the Department upon request.

Breach Terms

I understand that failure by the clinician to begin or complete the required service obligation or otherwise comply with the SLRP guidance or executed service agreement may constitute a breach.

If the Department determines that a breach has occurred, the clinician will owe a debt to the State of Idaho calculated under the SLRP Breach Policy, applicable federal requirements, and the clinician's executed service agreement. The amount owed will include:

1. The amount of loan-repayment funds paid to the clinician for any period of obligated service not completed;
2. $7,500 multiplied by the number of months of obligated service not completed; and
3. Interest on the amounts owed at the maximum legal prevailing rate, as determined by the Treasurer of the United States, calculated from the date of breach.

If the calculated amount is less than $31,000, the clinician will owe a minimum penalty and damages of $31,000.

I understand that the breach liability described above is the clinician's obligation under the clinician's service agreement and does not, by itself, make the healthcare site responsible for the clinician's debt. The healthcare site remains responsible for fulfilling its own obligations under the applicable SLRP agreement.

The healthcare site agrees to promptly notify the Department of circumstances that may affect the clinician's ability to complete the service obligation and to cooperate with required compliance, reporting, and breach-resolution activities.

I understand that a waiver or suspension is not automatic and is effective only if approved in writing by the Department in accordance with applicable requirements. If any part of this acknowledgment conflicts with an executed SLRP agreement, the executed agreement will control.

Certification

I certify that the information and documentation provided in this application are true, complete, and accurate to the best of my knowledge. I authorize the Department to verify information necessary to determine eligibility and administer an SLRP award.

Certification and Signature

Date Signed*

Signed By* (first and last)

Signature*

I certify that the above information is correct to the best of my knowledge.

Verification*