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Rules of  
**Department of Health and  
Senior Services**

**Division 10—Office of the Director  
Chapter 6—Professional and Practical  
Nursing Student Loans**

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**Title 19—DEPARTMENT OF  
HEALTH AND  
SENIOR SERVICES**

**Division 10—Office of the Director  
Chapter 6—Professional and Practical  
Nursing Student Loans**

**19 CSR 10-6.010 Nurse Loan and Nurse  
Loan Repayment Programs**

*PURPOSE: This rule establishes the requirements for implementing the professional and practical nursing student loan and loan repayment programs.*

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Academic year for a practical nursing program means a calendar year. Academic year for a professional nursing program means the period of time from the beginning of the fall semester to the final day of the spring semester and may include a summer session;

(B) Advisory panel means the advisory group of nurses appointed by the director of the Missouri Department of Health to advise the department regarding the rules, funding and guidelines for implementing and administration of the nurse loan and nurse loan repayment programs;

(C) Application contract means the form provided by the Missouri Department of Health for the purpose of applying for a nurse loan;

(D) Area of defined need means a geographic area or a type of practice specialization designated by the Missouri Department of Health as experiencing nursing shortages and published annually by rule;

(E) Board means the State Board of Nursing;

(F) Department means the Missouri Department of Health;

(G) Director means the director of the Missouri Department of Health;

(H) Educational loan means the financial assistance provided by the department under the authority of the nurse loan program; or commercial loans made by banks, credit unions, savings and loan associations, insurance companies, schools and other financial institutions for nurse education purposes; or loans made by federal, state, county or city agencies authorized by law to make loans for nurse education purposes;

(I) Eligible applicant for the nurse loan repayment program means a current Missouri licensed professional nurse who has attained either an associate degree, a diploma, a bachelor of science degree or a graduate degree in

nursing from an accredited institution; or a student nurse in the final full year as a full-time student in a school of nursing leading to a bachelor of science degree or a graduate nursing program leading to a master's degree in nursing;

(J) Eligible student means a resident who has made application to be a full-time student in a formal course of instruction leading to an associate degree, a diploma, a bachelor of science degree, or a master of science degree in nursing, or leading to the completion of educational requirements for a licensed practical nurse;

(K) Participating school means an institution within Missouri which is approved by the board for participation in the nurse loan program;

(L) Practical nurse means a person licensed under the provisions of sections 335.011—335.096, RSMo 1986 to engage in the practice of practical nursing;

(M) Professional nurse means a nurse licensed under the provisions of sections 335.011—335.096, RSMo 1986 to engage in the practice of professional nursing;

(N) Qualified applicant for the nurse loan program means a student matriculating in a participating school;

(O) Qualified employment means employment on a full- or part-time basis in Missouri in a position requiring a licensed practical nurse or registered professional nurse in any public or nonprofit agency, institution or organization in an area of defined need;

(P) Reasonable educational costs means tuition, books, fees, supplies, equipment and materials required by the program of the school in which the financial aid recipient was or is enrolled to obtain a professional diploma or degree or practical nurse certification;

(Q) Reasonable living expenses means the cost of room, board, transportation and miscellaneous costs based on individual program costs as published annually by the department;

(R) Repayment application means the form provided by the department for the purpose of applying for participation in the nurse loan repayment program; and

(S) Repayment contract means the form signed by a professional nurse loan repayment applicant and the director of the department or an authorized agent in which the applicant agrees to accept responsibility for repayment of educational loans through qualified employment or by cash.

(2) Members of the advisory panel shall serve for three (3) years from the date of appointment by the director and may be reappointed

for consecutive three (3)-year terms. Resignations from the panel may be accepted by the director at any time. Appointments to fill vacated panel positions shall be for three (3) years. Nonattendance by a panel member at two (2) consecutive scheduled panel meetings shall constitute a resignation from the panel unless a written explanation of the absences with a written request to continue service on the panel is received by the director within thirty (30) days after the second absence of a panel member from a scheduled panel meeting. Nonattendance at more than four (4) scheduled panel meetings in any two (2) consecutive years may constitute, at the discretion of the director, a resignation from the panel.

