



Community Match Rural Physician Recruitment Program Community Application – 2020-2021

Please PRINT or write legibly. Use black ink. Return this application to the Rural Practice Program Administrator by **December 15, 2020** along with the Community Designee Form. In order for this to be accepted, your Community Match physician must submit the Physician Application prior to **December 15, 2020**.

City and County: _____

Date: _____

Population as of last federal census: _____

Name of physician: _____

What type of Primary Care Medicine would your physician plan to practice full time in your community? (Primary Care for purposes of this program is defined as: Family Medicine, General Internal Medicine, General Internal Medicine and Pediatrics, General Pediatrics, General Obstetrics and Gynecology, General Surgery, Emergency Medicine and Geriatrics)

Number of physicians currently practicing this Primary Care specialty in or near your community:

Is your community a federally designated **Medically Underserved Area** and/or a **Health Professional Shortage Area**? If yes; is it the city, county or particular clinic in which the physician would be practicing?

Attach additional information regarding your community's need for this physician. Try to include as much of the following information as possible:

- The ratio of primary care physicians to the population _____
- The infant mortality rate _____
- Percentage of the population with income below the federal poverty level _____
- Percentage of population over age 60 _____
- Percentage of physicians over age 60 _____
- Level of accessibility to primary care in the area _____
- Other information you would like the Board to consider

CERTIFICATION AND SIGNATURE:

I understand that the information submitted by me on this application will be used to assist the Arkansas Rural Medical Practice Student Loan and Scholarship Board in determining my community's eligibility for the Community Match Loan and Rural Physician Recruitment Program. I also understand that the number of accepted applicants is also based on the amount of available funds.

SIGNATURE of Mayor or Community Designee TITLE DATE

Complete and return this form to: Rural Practice Program Administrator, 4301 West Markham, #551, Little Rock, AR 72205.

**Community Match Loan and Rural Physician Recruitment Program
COMMUNITY DESIGNEE FORM**

COMMUNITY DESIGNEE: This individual serves as the “contact person” for mailings, correspondence, etc. for the community and is the individual authorized by the community to obligate funds, disburse checks, and sign the Community Match contract. *The Community Designee is the Mayor of the contracting community unless he/she designates someone else (see the section below) to serve in this capacity, i.e., hospital administrator, etc.*

NAME: _____ **DATE:** _____

TITLE: _____
Position / Organization / Entity

MAILING ADDRESS: _____

City State Zip code

PHONE: _____ **FAX:** _____ **EMAIL:** _____

If the COMMUNITY DESIGNEE is someone other than the Mayor of the city listed above, this form requires the signature of the Mayor, certifying that the community has authorized the individual listed above as its COMMUNITY DESIGNEE.

In the event that the Community Designee is a hospital or clinic administrator and he/she resigns from their position, the new administrator will automatically become the Community Designee.

SIGNATURE OF MAYOR (required): _____

PRINTED NAME AND TITLE (If different from above):

Please have this Community Designee Form Notarized.

_____ My term expires: _____ Seal

Complete and return this form to: **Rural Practice Programs Administrator, 4301 West Markham, # 551, Little Rock, Arkansas, 72205.**

Third Party Donation of Funds Agreement

Complete this form IF a third party is donating funds to the community, i.e., hospital, corporation, individual, etc., for the community's portion of Community Match Loan and Rural Physician Recruitment Program

The undersigned, _____, does hereby represent to the Arkansas Rural Medical Practice Student Loan and Scholarship Board ("the Board") that it has committed to **donate** to _____, Arkansas, ("the Community"), \$10,000.00 per year for four years (total of \$40,000.00) to the City to permit the Community to enter into a Community match Contract with the Board pursuant to Act 1058 of 2007 and Act 708 of 2009 of the Acts of Arkansas.

The undersigned further acknowledges that the Board is entering into the Agreement with the Community and the applicant or recipient in full reliance upon the representations and commitments made herein by the undersigned.

Executed on _____ by the undersigned or the duly authorized representative of the undersigned. (date)

Name: _____

Title: _____

Address: _____

Telephone Number: _____ FAX: _____

Signature: _____ Date: _____

Please have this form Notarized: Name: _____

Date Commission Expires: _____

Notary Signature: _____ Seal/Stamp: