



Montana State Loan Repayment Program (SLRP)
Certification of Practice Site Form 2026-2027



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: _____

Practice 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.

The 2026-2027 cycle requires sites to match a portion of the SLRP award. The required site match is 20% of the SLRP award offer. The table below can be used as a framework to estimate the site match for full-time and part-time awards:

Full-time Award	20% Site Match
\$50,000	\$10,000
\$40,000	\$8,000
\$30,000	\$6,000
\$20,000	\$4,000
\$10,000	\$2,000

Part-time Award	20% Site Match
\$25,000	\$5,000
\$20,000	\$4,000
\$15,000	\$3,000
\$10,000	\$2,000

- Indicate the estimated level of support the site can provide for SLRP matching funds:
 - a. Site Match Amount: _____
 - b. Site Match Unavailable:

Site Administrator or Human Resources _____ 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 will provide matching funds if our provider is awarded; and,
- Our site will comply with periodic employment verifications.

X

Name

Title