(3) Recipients of professional and practical nurse loans shall verify to the department their enrollment, their program eligibility, their academic standing following the completion of each semester and summer session, and their expected program completion date.

(A) Interest on funds loaned by the nurse loan program shall accrue at a rate of nine and one-half percent (9 1/2%) per year from the issue date of the department check.

(B) When a recipient of financial assistance ceases his/her study prior to the successful completion of the course of instruction required for graduation from a participating school, repayment of the principal and interest shall begin within ninety (90) days after the date the recipient ceases to be an eligible student, in accordance with the repayment contract. The department shall be notified by the loan recipient within thirty (30) days of the date the recipient ceases to be an eligible student. Payment shall be completed no more than twelve (12) months from that date.

(C) The department may grant a limited deferral of repayment of the principal and interest on the basis of hardship such as critical illness of the participant or an immediate family member, or death in the immediate family, or severe handicapping condition of the participant when the hardship has been adequately documented such as attending physician statement, death certificate or Social Security disability determination.

(D) The department may grant a limited deferral of the repayment of the principal and interest when the deferral would best serve the interest of the state and the nurse loan program.

(E) The status of each deferral may be reviewed as often as necessary by the department but shall be reviewed annually to insure compliance with the intent of the deferral.



(F) Interest accrued during a deferral period by a financial assistance recipient shall be forgiven on the same basis as the original loan and interest.

(G) Forgiveness of interest and principal for a financial assistance recipient engaged in qualified employment on a less than full-time basis may be prorated. Partial year forgiveness of the loan and accrued interest for employment in an area of defined need may be authorized by the director.

(H) Once a financial assistance recipient has started to practice in an area of defined need, the principal and interest shall continue to be forgiven even if the designation of the area of defined need changes. If the recipient terminates that employment, reemployment in an area of defined need shall be required to reestablish forgiveness status.

(I) Recipients found to be in default of their contracts shall be allowed a repayment period up to twenty-four (24) months. The repayment period begins on the date the recipient is out of compliance.

(4) To qualify for a nurse student loan, the applicant shall have no conflicting service obligation that would prevent the state from benefitting from the applicant's services after graduation, with the exception of service in the National Guard or military reserve.

(5) Application contracts shall be completed, signed by the applicant and received by the department at least eight (8) weeks prior to the beginning of classes.

(A) Application contracts shall be accompanied by proof of Missouri residency, such as a copy of the Missouri individual income tax return for the previous year of the applicant or of the applicant's parents or legal guardian, or current Missouri driver's license.

(B) Loan recipients shall apply annually.

(C) Completed application contracts on file in the department shall be prioritized for funding based on each applicant's financial need, willingness to serve in an area of defined need, and the total amount estimated to be needed by the applicant to complete the applicant's program.

(D) Application contract forms for the nurse loan program shall be made available through the financial aid offices of the participating schools and the department for distribution to eligible students.

(E) Upon approval for funding, the application contract shall be signed by the department director or an authorized agent and shall become the agreement of the applicant to accept responsibility for repayment either by cash or by service in an area of defined need.

(F) A copy of an applicant's financial aid award notice from the participating school and of the applicant's notice of acceptance by the participating school shall be on file in the department prior to funding by the nurse loan program.

(6) Selection criteria for the nurse loan repayment program are willingness to serve in an area of defined need, professional references and appropriate work history.

(7) Repayment applications for the nurse loan repayment program shall be made on forms available through the department.

(A) To qualify for a nurse loan repayment the applicant shall have no conflicting service obligation that would prevent the state from benefitting from the applicant's professional services with the exception of service in the National Guard or military reserve.

(B) Repayment applications shall be completed, signed by the applicant and accompanied by proof of professional licensure.

(8) Subject to availability of federal, state or community funds for the nurse loan repayment program, the department shall enter into a minimum two (2)-year contract with each individual qualifying for repayment of educational loans. No loan repayment shall be made for any professional practice performed prior to the effective date of the health professional's nurse loan repayment contract.

