

Primary Care Provider Loan Repayment Program Documentation Checklist

Use this checklist as an aid to submitting your application.

- Copy of one of the following:
 - Birth Certificate
 - Passport
 - Naturalization Form
- Copy of Certified Name Change (if candidate changed name)
 - Marriage Certificate
 - Divorce Decree
 - Court Order
- Copy of Iowa full/provisional professional license or certificate
- Copy of professional specialty certificate, if applicable
- Copy of signed employment contract or Employment Verification Form (provided) that attests to all participant and practice site requirements
- Copy of sliding fee scale and policy
- Official transcript or signed statement from educational institution showing dates of attendance corresponding to the educational debt and provider discipline submitted for consideration under this application
- Account Statement and Disbursement Report for each student loan submitted for consideration

NOTES: