

Nevada Health Service Corps
State Loan Repayment Program University of Nevada, School of Medicine

Allied Health & Physician Application

Nevada State Office of Rural Health
701 Walnut
Elko, Nevada 89801
(775) 327-5070
(775) 327-5086 FAX

I hereby give the Nevada State Office of Rural Health permission to contact my references and to verify any and all information on this application and to receive any information regarding my employment status from my employer. Additionally, I certify that I have no other outstanding contractual obligation for health professional service to the Federal Government or another state or entity; that I am not delinquent in child support payments; that I do not have a judgment lien against my property for a debt to the United States; that I have not defaulted on any Federal payment obligations; that I have not breached a prior service obligation to the Federal, or State, or local government or other entities; and that I have not had any Federal debt written off as uncollectible or had any Federal service or payment obligation waived. I understand that failure to certify the above conditions of application, by my signature below, will render this application invalid.

Signature

Date

EMPLOYER ENDORSEMENT

I endorse this candidate's application for Nevada Health Service Corps funding, I certify the expected start date and hours/ days of work and that the site will allow the candidate to provide full- or half- time services, to all patients regardless of their ability to pay and to accept Medicaid, Nevada Check Up and Medicare on assignment. **I agree to notify the Nevada State Office of Rural Health in the event there is a change in the employment status of the candidate.**

Site:

Clinic/Office Name

Physical Address

City State Zip (9 digit)

Phone

Fax

Signature

Printed Name

Title

E-mail

Date