

REQUEST FOR APPLICATIONS



The Mississippi State Department of Health (MSDH) Office of State Health Planning and Research is issuing this Request for Applications (RFA) for the purposes of entering into an agreement and awarding funds to eligible and qualified entities to Mississippi State Loan Repayment Program (SLRP)- Healthcare Professional. A more detailed description may be found in **Project Description and Requirements**.

RFA Release Date

Friday, July 31, 2026

Application Due Date

June 1, 2029

A copy of this RFA may be found online at the MSDH website at:
<https://procurement.opengov.com/portal/msdh/projects/275084>

SECTION 1 | RFA OVERVIEW

1.1 Funding Information

Federal Agency Name

Department of Health and Human Services

Health Resources and Services Administration

Assistance Listing Program Name

Grants to States for Loan Repayment

Assistance Listing Number

93.165

Federal Award Date

04/30/2026

Federal Award Identifier (FAIN)

H5655603

The Mississippi State Loan Repayment Program grant is authorized and funded in accordance Public Health Service Act, Title III, Section 338I(a)–(i), codified at 42 U.S.C. § 254q-1(a)–(i), which establishes the State Loan Repayment Program under the authority of the U.S. Department of Health and Human Services.

A total of \$3,929,940.00 is available under this RFA. The total anticipated funds for participant under this RFA is \$150,000.00. A total award of this amount of funds is not guaranteed, but is subject to the applications received, the actual money awarded to MSDH from the Federal Awarding Agency, and MSDH's discretion. The total funds may be split among multiple participants at the discretion of MSDH.

All awards are subject to availability of funds.

1.2 Period of Performance

The Period of Performance is the time during which a successful Applicant may incur costs to carry out work authorized under this RFA and the resulting agreement. The Initial Period of Performance for this RFA is October 1, 2026–October 1, 2028.

For the Initial Period of Performance, all costs must be spent by October 31, 2028, and invoiced to MSDH by November 15, 2028. These dates are dependent on federal periods of allowability and MSDH's ability to process payments in a timely manner. If an Applicant believes it cannot meet these deadlines, it should not apply for funding under this RFA. Obligation and liquidation deadlines may be extended as allowed by the Federal Funding Agency, but no extensions are guaranteed. Future Periods of Performance, as allowed by MSDH, may have different obligations and liquidation deadlines.

1.3 Matching Funds

Cost sharing/matching is required. States will be required to demonstrate a \$1 for \$1 match for the federal funding received through this award.

Match requirement through any (non-federal source) combination of:

- Cash contributed by your organization, partners, or other third parties.

- State appropriations, foundations, service sites, licensing fees, or tobacco taxes, as per the standard guidelines.

1.4 Applicable Law

Additional federal and or state statutes and regulations may apply to the funding contained herein if applicable. These may be included below, as well as in the Subgrant Agreement itself.

Further information about allowable costs and activities may be set forth herein.

1.5 Award of Funding

MSDH will evaluate Applications as described in the "Evaluations" Section of this RFA. Funds will be awarded through a written agreement, termed an Agreement. No promise for funds is binding on MSDH, and no funds will be paid to any Applicant until an Agreement has been executed and signed by both the Applicant's authorized signer and the State Health Officer. In the Evaluation of Applications,

Any work performed prior to execution is done at the vendor's own risk and may not be eligible for payment. MSDH reserves the right, in its sole discretion, to determine on a case-by-case basis whether payment is allowable based on the particular circumstances.

SECTION 2 | PROJECT DESCRIPTION AND REQUIREMENTS

2.1 Background and Purpose

The Public Health Service Act, Title III, Section 338l(a)-(i) (42 U.S.C. 254q-1(a)-(i)) offered funding to assist states in establishing and operating their own state educational loan repayment programs for primary care providers working in Health Professional Shortage Areas (HPSA)s in exchange for their service in underserved areas.

The Mississippi Center for Rural Health and Population Studies was awarded \$654,990.00 per year for 3 years to administer the Mississippi State Loan Repayment Program (SLRP). The purpose of SLRP is to recruit and retain healthcare professionals to serve at eligible practice sites located in HPSAs. Program participants are obligated to practice a minimum of two (2) years at an approved public or private healthcare organization and can receive up to \$150,000 towards educational loan repayment.