(A) Participants shall practice in an approved area of defined need.

(B) Final approval of a nurse loan repayment contract is contingent upon approval by the director and a signed service agreement from an approved site, agreed upon by the site authority and the applicant.

(9) Participants who default on their written repayment contracts shall be subject to monetary repayment of the contracted amount and interest. Cash repayment periods may be authorized up to a maximum of twenty-four (24) consecutive months.

(A) The department may grant a deferral of payment of the loan repayment amount and interest at the discretion of the director on the basis of hardship such as critical illness of participant or an immediate family member, or death in the immediate family, or severe handicapping condition of the participant when that hardship has been adequately documented such as statement of the attending physician, death certificate or Social Security disability determination.

(B) The status of each deferral may be reviewed as often as necessary by the depart-

ment but shall be reviewed annually to insure compliance with the intent of the deferral.

(C) Once a loan repayment participant has begun qualified employment, loan repayment shall continue, even if the designation of the area of defined need of qualified employment changes as long as the loan repayment participant does not terminate employment.

(D) If circumstances beyond the control of a loan repayment participant result in the termination of qualified employment, deferral status may be granted for a period up to ninety (90) days to allow the participant to gain employment in an area of defined need.

*AUTHORITY: section 173.030(3) and (6), RSMo Supp. 1990.\* This rule previously filed as 19 CSR 50-2.010 and 19 CSR 10-5.010. Original rule filed Feb. 4, 1991, effective July 8, 1991. Changed to 19 CSR 10-5.010 July 30, 1998. Changed to 19 CSR 10-6.010 August 30, 1998. \*\**

*\*Original authority 1963, amended 1988, 1990.*

*\*\*Pursuant to Executive Orders 20-04, 20-10, and 20-12, 19 CSR 10-6.010, subsection (3)(A) and section 335.233, RSMo was suspended from March 25, 2020 through December 30, 2020.*



MISSOURI DEPARTMENT OF HEALTH  
 BUREAU OF PRIMARY CARE  
 P.O. BOX 570, JEFFERSON CITY, MO 65102

**ALL INFORMATION IS CONFIDENTIAL AND  
 FOR PROGRAMMATIC PURPOSES ONLY**

**APPLICATION FOR THE MISSOURI PROFESSIONAL  
 AND PRACTICAL NURSE LOAN PROGRAM**

PAGE 1 OF 4  
**MUST BE TYPED OR PRINTED**

<b>NAME</b>			
(LAST, FIRST, MIDDLE INITIAL)			
OTHER NAMES USED			
<b>PERMANENT ADDRESS</b>			
STREET			
CITY	STATE	ZIP CODE	
BIRTHDATE	SOCIAL SECURITY NO.		
<b>CURRENT INFORMATION</b>			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
TELEPHONE (       )			
ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU A MISSOURI RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, HOW LONG? ▶	YEARS    MONTHS
ARE YOU A PREVIOUS RECIPIENT OF ASSISTANCE FROM THE MISSOURI PROFESSIONAL AND PRACTICAL NURSING LOAN PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT ACADEMIC YEAR(S)? ▶	ARE YOU CURRENTLY LICENSED IN MISSOURI <input type="checkbox"/> YES <input type="checkbox"/> NO
		LICENSE NUMBER	LICENSE STATUS
MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED			
NUMBER OF DEPENDENTS		AGE(S) OF DEPENDENTS	
<b>EDUCATIONAL INSTITUTION</b>			
NAME OF INSTITUTION			
STREET			
CITY	STATE	ZIP CODE	
FINANCIAL AID OFFICER			
<b>TYPE OF NURSING PROGRAM</b>			
<input type="checkbox"/> LICENSED PRACTICAL NURSE		REGISTERED PROFESSIONAL NURSE:	
		<input type="checkbox"/> ASSOCIATE DEGREE	<input type="checkbox"/> DIPLOMA
		<input type="checkbox"/> BACHELORS DEGREE	<input type="checkbox"/> MASTERS
HAVE YOU APPLIED TO THIS NURSING PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ANTICIPATED DATE OF ENROLLMENT (MONTH/YEAR)		ANTICIPATED/ACTUAL DATE OF GRADUATION (MONTH/YEAR)	
ANTICIPATED DATE TO BEGIN YOUR NURSING PRACTICE (MONTH/YEAR)			
<b>IF APPLICABLE ATTACH LETTER OF ACCEPTANCE FROM SCHOOL</b>			



