



Maine Dental Education Loan Repayment Program

2019-2020 Application

Priority Deadline: May 30, 2019

APPLICANT INFORMATION				
Social Security Number	Last Name	First Name	MI	Date of Birth
Home Address (Permanent/Legal) Street		Apt/Unit	City/State/Zip	
Mailing Address (If different) Street/PO Box		Apt/Unit	City/State/Zip	
Home Phone Number	Daytime/Cell Phone Number	Email Address		
QUALIFYING INFORMATION				
Effective Date of Dentist Licensure (MM/YYYY)	Are you currently practicing under a contract with the National Health Service Corps? No ___ Yes ___ If yes, what is the end date of the contract _____ (MM/DD/YYYY)			
Facility Name/Employer			Facility Phone Number	
Total Outstanding ELIGIBLE Educational Loan Balance	Total Eligible Loan Monthly Payment	Anticipated Date of Last Payment on Eligible Loans		
Please provide information for the loan to which you would like the repayment funds applied if selected as a recipient.				
Loan Type	Loan/Service Name, Address and Phone Number			
Loan Account Number				
Estimated Payoff Amount				
APPLICANT'S CERTIFICATION AND SIGNATURE				
<p>I hereby certify that all of the information set forth on this application, and all materials submitted therewith (collectively, "my information"), is true, correct and complete. I have read and I understand FAME's Privacy Policy Notice. I authorize FAME to share my information with FAME's advisory or selection committee(s) for the program for which I am applying for purposes of processing my application.</p> <p>I also certify that I am not currently under contract with the National Health Service Corps and that, if I receive a Dental Loan Repayment award, I will accept patients regardless of ability to pay through insurance or other payment source, accept payment through MaineCare, accept payment based on a sliding fee scale to individuals with family income up to 200% of the federal poverty level, and not limit service based on payment source.</p> <p>I understand that any loan repayment I receive, if selected, will be paid directly to the loan holder.</p> <p>If I fail to comply with the contract, I shall be liable to repay to the Authority the amount paid by the Authority to the loan holder on my behalf.</p>				
Signature of Applicant _____			Date _____	



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XXX-XX-				

RELEASE AUTHORIZATION – Required

I authorize my employer to provide the employment information requested below by the Finance Authority of Maine (FAME) to support my application for the Dental Education Loan Repayment Program.

Facility Name/Employer	Facility Address

Signature of Applicant	Date

EMPLOYMENT VERIFICATION – To be completed by employer

The employer must provide the following information.

Date of Hire	Is this individual dentist employed at least 40 hours over at least 4 days per week?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

Dental care facility and dentist meets all of the below requirements:

Yes ___ No ___ Accepts patients regardless of ability to pay through insurance or other payment source;

Yes ___ No ___ Accepts payment through MaineCare or a successor program;

Yes ___ No ___ Does not limit service to any individual based on the payment source;

Yes ___ No ___ Accepts payment based on a sliding fee scale to individuals evidencing a family income up to 200% of the poverty level as established annually by the United States Department of Health and Human Services.

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Authorized Official	Date

Printed Name of Authorized Official	Title	Telephone Number

Email Address



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Social Security Number (last 4 digits only on this page) XXX-XX-	Last Name	First Name	MI	Date of Birth
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PRIVACY POLICY NOTICE

Protecting the privacy of your personal information is important to us at the Finance Authority of Maine. We do not sell or share the nonpublic personal information you provide us. Federal legislation requires us to give you this notice about our privacy policy. The law also requires us to send you a current privacy policy each year that you are our customer.

This notice uses the term "nonpublic personal information." This means personal information about you which identifies you, and that is not available from public sources.

1. We collect nonpublic personal information about you from the following sources:
 - a. Information received from you on applications, correspondence, communications, and other forms;
 - b. Information about your transactions with respect to your account.
2. We do not disclose any nonpublic personal information about you or our other current or former customers to anyone, except as permitted by law. We never rent or sell your name or personal financial information. We do share such information with our contractors and agents, as needed, to administer your account transactions in conformance with law.
3. We restrict access to nonpublic personal information about you to our employees who need to know the information and to contractors and agents in order to provide service to you. We maintain physical, electronic, and procedural safeguards in compliance with federal regulations to safeguard your nonpublic personal information.

AUTHORIZATIONS (OPTIONAL)

I hereby authorize the Finance Authority of Maine (FAME) to discuss my application with the following individuals upon their verification that they are such person and correct reciting of my social security number and date of birth, until written notification from me to the contrary is received by FAME.

Examples: Parent Guardian Spouse	Full Name of Individual	Relationship to You (Applicant)

_____ Signature of Applicant	_____ Date
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PROGRAM ELIGIBILITY INFORMATION

The Maine Dental Education Loan Repayment Program provides loan repayment assistance for **dentists** practicing general dentistry in underserved population areas of Maine. In addition to submitting FAME's application and required documentation, dentists must:

- Agree to serve all patients regardless of ability to pay through insurance or other payment sources, accept payment terms of MaineCare, provide a sliding fee scale for payment of services to individuals with family income up to 200 percent of federal poverty levels
- Have qualifying outstanding education loans
- Must be able to document your employment at or establishment of a qualifying dental practice
- Be licensed or eligible for licensure to practice as a **dentist** in Maine
- Not be under an agreement for loan repayment from a program funded by the National Health Service Corps
- If the Dentist fails to comply with the contract, the Dentist shall be liable to repay to the Authority the amount paid by the Authority to the loan holder on behalf of the Dentist under the agreement.

The maximum annual award amount is \$20,000.

This program is governed by Maine law as set forth in 20-A M.R.S.A. §12301 et seq. and Chapter 612 of the Rules of the Finance Authority of Maine.

INSTRUCTIONS AND REQUIREMENTS

Submit completed application and required documents to FAME.

Applicants must:

- Complete the Maine Dental Education Loan Repayment Application carefully
- Provide the completed Employment Verification form
- Provide proof of education loans, to include the creditor's name, address and the current outstanding balance of each loan

You must submit all required documents for your application to be considered complete. Applications that are not complete by the deadline date indicated will be ineligible. FAME assumes no responsibility for identifying missing or erroneous information.

In addition, applicants may be requested to participate in an interview. If applicable, you will be contacted to schedule an interview date.

APPLICATION CHECKLIST

- Maine Dental Education Loan Repayment Application
- Employment Verification
- List of all dental education loans and applicable information