SLRP goals include:

- Recruit and retain providers to sustain a growing primary health care workforce working in HPSA within Mississippi.
- Increase access to primary care services in underserved communities/populations.
- Reduce disparities and improve health care outcomes for all in underserved communities.

2.2 Eligibility Requirements

To be eligible to apply to the Mississippi State Loan Repayment Program (SLRP), applicants must:

- Be a United States citizen or national.
- Not have any contractual obligations for health care professional service to the federal government (e.g., an NHSC Scholarship or Loan Repayment Program obligation, or a NURSE Corps Loan Repayment Program obligation), or other entities.
- However, if the service obligation will be met before the State LRP contract has been signed, then it is acceptable.
- Not have an existing service obligation.
- Providers cannot have an employment contract that has a service obligation requirement. For example, an employer offering a physician a recruitment bonus in return for the physician's agreement to work at that facility for a certain period or pay back the bonus.
- They must not have:
- Federal judgment liens.
- A current default on any federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, federal income tax liabilities, Federal Housing Authority Loans, etc.) even if the creditor now considers them to be in good standing.

- Breached a prior service obligation to the federal/state/local government or other entity, unless it was later satisfied.
- Had any federal or non-federal debt written off as uncollectible or received a waiver of any federal service or payment obligation.
- For full time primary care providers at a primary care HPSA, the initial contract can fund up to \$150,000 of loan repayment for two years of service at a State LRP- approved site.
- Dental and mental health care providers can receive awards of up to \$150,000 in loan repayment for two years of service at approved sites.
- All half-time providers will receive half the award for their obligation period.
- Must work in a HPSA that corresponds to their training and/or discipline. For example, psychiatrists and other mental health care providers must serve in a mental health HPSA.
- Must agree to use SLRP funds only to repay qualifying educational loans. Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the education of the participant.
- They must provide **full-time** or **half-time** primary health care services at an eligible site.

Table: Full-time or Half-time

Disciplines	Full-Time (40 hours/week)	Half-Time (20-39 hours/week)
Primary Care	• Direct Clinical Care: At least 36 hours/week, which may include up to 8 hours/week in teaching activities and up to 12 hours/week in approved alternative settings. • Administrative Duties: Up to 4 hours/week.	• Direct Clinical Care: At least 18 hours/week, which may include up to 4 hours/week in teaching activities and up to 4 hours/week in approved alternative settings. • Administrative Duties: Up to 2 hours/week.
Oral Health	• Direct Clinical Care: At least 36 hours/ week, which may include up to 8 hours/week in teaching activities or in approved alternative settings. • Administrative Duties: Up to 4 hours/week.	• Direct Clinical Care: At least 18 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings. • Administrative Duties: Up to 2 hours/week.

Behavioral Health

- **Direct Clinical Care:** At least 36 hours/week, which may include up to 8 hours/week in teaching activities, and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site.
- **Administrative Duties:** Up to 4 hours/week
- **Direct Clinical Care:** At least 18 hours/week, which may include up to 4 hours/week in teaching capacity, and up to 10 hours/week in approved alternative services as a behavioral or mental health professional in schools or other community-based settings as directed by the site.
- **Administrative Duties:** Up to 2 hours/week.

2.3 Project Activities and Performance Requirements

Program goals

- Recruit and retain providers to grow the primary health care workforce in HPSAs within the state.
- Increase access to primary care in underserved communities and for underserved populations.
- Reduce disparities and improve health care outcomes for all in underserved communities.

Program objectives

- Develop partnerships between academia, primary care delivery sites, primary care associations, primary care offices, governor's offices, health departments, and community-based organizations.
- Increase the primary health care workforce in HPSAs.
- Encourage providers to work in HPSAs by repaying their eligible educational loans.

2.4 Reporting Requirements

MSDH will monitor and track loan repayment recipients participating in HPSAs through a field strength report and annually track health care professionals after completing their obligation to assess retention and continuous practice in medically underserved areas of Mississippi.