**PROFESSIONAL AND PRACTICAL NURSE LOAN PROGRAM APPLICATION**

**MUST BE TYPED OR PRINTED**

FINANCIAL INFORMATION							
HAVE YOU BEEN AWARDED ANY EDUCATIONAL FINANCIAL AID SUCH AS PELL GRANT, SCHOLARSHIPS OR STAFFORD LOAN?	<table style="width:100%; border: none;"> <tr> <td style="text-align: center; border: none;"><input type="checkbox"/> YES</td> <td style="text-align: center; border: none;"><input type="checkbox"/> NO</td> <td style="border: none; padding-left: 20px;">AMOUNT OF FINANCIAL ASSISTANCE AWARD</td> </tr> <tr> <td colspan="2" style="border: none;"></td> <td style="border: none; text-align: center;">\$</td> </tr> </table>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNT OF FINANCIAL ASSISTANCE AWARD			\$
<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNT OF FINANCIAL ASSISTANCE AWARD					
		\$					
(Attach the Permission for Disclosure of Financial Aid Information form completed and signed by your financial aid officer.)							
IF FINANCIAL AID WAS DENIED, PLEASE GIVE EXPLANATION. (ATTACH COPY OF FINANCIAL AID DENIAL.)							
_____ _____ _____ _____							
USE THIS SPACE TO EXPLAIN ANY UNUSUAL EXPENSES, EDUCATIONAL AND OTHER DEBTS, PERSONAL CONSIDERATIONS THAT WOULD LIMIT YOUR ABILITY TO RELOCATE OR SPECIAL CIRCUMSTANCES PERTINENT TO THIS APPLICATION. ( e.g. CHANGES IN INCOME, FAMILY STATUS, MEDICAL OR LEGAL FINANCIAL OBLIGATIONS, SPECIAL EDUCATIONAL NEEDS) <b>ATTACH ADDITIONAL PAGE(S) IF NECESSARY.</b>							
_____ _____ _____ _____ _____ _____ _____							
I certify that the information contained in this application is true, complete and correct to the best of my knowledge, and that all loan funds received will be used only for educational purposes for the academic year covered by this program.							
I understand I am making a commitment to provide services, upon completion of my professional or practical nursing training, in an area of defined need within Missouri if I am awarded and accept a loan from the Missouri Professional and Practical Nurse Loan Program. Failure to provide these services makes all monies I borrowed immediately due and owing at the time of my breach.							
I, hereby, authorize my school to release copies of the financial statements and application forms contained in my financial aid file, to the Missouri Department of Health, Division of Local Health and Institutional Services.							
STUDENT SIGNATURE	DATE						
The following pages are the contract that the applicant, upon approval for funding and signing by the department director or his representative, agrees to practice in an area of defined need within the state of Missouri in lieu of cash repayment of all loans from the Professional and Practical Nurse Loan Program.							
The applicant must complete, sign and notarize the contract in order for the loan application to be considered for funding. (See page 4).							



MISSOURI DEPARTMENT OF HEALTH  
 BUREAU OF PRIMARY CARE  
 P.O. BOX 570, JEFFERSON CITY, MO 65102  
**MISSOURI PROFESSIONAL AND PRACTICAL NURSE LOAN PROGRAM**  
**LOAN CONTRACT AND PROMISSORY NOTE**

