



COMMUNITY MEMORANDA OF UNDERSTANDING

NORTH DAKOTA DEPARTMENT OF HEALTH
 FEDERAL STATE LOAN REPAYMENT PROGRAM (SLRP)
 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: <i>(Community can match up to \$25,000/year not to exceed eligible educational loan totals)</i>	Year 1	Year 2
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 2 (two) 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