Verifying eligible educational loans is a required step to ensure that applicants only receive loan repayment for qualifying educational debt. Applicants must submit an official loan documentation from the lender including: a current account statement (dated within 30-60 days), original loan agreement or promissory note, a payment history or amortization schedule. Applicants must complete a Loan Verification Form (LVF) for each lender consisting of the original loan amount, current principal balance, interest rate, and loan status.

Verifying employment status is an essential component in the applicants' status with the SLRP. After the initial application, participants will be required to submit the completed VOE forms every 6 months to maintain active status in the program.

Task-specific activity data will be carefully collected. The data will be used to inform quality improvement efforts for the project's duration.

Each health care professional and practice site is responsible for the timely submission of the following forms:

- Mississippi Health Care Provider Loan Verification Form (LVF)
- Mississippi Health Care Provider Employment Verification Form (EVF)

MSDH will disburse one-lump sum of the MSLRP funding with the OMPW match to the practice site approximately six to eight weeks after the contract and MOU is approved by the State Health Officer. The practice site has thirty (30) calendar days to deposit the funds into the site account and pay the amount either to the health care provider or directly to the lender(s). The health care provider has forty-five (45) calendar days to pay the entire amount of the funds towards the qualifying education loans listed on the *Mississippi Health Care Provider Loan Verification Form*. Within the 45-day allotment, the health care provider must submit proof of payment using the *Mississippi Health Care Provider Payment Verification Form* along with payment confirmations from the lender to the Center.

The sponsoring entity/practice site must submit the *Mississippi Health Care Provider Employment Verification Form* to the PCO every six (6) months of the health care providers service obligation. By completing this form, the practice site is certifying compliance with the MSLRP's employment requirements during the preceding contract year. The practice site is responsible for ensuring the timely submission of the employment verification form. The practice site's responsibilities extend to immediately reporting to the PCO changes such as practice site transfers, termination of employment, leave of absence, or any other circumstances that may lead to a breach of contract. If necessary, the MSDH will reserve the right to increase or decrease the number of forms required within the agreement term.

2.5 Use of Grant Funds

As part of the Mississippi State Department of Health's commitment to outcome-driven public health practice, this solicitation incorporates a Pay for Performance structure. The selected recipient will be expected to achieve clearly defined public health outcomes—for example, improved access to care, increased immunization coverage, or reductions in disease burden—with payments tied to performance metrics. This approach ensures that funding supports strategies that demonstrate measurable impact, accountability, and effective use of public resources. Responses should detail how the recipient will track and report outcomes, adjust activities to improve results, and contribute to data-informed public health efforts.

SLRP participants may receive loan repayment for eligible government (federal, state, or local) and private student loans used to fund the education that led to their current professional training and licensure. Eligible loans must have been obtained prior to application and used only for tuition and reasonable educational expenses; living expenses are not eligible.

Participants who obtain new loans for a different health profession must reapply as new applicants in a future cycle.

Consolidated or refinanced loans are eligible only if they include exclusively qualifying educational debt. Loans combined with non-qualifying debt, or debt belonging to another individual (e.g., spouse or child), are not eligible. Participants must keep eligible loans separate from other debts.

Ineligible loans include, but are not limited to:

- Loans tied to unfulfilled service obligations
- Loans lacking documentation of educational use
- Loans not issued by a government or private student loan lender
- Paid-in-full loans
- Primary Care Loans, Parent PLUS Loans, personal lines of credit

- Loans subject to cancellation, residency loans, or credit card debt

2.6 Debarment

MSDH will not consider responses to this solicitation from any applicant, offeror, or entity that is debarred, suspended, proposed for debarment, excluded, or declared ineligible by any federal or state agency to receive funding. Submissions from such entities will be deemed non-responsive and will not be evaluated or considered further. It is the responsibility of the applicant, offeror, or entity to ensure that they are in good standing and eligible to apply. By submitting a response to this solicitation, the applicant, offeror, or entity certifies compliance with all eligibility requirements, including that they are not subject to any of the conditions listed above.