PAGE 3 OF 4  
**MUST BE TYPED OR PRINTED**

<b>BORROWER'S NAME</b>		
(LAST, FIRST, MIDDLE INITIAL)		
<b>ADDRESS</b>		
STREET		
CITY	STATE	ZIP CODE
BIRTHDATE	SOCIAL SECURITY NO.	APPLYING FOR ACADEMIC YEAR
<b>LENDING INSTITUTION</b>		
The Missouri Department of Health		
<b>TERMS</b>		
I agree to pay the State of Missouri, or its authorized agent, the principal sum of _____ dollars (\$ _____), plus interest in United States currency, upon maturity of this note.		
<b>INTEREST</b>		
I hereby agree to pay simple interest on the unpaid loan principal at a rate of nine and one-half (9.5) percent per annum from the issue date of the state check until the principal and accumulated interest are paid.		
<b>MATURITY</b>		
This note will mature when the borrower ceases to be an eligible student at a participating school.		
<b>FORGIVENESS</b>		
Payment of one-fourth of the loan principal and accrued interest will be forgiven for each full calendar year that borrower engages in qualified employment in an area of defined need in this state. <b>Forgiveness must begin within six (6) months after completion of professional or practical nurse training.</b>		
<b>ADDITIONAL AGREEMENTS</b>		
The borrower fully understands and agrees to the following:		
<ol style="list-style-type: none"> <li>1. The borrower will use the proceeds of this loan for educational expenses at a participating school.</li> <li>2. The borrower will send written notice to the Missouri Department of Health within ten (10) days after any change in enrollment status, practice location, type of practice, name or address.</li> <li>3. That the borrower is making a commitment to provide services, upon completion of professional or practical nurse training, in an area of defined need as determined by the Missouri Department of Health.</li> <li>4. If the borrower's eligibility status changes (no longer a nursing student or a nursing student in good standing) and the borrower is not providing professional or practical nursing services in an area of defined need, repayment of the loan principal and interest shall begin within ninety (90) days of the date the recipient ceases to be an eligible student. Payment shall be completed no more than twelve (12) months from that date.</li> <li>5. If in a professional nurse program, the borrower will provide verification to the Missouri Department of Health as to their enrollment, program eligibility, and academic standing within thirty (30) days of the completion of each semester and summer session and their expected program completion date.</li> <li>6. Upon completion of the nursing program and becoming licensed should the borrower at any time choose not to provide nursing services in an area of defined need, repayment of the loan principal and interest becomes due and owing immediately and under a jointly agreed to repayment program must be completely repaid within two (2) years of the breach.</li> <li>7. If the borrower violates any of the provisions of this loan contract or promissory note, including notifying the Missouri Department of Health of changes of address, the Missouri Department of Health may call the note due immediately.</li> <li>8. When necessary to protect the interest of the state in any loan transaction under Section 173.30 RSMo Supp. 1990, the Missouri Department of Health may institute any action to recover any amount owed.</li> </ol>		



**NURSE LOAN CONTRACT AND PROMISSORY NOTE**

<b>REMEDIES</b>	
The Department retains all administrative, civil and criminal remedies for breach of this contract by the Participant.	
<b>MODIFICATION/EXTENSION</b>	
This contract may not be amended or modified without prior written agreement of the parties.	
<b>EXECUTION</b>	
The parties signed this contract on the dates and in places indicated below.	
FOR THE PARTICIPANT	FOR THE DEPARTMENT OF HEALTH
SIGNATURE	AUTHORIZED SIGNATURE
TITLE	TITLE
DATE	DATE
PLACE	PLACE
NOTARY	WITNESS
DATE	DATE

**REMINDER:**

**All application/contracts must be completed and signed.**

**Attach: (1) Proof of Missouri residency.**

**(2) The Permission for Disclosure of Financial Aid Information form completed and signed by your financial aid officer.**

**(3) Any other pertinent information for which there was inadequate space for inclusion in this application.**

**THE DEADLINE FOR APPLICATION SUBMISSION IS EIGHT WEEKS PRIOR TO THE BEGINNING OF THE INDIVIDUAL PROGRAM. EARLY SUBMISSION CAN FACILITATE THE PROCESSING OF INDIVIDUAL APPLICATIONS.**

<b>FOR OFFICE USE ONLY</b>											
										<b>O.R.:</b>	



MISSOURI DEPARTMENT OF HEALTH  
 BUREAU OF PRIMARY CARE  
 P.O. BOX 570, JEFFERSON CITY, MO 65102  
**MISSOURI NURSE LOAN REPAYMENT PROGRAM**  
**APPLICANT'S PERMISSION FOR DISCLOSURE**

**MUST BE PRINTED OR TYPED**

Complete for each loan you wish to be included in the agreement. This authorizes your lender to verify the information about the nursing education loan you have described here and disclose its purpose and amount to the Department of Health.

