



# PRACTICE SITE CONFIRMATION

OKLAHOMA DENTAL LOAN REPAYMENT PROGRAM

Oklahoma State Dept. of Health  
Dental Health Service  
123 Robert S Kerr Ave, Ste 1702  
Oklahoma City, OK 73102  
405-426-8460  
ODLRP@health.ok.gov

## Applicant Information

\_\_\_\_\_  
Last Name First Name MI

**Provide information on the location(s) where you will be working if selected to participate in the Oklahoma Dental Loan Repayment Program (ODLRP). Non-faculty practice sites must be in a shortage area according to the Oklahoma Dental Health Professional Shortage Area policy. (Please copy and attach additional sheets as necessary.)**

\_\_\_\_\_  
Practice Site Name Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip County

Is this a(n):

- Existing Individual (solo) Private Practice\* University of Oklahoma
- Commitment to establish an Individual Private Practice College of Dentistry
- Group Private Practice\*\* (skip to Faculty Applicant
- Public Health Clinic\*\* OUCOD Agreement form)

**\*If this is an Individual (solo) Private Practice, please provide a copy of the most recent business tax return.**

**\*\*If this is a Group Private Practice or Public Health Clinic, is the owner(s)/employer(s) willing to support you in this endeavor? Yes No**

**If YES, please have the owner(s)/employer(s) complete the Non-Faculty Applicant Employer Agreement form.**

Is this a new practice site for you? Yes No

**If Yes, skip to next form. If No, continue this form.**

How long have you been at this practice site? \_\_\_\_\_ Years \_\_\_\_\_ Months

How many hours a week do you treat patients at this practice site? \_\_\_\_\_ Hours

Please estimate your CURRENT (not anticipated) Oklahoma Medicaid recipient caseload \_\_\_\_\_%

Have you spent more than 224 hours per year away from the practice site for holidays, vacations, continuing professional education, illness, or any other reason during this period of employment? Yes No

If YES, please explain:



**OKLAHOMA**  
State Department  
of Health

**NON-FACULTY APPLICANT  
EMPLOYER AGREEMENT**  
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Applicant Information

Last Name	First Name	MI
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The individual listed above is applying for the Oklahoma Dental Loan Repayment Program (ODLRP). This program is designed to increase the number of dentists serving and caring for those dependent upon the state for dental care. By agreeing to be part of this program, the applicant agrees that in return for school loan repayment assistance, a minimum of 30% of his/her patients will be Oklahoma Medicaid recipients at the time of treatment.

By signing this you are acknowledging that the individual listed above is permitted to use your dental practice site to meet this 30% goal. There will be some record keeping and reporting to ensure the individual is meeting his/her 30% goal. You also agree to have an ODLRP representative conduct a site visit(s), if necessary, to confirm that the practice site exists, explain how the program works, or perform other programmatic duties.

If you have any questions prior to signing this agreement, please e-mail the Oklahoma Dental Loan Repayment Program, Dental Health Service, Oklahoma State Department of Health, at ODLRP@health.ok.gov.

1.
 

Owner(s)/Employer(s) Signature	Date
Print Name	Title
  
2.
 

Owner(s)/Employer(s) Signature	Date
Print Name	Title
  
3.
 

Owner(s)/Employer(s) Signature	Date
Print Name	Title

Practice Address:

Telephone Number: \_\_\_\_\_



# FACULTY APPLICANT OU COLLEGE OF DENTISTRY AGREEMENT

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## Applicant Information

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Last Name	First Name	MI
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The individual listed above is applying for the Oklahoma Dental Loan Repayment Program (ODLRP). This program is designed to provide an opportunity to staff faculty positions at the University of Oklahoma College of Dentistry. By agreeing to be part of this program, the individual listed above agrees that in return for school loan repayment assistance, he/she will accept and abide by the rules and regulations of a faculty member and the job duties assigned by the Dean of the University of Oklahoma College of Dentistry.

By signing this you are agreeing to employ this individual, if accepted into the ODLRP, as a faculty member. There will be some minimal record submission to ensure the individual is fulfilling his/her duties as a faculty member.

If you have any questions prior to signing this agreement, please e-mail the Oklahoma Dental Loan Repayment Program, Dental Health Service, Oklahoma State Department of Health, at ODLRP@health.ok.gov.

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Signature of Dean	Date
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Print Name

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Telephone Number