In addition, by submitting an application in response to the RFA, the applicant certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any state, federal, local, or county government.

Applicant further certifies that it is not an agent of any such person or entity. Applicant certifies that it has not, in the five-year period preceding its offer, been convicted of or had a civil judgment rendered against it for commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performance of a public contract; violation of antitrust laws; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Applicant certifies that it is not presently indicted or otherwise criminally or civilly charged with the commission of any of the acts listed herein.

Applicant certifies that, within the past five years, it has not had a contract with a governmental entity terminated due to the applicant's failure to perform, default, or any other action or inaction by the applicant.

SECTION 3 | RFA PROCESS

This RFA seeks Applications to complete activities allowable under the funding source identified above in this RFA. All Applications must conform to the instructions, conditions, and requirements in this RFA. Applicants should carefully examine this RFA, as well as requirements on the state or federal funds involved. Applications that MSDH determines do not conform to the requirements of this RFA, or Applications from ineligible entities, may be rejected without scoring.

3.1 RFP Point of Contact

The Applicant should direct questions regarding the RFA to the Point of Contact listed below.

Larika Rand
Director of Grant Support and Compliance
larika.rand@msdh.ms.gov
(601) 576-7067

Questions regarding information needed for an Application, as well as the meaning or interpretation of any RFA provision, must be submitted in writing to the Question & Answer section of this RFA on MSDH's OpenGov Procurement portal. All questions are due before 12:00 am on Monday, May 28, 2029.

No member of state government, employee of the state, or member of the Evaluation Committee is empowered to make binding statements regarding this RFA. The POC will issue any clarifications or opinions regarding this RFA through MSDH's OpenGov Procurement portal. Only the POC has the authority to modify the RFA, answer questions, and render opinions, on behalf of MSDH.

3.2 Schedule of Events

Release RFA:	July 31, 2026
Question Submission Deadline:	May 28, 2029, 12:00am
Application Due Date:	June 1, 2029, 12:00am
Period of Performance Start Date:	Rolling applications accepted and will be processed upon receipt

No binding agreement has been made between MSDH and any Applicant until a Subgrant Agreement is fully executed by both parties.

3.3 Preparing and Submitting the Application

The Application can be submitted electronically through [MSDH's OpenGov Procurement portal](#). The portal will guide you through submitting your Application including noting any required information. Applications are due prior to 12:00 am on Friday, June 1, 2029 and late submittals will not be accepted. Applications that do not contain all required information or that are not in a submitted status prior to the deadline for Application submittals will be rejected. Submitting at the deadline will likely result in a late submittal as uploading and providing the necessary information takes time so please prepare your Application in a timely manner to avoid missing the deadline.

3.4 Evaluation Committee

Applications are evaluated by members of an Evaluation Committee, which will consist of individuals selected at the discretion of MSDH. All members of the Evaluation Committee will disclose to MSDH any potential conflicts of interest before evaluation. Members with a conflict will be removed from the Evaluation Committee before scoring.

Any attempt to influence an evaluator that is involved in this RFA may result in the rejection of the Application.

3.5 Evaluation of Applications

All complete Applications that are responsive to the RFA will be evaluated. MSDH reserves the right to evaluate Applications and award funds in a manner utilizing criteria selected at MSDH's discretion and in the best interest of meeting the objectives of the funding involved. The Evaluation will be conducted by the following method.

MSDH will initially evaluate all Applications to determine whether the Applicant is an eligible entity; whether the Application meets the minimum requirements of this RFA; and whether the Applicant poses risk of noncompliance with federal statutes, regulations, and the terms and conditions of the Subgrant, such that MSDH should not award funding.

MSDH will award to the top scoring Applicant or Applicants, as MSDH determines and as funding allows.

MSDH will conduct a fair, impartial, and comprehensive evaluation of all Applications in accordance with the predetermined criteria based on the Application. The Applicant's responses to the Forms will be scored through a point method described below.

3.6 Late Applications

All Applications must be electronically or physically received by the deadline listed in the Schedule of Events. The State is not responsible for Applications that are late or lost regardless of cause or fault. It is the Applicant's responsibility to ensure Applications are received timely.

3.7 Corrections

An Applicant may correct a mistake in an application prior to the deadline by "unsubmitting" their Application on MSDH's OpenGov Procurement portal and modifying the Application before submitting it again. Once the deadline for submitting Applications has passed, the system will no longer allow electronic submittals. Applications not submitted or re-submitted (if corrected) after the due date and time will not be considered as "submitted". Changes in an Application after the Evaluation Period has begun are acceptable only if the change is made to correct a minor error. Whether an error is minor shall be determined by MSDH.

3.8 MSDH Reservations of Authority During Application and Evaluation Process

After Evaluation of the Applications, or at any point in the RFA process, MSDH may take one or more of the following actions:

1. Amend the RFA
2. Extend the due date for Applications
3. Waive deviations or errors in the RFA process and in Applications that are not material, do not compromise the RFA process or an application, and do not improve an Applicant's position.
4. Accept or reject a portion of or all of an application.

5. Accept or reject all applications.
6. Withdraw the RFA.
7. Elect to reissue the RFA.

MSDH reserves the right to adjust the budget and work plan of the intended Subgrantee as considered necessary as a result of a decrease in the availability of funds or to meet the requirements of the grant, Federal Funding Agency, law, or MSDH programmatic needs.

MSDH also reserves the right to apply additional conditions based on the successful Application and the result of a subgrantee risk assessment.

SECTION 4 | EVALUATIONS

MSDH will evaluate on the following categories with a maximum point potential for each:

4.1 Healthcare Professional Application Evaluation Criteria

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	Eligible SLRP Discipline (MD or DO) Confirm that the applicant holds a qualifying medical degree as a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO). The discipline must align with SLRP eligibility requirements and any program-specific priorities (e.g., primary care, psychiatry, or other high-need specialties). Documentation should clearly indicate the degree awarded and field of practice.	Points Based	10 <i>(12.5% of Total)</i>
2.	Proof of U.S. Citizenship or U.S. National Status Verify that the applicant is a U.S. citizen or U.S. national, as required by federal SLRP guidelines. Acceptable documentation may include a valid U.S. passport, birth certificate, certificate of naturalization, or other federally recognized proof. Documentation must be current and legible.	Points Based	10 <i>(12.5% of Total)</i>
3.	Proof of Mississippi Healthcare Professional License Ensure the applicant holds an active, unrestricted license to practice in the state of Mississippi. The license must be valid at the time of application review and remain in good standing. Verification may be conducted through the appropriate Mississippi licensing board.	Points Based	10 <i>(12.5% of Total)</i>
4.	Healthcare Professional Personal Statement Review the applicant's personal statement for completeness and alignment with SLRP goals. The statement should describe the applicant's commitment to serving in underserved or rural areas, career goals, and motivation for participating in the program. This document may also be used to assess program fit and prioritization. Extra points for applicants that specifically work with MS residency programs.	Points Based	10 <i>(12.5% of Total)</i>

5.	Original Loan Application and/or Agreement (Applicable Loans) Confirm submission of the original loan application or loan agreement for each qualifying educational loan. This documentation must demonstrate that the loan was used for eligible educational expenses (e.g., medical school tuition). Only loans that meet SLRP criteria should be considered.	Points Based	10 (12.5% of Total)
6.	Promissory Note Review the promissory note associated with each loan to verify loan terms, borrower responsibility, and original loan amount. The note must clearly identify the applicant as the borrower and provide sufficient detail to confirm loan eligibility under program guidelines.	Points Based	10 (12.5% of Total)
7.	Disclosure Statement Ensure that a disclosure statement is provided for each loan, outlining key financial details such as interest rates, repayment terms, and lender information. This document helps validate the structure and legitimacy of the loan.	Points Based	10 (12.5% of Total)
8.	Current Account Statement Obtain and review the most recent loan account statement to verify the current outstanding balance, payment status, and loan servicer details. The statement must be recent (typically within 30–90 days) and is used to confirm the amount eligible for repayment under the program.	Points Based	10 (12.5% of Total)