**FOR CONSOLIDATED UNDERGRADUATE AND GRADUATE EDUCATION LOANS**

If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for the education costs that were consolidated into a new loan. The Missouri Nurse Loan Repayment Program only pays for nursing education costs.

**THE UNDERSIGNED HEREBY AUTHORIZES THE FULL DISCLOSURE OF ANY INFORMATION REGARDING THE NATURE, AMOUNT, TERMS AND STATUS OF THIS LOAN FOR THE PURPOSE OF ENTERING AN AGREEMENT WITH THE DEPARTMENT OF HEALTH FOR REPAYMENT OF SAID LOAN.**

**(A copy of the promissory note for the loan described here must be attached to this form.)**

NAME

STREET

CITY	STATE	ZIP CODE	TELEPHONE NUMBER (       )
------	-------	----------	-------------------------------

LENDER INSTITUTION OR CURRENT HOLDER OF LOAN NOTE

NAME AND TITLE OF CONTACT PERSON

STREET

CITY	STATE	ZIP CODE	TELEPHONE NUMBER (       )
------	-------	----------	-------------------------------

LOAN ACCOUNT NUMBER	DATE OF ORIGINAL LOAN	DATE LOAN RETIRES
---------------------	-----------------------	-------------------

PAYMENT AMOUNT \$                    .	TOTAL PRINCIPAL LOANED \$                    .	TOTAL INTEREST OWED \$                    .
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TOTAL NUMBER OF PAYMENTS	HOW OFTEN ARE PAYMENTS DUE	NEXT DATE PAYMENT IS DUE
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<b>BORROWER'S SIGNATURE</b>	<b>DATE</b>
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MISSOURI DEPARTMENT OF HEALTH  
BUREAU OF PRIMARY CARE  
P.O. BOX 570, JEFFERSON CITY, MO 65102  
**APPLICATION FOR THE MISSOURI NURSE  
LOAN REPAYMENT PROGRAM**

**ALL INFORMATION IS CONFIDENTIAL AND  
FOR PROGRAMMATIC PURPOSES ONLY**

PAGE 1 OF 2  
**MUST BE TYPED OR PRINTED**

<b>NAME</b>			
(LAST, FIRST, MIDDLE INITIAL)			
OTHER NAMES USED			
<b>PERMANENT ADDRESS</b>			
STREET			
CITY	STATE	ZIP CODE	
BIRTHDATE	SOCIAL SECURITY NUMBER		
<b>PRESENT ADDRESS</b>			
STREET			
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER (       )			
<b>APPLICANT'S NURSING EDUCATION</b>			
<b>A. LAST SCHOOL ATTENDED</b>			
NAME OF SCHOOL			STATE
STREET	CITY	ZIP CODE	
B DEGREE OR DIPLOMA RECEIVED			
C START & END DATES ATTENDED			
		TO	
D DATE COMPLETING REQUIREMENTS FOR DEGREE OR DIPLOMA			
<b>E. PREVIOUS SCHOOL ATTENDED</b>			
NAME OF SCHOOL			STATE
STREET	CITY	ZIP CODE	
F DEGREE OR DIPLOMA RECEIVED		G START & END DATES ATTENDED	
		10	
H DATE COMPLETED REQUIREMENTS FOR DEGREE OR DIPLOMA			
<p><b>(Attach additional sheets for each nursing school attended for which loan repayment is requested. Write your name and social security number on each sheet.)</b></p>			
<b>APPLICANT'S CURRENT NURSING LICENSES (REGISTRATION)</b>			
LICENSE NUMBER	STATE	STATUS	SPECIALTY
I. LICENSE NUMBER	STATE	STATUS	SPECIALTY
IF NOT YET LICENSED, WHEN WILL LICENSURE EXAMINATION BE TAKEN AND FOR WHAT STATE?			
DATE		STATE	



