

OREGON PRIMARY HEALTH CARE LOAN FORGIVENESS PROGRAM APPLICATION

Application due January 3, 2025

The Oregon Primary Health Care Loan Forgiveness Program (PCLF) is designed to meet workforce needs in rural Oregon for primary care providers. PCLF participants are eligible for forgivable loans for tuition and fees only, in exchange for a post-graduation service obligation to an approved rural Oregon practice site.

To apply students must be:

- In good academic standing; AND
- Participating in the Oregon AHEC Scholars Program; OR
- Accepted to an approved Oregon rural training track (Western University: D.O.)

Instructions for Submitting the PCLF Application

Before submitting an application, please confirm with your Program Director that you were admitted to a PCLF approved rural training track or the Oregon AHEC Scholars Program.

Items 1-5 listed below **MUST BE** submitted for an application package to be considered complete:

1. Completed application that has been signed and dated; AND
2. Authorization for Release of Information (final page of the application); AND
3. Current Resume or Curriculum Vitae (CV); AND
4. One letter of reference (see instructions in application); AND
5. Essay answers (See instructions in application)
6. Statement of unusual financial need (**optional**)

Please read the [PCLF FAQs](#) prior to completing your application.

Email complete application package to
Rural Workforce Coordinator
ruralworkforce@ohsu.edu

OREGON PRIMARY HEALTH CARE LOAN FORGIVENESS PROGRAM APPLICATION

Application due January 3, 2025

1. Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

2. Birth Date: _____ Place of Birth: _____

3. Please indicate your area of interest (e.g. family medicine, general surgery, mental health, etc.):

4. Name of School Attending: _____

Expected Graduation Date: _____

Expected Residency Complete Date (if applicable): _____

5. Do you have a service obligation with any entity (federal, state, or private).* Yes No

If "yes", please describe the nature of your obligation including obligation start and end dates:

* Please note that you are not eligible to participate in PCLF if you currently have an outstanding contractual obligation for health professional service to the Federal and/or State Government, or to any other entity, unless that obligation will be completely satisfied before the PCLF agreement will be signed.

6. The following questions are for statistical information only and are not required for your application to be considered complete. Answers are not used as selection criteria during the review and award process.

A) See Attached Race and Ethnicity Form

7. References

Please provide a reference from one individual you have known for a minimum of one year. References can be professional and/or academic, but cannot be your program director. Reference letters should describe in what capacity the person knows you, your interest in and commitment to rural Oregon, and why they recommend you be awarded loan forgiveness through this program. Letters should be signed, include contact information, and be emailed to the Rural Workforce Coordinator at:

ruralworkforce@ohsu.edu by January 3, 2025.

8. Essay

Please attach your answers to the following questions with this application.

Maximum of 500 words on each question.

Essay questions:

A) What experiences have you had—patient encounters, community services, or other activities—that have prepared you to work and live in rural Oregon AND with underserved populations?

B) Imagine it is five years after the completion of your training; describe your ideal rural practice.

C) Other than practicing in a rural setting, what else might you do to address issues around access to healthcare in rural Oregon?

9. Certification and Authorization

I certify that the information given in this application and attachments is accurate and complete to the best of my knowledge. I hereby authorize the Oregon Office of Rural Health to contact references and program directors listed in the application for the purpose of obtaining information about my professional qualifications and experience. I understand that the information I have provided is subject to verification, and providing willfully false information will result in disqualification from participation in this program.

SIGNATURE: _____

(Please sign your full name, a digital signature is acceptable)

DATE: _____

Email complete application package to

Rural Workforce Coordinator

ruralworkforce@ohsu.edu

For questions about this program or application contact the Rural Workforce Coordinator at

ruralworkforce@ohsu.edu or 503.494.4450

AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER OF LIABILITY

I hereby authorize _____ (school name) to provide information to the Oregon Office of Rural Health pertaining to my school transcript.

I hereby voluntarily waive any and all rights I may have to privacy and/or confidentiality pertaining to my student history and academic performance insofar as the information is released solely to Oregon Office of Rural Health who are evaluating my suitability for the Oregon Primary Health Loan Forgiveness application and or potential award.

This authorization shall remain valid for 120 days from the date of signature.

I hereby release _____ (school name) from any claims, damages or liabilities of any kind that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me, arising from the information as contemplated by this authorization.

I have read the above, understand its contents, and voluntarily agree to its terms.

