



Maine Dental Education Loan Repayment Program

2023-2024 Application
Priority Deadline: May 31, 2023

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 selection committee for the program for which I am applying for purposes of processing my application.</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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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 Official Name/Employer	Facility Physical Address
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Signature of Applicant	Date
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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
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The employing dental care facility certifies that they:

Yes ___ No ___ Accept at least 25% of patients regardless of ability to pay through insurance or other payment source;

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

Yes ___ No ___ Provide patients notice that they accept payment through MaineCare or a successor program.

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

Signature of Authorized Official	Date
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Printed Name of Authorized Official	Title	Telephone Number
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Email Address



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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)

You authorize a person or persons whom you trust to contact FAME to ask about the status of your application. You may list up to three (3) people below, indicating their name and relationship to you. You are not required to authorize someone to discuss your application with FAME.

First Name	Last Name	Relationship to Applicant	Last 4 Digits of SSN	Email or Phone Number

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

Signature of Applicant _____ Date _____

PROGRAM ELIGIBILITY INFORMATION

The Maine Dental Education Loan Repayment Program provides loan repayment assistance for dentists practicing general dentistry **full-time** in a dental health professional shortage area or medically underserved population areas of Maine. In addition to submitting FAME's application and required documentation, dentists must:

- Be licensed or eligible for licensure to practice as a dentist in Maine
- Have qualifying outstanding education loans
- Must be able to document your employment at or establishment of a qualifying dental care facility. A qualifying dental care facility: serves at least 25% of patients regardless of ability to pay through insurance or other payment sources, accepts payment terms of MaineCare or a successor program, and provides patients notice that they accept payment through MaineCare or a successor program.
- 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 \$25,000 for recipients receiving a first loan repayment agreement after 01/01/2020.

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
- Include a completed Employment Verification
- Provide proof of education loans, attributable to dental program - with servicer name, address, current balance

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
- Documentation of all dental education loans and applicable information