



TEXAS HIGHER EDUCATION COORDINATING BOARD

Dental Education Loan Repayment Program Application for Participation

The purpose of the Dental Education Loan Repayment Program is to recruit and retain qualified dentists to provide dental services in areas of the state that are underserved with respect to dental care.

ELIGIBILITY REQUIREMENTS – CONDITIONAL APPROVAL OF APPLICATIONS

To be considered, dentists must:

- Be licensed by the Texas State Board of Dental Examiners, with no disciplinary action taken;
- Agree to provide at least 12 consecutive months of comprehensive general or pediatric dental services, for an average of 32.5 hours of direct patient care per week in a Dental Health Professional Shortage Area (DHPSA);
- During the service period, provide direct patient care to individuals enrolled in Medicaid or CHIP or both; and
- Submit a completed application to the Coordinating Board.

PRIORITIES OF APPLICATION ACCEPTANCE

Each fiscal year, applications received by the deadline posted on the program web page will be ranked according to the DHPSA scores for the applicants' practice locations, with the **highest scores** representing the highest degrees of dental shortages. DHPSAs having the same DHPSA score will be ranked according to the following criteria, in order of priority:

- Federally funded Community Health Centers;
- Nonprofit practice;
- State hospital or state-supported living center

The amount of available funding will determine how many applicants will be selected for conditional approval.

SERVICE PERIOD

The dentist must provide 12 consecutive months of eligible service at an approved site, beginning on the first date of the month following the date the application is received or the first date of employment, whichever is later.

AWARD AMOUNT

The maximum award amount to be disbursed to lenders for an eligible dentist providing full-time service is \$10,000. Payment for part-time service may be pro-rated if a dentist is providing comprehensive direct patient care for a minimum of 20 hours per week for the service period.

LOANS ELIGIBLE FOR REPAYMENT

To be eligible for repayment, an education loan must:

- Be evidenced by a promissory note to pay for the cost of attendance for the dentist's undergraduate, graduate, or professional education;
- If consolidated with other student loans, must be supported by sufficient documentation provided by the dentist showing the portion of the consolidated debt that was originated to pay for the cost of attendance for the dentist's undergraduate, graduate, or professional education;
- Not have an existing obligation for service for forgiveness through another program; and
- Not be subject to repayment through another student loan repayment, loan forgiveness program, or as an employment benefit or condition at the time of application and disbursement.

Applications must be postmarked by **February 26, 2016**, and may be mailed to the address below or faxed. Please call (512) 427-6357 or (512) 427-6492 for information on e-mailing applications using secure e-mail.

**Texas Higher Education Coordinating Board
PO Box 12788
Austin, Texas 78711-2788**

For questions or comments, e-mail: loanrepaymentprograms@theccb.state.tx.us

To select link to program web page: www.theccb.state.tx.us/lrp

FAX (512) 427-6555



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Part 1 – Applicant and Loan Information

Social Security No.:	_____	Date of Birth:	_____
Name:	_____	Any Prior Name(s):	_____
Home Address:	_____	Home Phone:	_____
_____	_____	Other Phone:	_____
_____	_____	E-mail:	_____
City	State	Zip Code	
Texas Dental License No.: _____			

Provide the following information for all student loans that you obtained to pay for undergraduate, graduate, or professional education. Please list your loans in the order in which you would like for them to be repaid.

Lender/Service	Loan Type/Program	Estimated Loan Balance
Priority 1 _____	_____	_____
Priority 2 _____	_____	_____
Priority 3 _____	_____	_____
Priority 4 _____	_____	_____
Priority 5 _____	_____	_____

Did the promissory note or governing terms of the loans listed above require that the loan proceeds be used for expenses incurred by you to pay for the cost of attendance for your undergraduate, graduate, or professional education?

☐ Yes ☐ No If no, state the priority number(s) of the loan(s) that did not: _____

Have any of the loans listed above been consolidated with non-educational loans or included in a spousal consolidation?

☐ Yes ☐ No If no, state the priority number(s) of the loan(s) that did not: _____

Do any of the loans listed above entail a service obligation?

☐ Yes ☐ No If no, state the priority number(s) of the loan(s) that did not: _____

Are any of the loans listed above subject to repayment through another student loan repayment, loan forgiveness program, or as an employment benefit or condition at the time of application?

☐ Yes ☐ No If no, state the priority number(s) of the loan(s) that did not: _____

Are you a U.S. citizen or Legal Permanent Resident?

☐ Yes ☐ No

Warning: A person submitting misleading or fraudulent information to the Texas Higher Education Coordinating Board in an attempt to obtain financial aid is subject to criminal prosecution.



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Dental Education Loan Repayment Program

Application for Participation

Part 2 – Employment and Facility Information

Name of Applicant

Name of Employer

Facility Name

Facility County

Facility Street Address

Facility Phone Number

City **State** **Zip Code**

Beginning date of service:

Position Title:

Facility Type:

- ☐ For-Profit Clinic ☐ Non-Profit Clinic ☐ Community Health Center (CHC)
- ☐ State Hospital ☐ State-Supported Living Center

Full-time service is defined as a minimum of 32 hours per week. Prorated repayment awards may be disbursed for professionals providing at least 20 hours of per week.

Total hours per week anticipated at this facility during the 12-month service period: _____

Total hours per week of direct patient care at this facility anticipated during the 12-month service period: _____

- ☐ I understand that the Dental Education Loan Repayment Program disbursements are made after completion and verification of 12 months of continuous eligible service and are contingent upon the availability of funds.
- ☐ During the next 12 months, I will provide general or pediatric dental services in an area that is underserved with respect to dental care and will provide direct patient care to individuals enrolled in Medicaid, CHIP, or both.

By my signature below, I certify that the information contained in all parts of this application is true and correct.

Signature: _____

Date: _____

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Authorization to Release Student Loan Information

Participant Authorization

Last Four Digits of Social Security No.: _____ Date of Birth: _____
Name: _____ Any Prior Name(s): _____
Home Address: _____ Home Phone: _____
_____ Other Phone: _____
_____ E-mail: _____
City State Zip Code

I have applied for participation in the Dental Education Loan Repayment Program and authorize my student loan lender and/or servicer to release information regarding my loan(s) to the Texas Higher Education Coordinating Board.

Signature: _____ Date: _____

Privacy Act Notice

Certain information required on the application is made confidential by the Privacy Act of 1974 (5 USC 552a). The requested information is necessary for participation in the Dental Education Loan Repayment Program, to verify your identity and to determine your eligibility for the program and for any benefits from it. The Privacy Act provides that an agency may continue to require disclosure of an applicant's Social Security Number (SSN) as a condition for the granting of a right, benefit, or privilege if the agency required this disclosure prior to January 1975. The Texas Higher Education Coordination Board (THECB) has, for years prior to 1975, required the disclosure of the SSN of all applicants for the programs that it administers. The SSN may be used to verify your identity and as an account number (identifier) throughout your participation in the program, in order to make certain that THECB records necessary data accurately. As an identifier, the SSN will be used to determine program eligibility.

The following notices are provided in accordance with Texas Government Code, Section 559.003(a):

1. With few exceptions, you are entitled on request to be informed what information THECB collects about you, and to receive and review the information.
2. Under Section 559.004 of the Government Code, you are entitled to have THECB correct information about you that is incorrect. You may do so by writing to Dental Education Loan Repayment Program, Texas Higher Education Coordinating Board, P.O. Box 12788, Austin, Texas 78711.
3. The information that the THECB collects will be retained and maintained as required by Texas record retention laws (Texas Government Code, Section 441.180 et seq.) and rules. Different types of information are kept for different periods of time.

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