4.2 Attestation Checklist

No.	Evaluation Criteria	Scoring Method	Weight (Points)
1.	Has the applicant's personal or student loans ever been under federal court judgment? Pass: Applicant selects “No.” Fail: Applicant selects “Yes,” indicating loans have been subject to federal court judgment. Reviewer Notes: A “Yes” response may indicate significant financial delinquency and requires further review for program eligibility.	Pass / Fail	1 (20% of Total)

2.	Has the applicant ever filed for bankruptcy? • Pass: Applicant selects “No.” • Fail: Applicant selects “Yes.” Reviewer Notes: Bankruptcy history may impact financial responsibility assessment. Additional documentation or explanation may be required depending on program policy.	Pass / Fail	1 (20% of Total)
3.	Is the applicant in default for any federal payment obligation? • Pass: Applicant selects “No.” • Fail: Applicant selects “Yes,” indicating default (e.g., student loans, federal taxes, or other obligations). Reviewer Notes: A default status is typically disqualifying and must be resolved prior to participation.	Pass / Fail	1 (20% of Total)
4.	Has the applicant breached a prior service obligation to the federal government? • Pass: Applicant selects “No.” • Fail: Applicant selects “Yes,” indicating a breach of a previous service agreement (e.g., prior loan repayment or scholarship program). Reviewer Notes: This may result in automatic disqualification depending on federal and state program rules.	Pass / Fail	1 (20% of Total)
5.	Does the applicant have an existing service obligation? • Pass: Applicant selects “No,” or “Yes” with documentation confirming the obligation will be completed prior to SLRP start date (if allowed by policy). • Fail: Applicant selects “Yes” without sufficient documentation or indicates a conflicting obligation period. Reviewer Notes: Applicants must not have overlapping service commitments unless explicitly permitted and documented.	Pass / Fail	1 (20% of Total)

SECTION 5 | APPLICATION

5.1 Healthcare Professionals' Personal Information

5.1.1 Healthcare Professional Name*

*Response required

5.1.2 Insert Date of Birth (MM/DD/YYYY)*

*Response required

5.1.3 Insert Social Security Number (SSN)*

*Response required

5.1.4 Provide proof of US Citizenship or US National *

Please upload a clear, legible copy of an official document verifying your status as a U.S. citizen or U.S. national.

Acceptable documents include a U.S. birth certificate, valid U.S. passport, Certificate of Naturalization, Certificate of Citizenship, or documentation confirming U.S. national status. **Drivers license and Social Security cards are NOT acceptable proof of citizenship.**

*Response required

5.1.5 Insert Home Street Address, City, State, and Zip*

*Response required

5.1.6 Insert Phone Number*

*Response required

5.1.7 Insert Email*

*Response required

5.1.8 Gender*

Demographics are for federal reporting purposes only.

☐ Male

☐ Female

☐ Non-Binary

☐ Prefer not to say

*Response required

5.1.9 Race/Ethnicity*

Demographics are for federal reporting purposes only.

☐ Hispanic/Latino

☐ American Indian/ Alaska Native

☐ Asian

☐ Black/ African American

☐ Native Hawaiian or Other Pacific Islander

- ☐ White/Caucasian
- ☐ Prefer not to answer

*Response required

5.1.10 Check the appropriate discipline.*

- ☐ MD: Allopathic Medicine
- ☐ DO: Osteopathic Medicine

*Response required

5.1.11 Check the appropriate specialty.*

Select all that apply

- ☐ Family Medicine (and osteopathic general practice)
- ☐ Internal Medicine
- ☐ Pediatrics
- ☐ Obstetrics/Gynecology
- ☐ Geriatrics
- ☐ Psychiatry

*Response required

5.1.12 Insert Medical License Number*

*Response required

5.1.13 Provide copy of Mississippi Medical License*

Please upload a clear, legible copy of your current and active medical license issued by the appropriate state licensing board. The document must include your full name, license number, issue date, and expiration date. Ensure the license is valid and unexpired at the time of submission.

*Response required

5.1.14 Insert National Provider Identifier (NPI)*

*Response required

5.1.15 Are you under any service obligation with any entity that you agreed to serve for a specific period in a particular area or practice site (such as an employment sign-on bonus)?*

- ☐ Yes
- ☐ No

*Response required

5.1.16 If question 1.13 is yes, explain:

5.1.17 Have you ever been a National Health Service Corps (NHSC) or another federal service program recipient?*

- ☐ Yes
- ☐ No

*Response required

5.1.18 If question 1.15 is yes, which program and provide obligation dates:

5.1.19 Have you ever applied for and been a National Health Service Corps (NHSC) or other federal service programs?*

☐ Yes

☐ No

*Response required

5.1.20 If question 1.17 is yes, which program and provide obligation dates

5.1.21 If question 1.17 is yes and you were denied. When did you apply and were denied?

5.1.22 Are you currently in the Public Service Loan Forgiveness (PSLF) program?*

☐ Yes

☐ No

*Response required

5.2 Health Care Professional Education

Please provide details about your educational background related to your current healthcare profession. Include all relevant undergraduate, graduate, and professional training programs that led to your licensure or certification. Information should include the name of the institution(s), degree(s) earned, field(s) of study, and completion date(s).

Only include education directly applicable to your current clinical role or professional credentials.

5.2.1 Undergraduate School Name, City, State:*

*Response required

5.2.2 Undergraduate School Degree and Date Completed*

*Response required

5.2.3 Undergraduate School Name, City, State (2):

If applicable, please provide details for any additional undergraduate institution(s) you attended. Include the name of the school, degree(s) earned (if any), field(s) of study, and dates of attendance or completion.

5.2.4 Graduate/Professional School Name, City, and State*

*Response required

5.2.5 Graduate/Professional School Degree and Date Completed*

*Response required

5.2.6 Graduate/Professional School Name, City, State (2):

If applicable, please provide details for any additional graduate/professional institution(s) you attended. Include the name of the school, degree(s) earned (if any), field(s) of study, and dates of attendance or completion.

5.2.7 Residency Site, City, State, Date Attended*

*Response required

5.2.8 Additional Postgraduate Training, City, State, Date Attended

5.3 Health Care Professional Loan Information

Complete the following information for each outstanding educational loan received to support undergraduate or graduate students that led to completing your current professional training and licensure. If any eligible loan is consolidated or refinanced with the non-educational loan, no portion of the consolidated/refinanced loan is eligible for loan repayment.

5.3.1 Have you ever defaulted on a personal or student loan?*

- ☐ Yes
☐ No

*Response required

5.3.2 If question 3.1 is yes, provide the date of default

5.3.3 Were any personal or student loans ever under a federal court judgment?*

- ☐ Yes
☐ No

*Response required

5.3.4 if question 3.3 is yes, provide date of judgment.

5.3.5 Have you ever filed for bankruptcy?*

- ☐ Yes
☐ No

*Response required

5.3.6 If question 3.5 is yes, what is the date?

5.3.7 Complete the following table for each outstanding educational loan received to support undergraduate or graduate students that led to completing your current professional training and licensure. *

Please download the below documents, complete, and upload.

- [2026 SLRP Loan Document Fil...](#)

*Response required

5.3.8 Upload copy of the original loan application, agreement, promissory note (if applicable), disclosure statement, and current account statement dated within 30 days of application*

Please upload complete and legible copies of all relevant loan documentation associated with your educational loans. This includes the original loan application, loan agreement, promissory note (if applicable), disclosure statement, and a current account statement dated within 30 days of your application submission.

Documentation must clearly display your name, lender/servicer information, loan balance, and account status. Ensure all pages are included and readable. If multiple documents are required, please combine them into a single file before uploading. Acceptable file formats include PDF, JPEG, or PNG.

*Response required

5.4 Health Care Practice Site Information

Please complete the Health Care Practice Site Information section by providing accurate details for each location where you deliver direct patient care services. You are responsible for ensuring that all practice site locations are listed.

Each practice site identified must also complete and submit a separate Health Care Practice Site Application. Incomplete or missing practice site information may delay the review and processing of your application.