Signature

Date

Printed Name

Race, Ethnicity, Language, Disability, Sexual Orientation and Gender Identity Survey

To help us better understand your health care needs, we need to know some things about you, like your race, language, gender, and ability levels. While we hope you answer these questions, you can select "Don't know" or "Don't want to answer". Your responses are confidential.

You can get this document in other languages or alternate formats (large print, braille, your preference) free of charge. To request these or other accommodations, contact [<i>Program Contact name</i>] at [<i>email</i>] or [<i>phone number</i>]. We accept all relay calls, or you can dial 711.		
Today's date: (MM/DD/YYYY) _____	Medical record number (if applicable): _____	Date of birth: (MM/DD/YYYY) _____
What full name would you like us to use?		
First name(s): _____ MI: _____ Last name(s): _____		
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, list your legal name:		
First name(s): _____ MI: _____ Last name(s): _____		
Who is answering these questions? Select all that apply.		
<input type="checkbox"/> Self	<input type="checkbox"/> Not listed, specify: _____	
<input type="checkbox"/> Parent, guardian, or other family member	<input type="checkbox"/> Don't know	
<input type="checkbox"/> Interpreter or other support person	<input type="checkbox"/> Don't want to answer	

Language Skip to question 4 if you/the person is under age 5
1a. Do you only use English at home? Select one . <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer
1b. Do you need or want any of the following for us to communicate with you? <input type="checkbox"/> Yes - Assistive Listening Device such as an FM System or Loop. Specify: _____ <input type="checkbox"/> Yes - CART/Captioning <input type="checkbox"/> Don't know <input type="checkbox"/> No <input type="checkbox"/> Don't want to answer
Skip to question 4 if you only use English at home and do not need interpretation
2a. What language(s) do you use at home? _____
2b. In what language do you want us to communicate with you? _____
2c. In what language do you want us to write to you? _____
2d. Do you need or want an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer
2e. If yes, select all that apply. <input type="checkbox"/> Spoken language interpreter Sign Language: <input type="checkbox"/> American Sign Language <input type="checkbox"/> Certified Deaf Interpreter for DeafBlind, additional barriers, or both <input type="checkbox"/> Mexican Sign Language <input type="checkbox"/> Contact sign language (PSE) <input type="checkbox"/> Tactile/Pro-Tactile Sign Language <input type="checkbox"/> Another sign language not listed. Specify: _____
3. How well do you speak English? Select one . <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not well <input type="checkbox"/> Not at all <input type="checkbox"/> Don't know <input type="checkbox"/> Don't want to answer

Functional Difficulties

4. Are you deaf or do you have serious difficulty hearing?

Yes – This condition began at age: _____ No Don't know Don't want to answer

5. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Yes – This condition began at age: _____ No Don't know Don't want to answer

Skip to question 13 if you/the person is under age 5

6. Do you have serious difficulty walking or climbing stairs?

Yes – This condition began at age: _____ No Don't know Don't want to answer

7. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Yes – This condition began at age: _____ No Don't know Don't want to answer

8. Do you have difficulty dressing or bathing?

Yes – This condition began at age: _____ No Don't know Don't want to answer

9. Do you have serious difficulty learning how to do things most people your age can learn?

Yes – This condition began at age: _____ No Don't know Don't want to answer

10. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?

Yes – This condition began at age: _____ No Don't know Don't want to answer

Don't know what this question is asking

Skip to question 13 if you/the person is under age 15

11. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

Yes – This condition began at age: _____ No Don't know Don't want to answer

12. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?

Yes – This condition began at age: _____ No Don't know Don't want to answer

Don't know what this question is asking

13. If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, describe your disability or condition in any way you prefer: _____

Skip to question 15 if "Yes" was not selected for at least one question above AND question 13 did not apply to you/the person

14a. If you identify as someone with a disability, or as having a physical, mental, emotional, cognitive, or intellectual condition, do you need or want disability-related accommodations?

Yes No Don't know Don't want to answer

14b. If yes, select **all** that apply and enter additional details below.

Alternate formats: _____

Environmental and sensory: _____

Building access: _____

Equipment access: _____

Communication access (in-person, print materials, electronic): _____

Other staff support: _____

Coordinating and scheduling care or services: _____

Not listed. Specify: _____

Don't know

Don't want to answer

Race and Ethnicity

15. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry? _____
16. Which of the following describes your racial or ethnic identity? Select **all** that apply and **enter additional details in the spaces below**.

American Indian and Alaska Native – Provide details below.

