Montana State Loan Repayment Program (SLRP)
Certification of Practice Site Form 2025-2026

The Montana SLRP application requires the practice site to certify the provider's employment status and acknowledge compliance with program requirements. The practice site must acknowledge that employment verifications will be performed on a regular basis.

Clinician's Name: _____

Practice Site Name: _____

Site Address: _____

Provider's Employment Start Date: _____

Provider's Employment Status: a. Full-Time: _____ b. Part-Time: _____

Provider's Average Weekly Direct Patient Hours: _____

- Specify the number of hours per week, on average, the clinician performs direct patient care. Exclude administrative, training, emergency, in-patient, and leave hours.

Site Matching Funds: A site match is highly encouraged but not required for the 2025-2026 cycle.

- Indicate whether the practice site is willing to provide SLRP matching funds.

a. Site Match Available: _____ Amount: _____
b. Site Match Unavailable: _____

Site Primary Contact: _____ Title: _____
Email: _____ Phone: _____

Alternate Contact:_____ Title: _____
Email: _____ Phone: _____

Site Attestation:

I certify that the information I've supplied is accurate and complete to the best of my knowledge. I understand that completion of the Montana SLRP application does not guarantee an award.

I hereby confirm the following as the applicant's service site:

- Our site supports the above listed provider's application for the Montana SLRP;
- I confirm our site qualifies for the Montana SLRP;
- Our site has the option to provide matching funds if our provider is awarded; and,
- Our site will comply with periodic employment verifications.

X _____

Site Contact Name
Title