5.4.1 Practice Site Name*

*Response required

5.4.2 Practice Site Address, City, State, Zip*

*Response required

5.4.3 Primary Point of Contact Name*

Please designate a primary contact person for this practice site. This individual will be responsible for responding to quarterly verification requests from the State to confirm provider contract compliance.

The contact person should be knowledgeable about provider schedules, employment status, and service obligations, and must be available to provide timely and accurate information when requested.

The designated contact person may include, but is not limited to:

- Practice Manager or Clinic Administrator
- Medical Director or Clinical Supervisor
- Office Manager or Front Office Supervisor
- Human Resources Representative
- Credentialing or Compliance Coordinator

*Response required

5.4.4 Primary Point of Contact Phone Number*

*Response required

5.4.5 Primary Point of Contact Email*

*Response required

5.4.6 Date of Employment at Practice Site*

Please provide the date you began employment at the listed practice site. This should reflect your official start date of providing services at this location. If you have had multiple periods of employment at this site, include the most recent start date. Ensure the date is accurate, as it will be used to verify eligibility and service commitment requirements.

*Response required

5.4.7 Hours worked per week at Practice Site*

Please indicate the average number of hours you work per week at this practice site. Include total hours spent providing direct patient care and any required clinical-related duties, administrative duties as defined by program guidelines. Do not include on-call time unless you are actively providing patient care. Ensure the hours reported accurately reflect your regular work schedule, as this information will be used to assess compliance with service requirements.

*Response required

5.4.8 Hours worked providing direct patient care per week at Practice Site*

Please indicate the average number of hours per week you spend providing direct, in-person or telehealth patient care at this practice site. Include only time spent delivering clinical services to patients. Do not include administrative duties, training, travel, or on-call hours unless you are actively engaged in patient care. Ensure the hours reported accurately reflect your regular schedule, as this information will be used to determine compliance with program requirements.

*Response required

5.4.9 Practice Site Name (2)

If applicable, please provide information for all additional practice sites where you deliver direct patient care services. You must list each location separately and include complete and accurate details for each site.

5.4.10 Practice Site Address, City, State, Zip (2)

5.4.11 Primary Point of Contact Name (2)

5.4.12 Primary Point of Contact Email (2)

5.4.13 Date of Employment at Practice Site (2)

5.4.14 Hours worked per week at Practice Site (2)

5.4.15 Hours worked providing direct patient care per week at Practice Site (2)

5.5 Health Care Professional Personal Statement

5.5.1 Personal Statement*

Please upload a typed personal statement (no more than three (3) pages) describing your training and experience working with underserved populations in Mississippi. Your statement should include, at a minimum, the following components:

- A summary of your clinical and/or professional experience serving underserved, rural, or vulnerable populations
- Discussion of observed health disparities in the communities you serve (e.g., access to care, chronic disease burden, preventive care gaps, socioeconomic barriers)
- Description of how you, your team, and your practice site are actively working to address these disparities and improve health outcomes
- Explanation of your short-term and long-term professional goals related to service in underserved areas

- Your commitment to your current practice site, including factors that influenced your decision to work in the community and at this location
- If applicable, a description of your involvement with Mississippi residency programs, including the nature of your role and engagement

Please ensure the statement is clear, well-organized, and reflects your commitment to serving underserved populations and improving community health outcomes.

*Response required

5.5.2 Health Care Professional Application Attestation*

I have read and understand the *Overview & Guidelines Document*, which describes the Mississippi State Loan Repayment Program (MSLRP) requirements and affirm that I meet the qualifications for participation in the program. I authorize the MS State Department of Health Center for Rural Health and Population Studies to contact the listed employing health care practice site(s) and relevant licensing authorities for the purpose of obtaining information about my professional qualifications and experience.

I certify that the information given in this application and attachments is accurate and complete to the best of my knowledge. I understand that the information I have provided is subject to verification and that willfully providing false information may result in immediate disqualification from participation in this program. Any person who knowingly makes a false statement or misrepresentation in this loan application repayment transaction fraudulently obtains repayment for a loan or commits any other legal action in connection with this transaction is subject to repaying any amount received from this program, plus interest.

☐ Please confirm

*Response required