Alaska Native Canadian Inuit, Metis, or First Nation
 American Indian Indigenous Mexican, Central American, or South American
Enter details, for example, Inuit or Haida, Confederated Tribes of Siletz Indians, Navajo, Aztec, Maya, etc.

Asian – Provide details below.

Afghan Communities of Indonesian Pakistani Vietnamese
 Asian Indian Myanmar Japanese South Asian
 Cambodian/Khmer Filipino/a Korean Taiwanese
 Chinese Hmong Laotian Thai
Enter details, for example, Mongolian, Malaysian, Uzbeks, etc. _____

Black and African American – Provide details below.

African American Ethiopian Jamaican Somali
 Afro-Caribbean Haitian Nigerian
Enter details, for example, Trinidadian, Ghanaian, Congolese, etc. _____

Hispanic and Latino/a/x/e – Provide details below.

Afro-Latino/a/x/e Cuban Guatemalan Puerto Rican South
 Central American Dominican Mexican Salvadoran American
Enter details, for example, Colombian, Honduran, Spaniard, etc. _____

Jewish – Provide details below.

Ashkenazi Sephardi Enter details, for example, Mizrahi, etc.

Middle Eastern/North African/SWANA – Provide details below.

Egyptian Iranian Lebanese Syrian
 Iraqi Israeli Palestinian Turkish
Enter details, for example, Moroccan, Yemeni, Kurdish, etc. _____

Native Hawaiian and Pacific Islander – Provide details below.

CHamoru Communities of the Fijian Native Samoan
(Chamorro) Micronesia Region Marshallese Hawaiian Tongan
Enter details, for example, Chuukese, Palauan, Tahitian, etc. _____

White – Provide details below.

English Irish Polish Russian Slavic
 German Italian Romanian Scottish Ukrainian
Enter details, for example, French, Swedish, Norwegian, etc. _____

Additional categories

Another category not listed. Specify: _____ Don't know Don't want to answer

17. If you checked more than one category, is there **one** you think of as your primary racial or ethnic identity?
 Yes. Circle your I don't have just one No. I identify Not applicable. Don't know.
primary racial or ethnic primary racial or ethnic as Biracial or I only checked one Don't want to
identity above. identity. Multiracial. category above. answer.

Gender Identity, Sex, and Sexual Orientation (Age 12+ only)

Skip to question 24 if you/the person is under age 12

18. Describe your gender in any way you prefer: _____

19. What is your gender? Select **all** that apply.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Girl or woman | <input type="checkbox"/> Demiboy | <input type="checkbox"/> Not listed, my gender is: _____ | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Boy or man | <input type="checkbox"/> Demigirl | | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Nonbinary | <input type="checkbox"/> Genderfluid | <input type="checkbox"/> I have a gender identity not listed here that is specific to my ethnicity: _____ | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Agender/No gender | <input type="checkbox"/> Genderqueer | | |
| <input type="checkbox"/> Bigender | <input type="checkbox"/> Questioning/Exploring | | |

20. Are you transgender?

- | | | |
|------------------------------|--|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Questioning/Exploring | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't want to answer |

21. What is your sex?

- | | | |
|---------------------------------|---|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Intersex | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Male | <input type="checkbox"/> Not listed, my sex is: _____ | <input type="checkbox"/> Don't want to answer |

22. Describe your sexual orientation or sexual identity in any way you prefer: _____

23. What is your sexual orientation? Select **all** that apply.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Same-gender loving | <input type="checkbox"/> Straight or heterosexual | <input type="checkbox"/> Questioning/Exploring | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Asexual Spectrum | <input type="checkbox"/> Not listed, my sexual orientation is: _____ | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Queer | | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Pansexual | | |

Stop if you/the person is 12 or older

Gender Identity and Sex (Under age 12 only)

Skip to question 25 if you/the person is under age 5

24. Are you currently: Select **all** that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> A boy | <input type="checkbox"/> Neither a boy nor a girl | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> A girl | <input type="checkbox"/> Something else. Specify: _____ | <input type="checkbox"/> Don't know what this question is asking |
| <input type="checkbox"/> Both a boy and a girl | <input type="checkbox"/> It changes over time | <input type="checkbox"/> Don't want to answer |

25. What is your sex?

- | | | |
|---------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Intersex | <input type="checkbox"/> Don't want to answer |
| <input type="checkbox"/> Male | <input type="checkbox"/> Don't know | <input type="checkbox"/> Not listed, my sex is: _____ |