**APPLICATION FOR THE MISSOURI NURSE LOAN REPAYMENT PROGRAM**

**MUST BE TYPED OR PRINTED**

<b>NURSING CERTIFICATIONS (LEAVE BLANK IF NOT APPLICABLE)</b>		
CERTIFICATION IN	ISSUED BY	DATE

IF NOT YET CERTIFIED, WILL CERTIFYING EXAMINATION BE TAKEN AND IN WHAT SPECIALTY?

SPECIALTY	DATE

**(ENCLOSE COPIES OF ABOVE CERTIFICATIONS WITH APPLICATION.)**

**SPECIALTY EDUCATION OR TRAINING**

List any additional education or experience in nursing specialty areas: (include dates & places where appropriate).

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**EMPLOYMENT PREFERENCES**

TYPE OF HEALTH CARE FACILITY(IES) WHERE YOU PREFER TO BE EMPLOYED:

<input type="checkbox"/> Community Health Center	<input type="checkbox"/> Migrant Health Center	<input type="checkbox"/> Public Hospital
<input type="checkbox"/> Local Health Department	<input type="checkbox"/> Rural Health Clinic	<input type="checkbox"/> Nursing Facility
<input type="checkbox"/> Mental Health Center	<input type="checkbox"/> State or Federal Institution	<input type="checkbox"/> Other (specify below)

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**LENGTH OF LOAN REPAYMENT REQUESTED**

PLEASE INITIAL AGREEMENT PERIOD PREFERRED  
 (This does not preclude subsequent extensions of the contract, but reflects your present preference.)

2 Years                     
  3 Years                     
  4 Years

**CERTIFICATION BY APPLICANT**

I hereby certify the accuracy of this information and apply to enter into an agreement with the Missouri Department of Health for repayment of a portion of the educational loans described in the "Applicant's Permission for Disclosure" form(s) accompanying this request, incurred solely for the costs of my education.

APPLICANT'S SIGNATURE	DATE

**Instructions:** Now complete the form "Applicant's Permission for Disclosure: Lender's Confirmation of Loan" to describe each loan you want repaid and to permit your lenders to disclose to the Missouri Department of Health the terms, purpose and amount of each loan.



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF PRIMARY CARE
P.O. BOX 570
JEFFERSON CITY, MO 65102

MISSOURI PROFESSIONAL AND PRACTICAL NURSING STUDENT LOAN PROGRAM
APPLICANT'S PERMISSION FOR DISCLOSURE OF FINANCIAL AID INFORMATION

Sign and present to your Financial Aid Officer for completion, signature and date. Applications cannot be processed without this form attached. ALL INFORMATION IS CONFIDENTIAL AND FOR PROGRAMMATIC PURPOSES ONLY.

THE UNDERSIGNED HEREBY AUTHORIZES THE FULL DISCLOSURE OF INFORMATION REGARDING THE NATURE, AMOUNT, TERMS AND STATUS OF ANY AND ALL FINANCIAL ASSISTANCE FOR EDUCATIONAL PURPOSES.

STUDENT'S SIGNATURE DATE

THIS SECTION TO BE COMPLETED BY THE FINANCIAL AID OFFICER. (PLEASE PRINT OR TYPE.)

FINANCIAL AID OFFICER NAME

EDUCATIONAL INSTITUTION

STREET ADDRESS

CITY STATE ZIP CODE TELEPHONE NUMBER

FINANCIAL AID INFORMATION

Table with 3 columns: DIRECT ANNUAL/SCHOOL YEAR COSTS OF NURSING EDUCATION PROGRAM, STUDENT FINANCIAL AID AWARD TOTAL AMOUNT, ESTIMATED FAMILY CONTRIBUTION TO EDUCATIONAL COSTS.

COMMENTS AND/OR PERTINENT INFORMATION

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

FINANCIAL AID OFFICER SIGNATURE DATE