



Delta Dental of South Dakota Foundation Dentist Loan Repayment For Service Program - 2020

Delta Dental of South Dakota is dedicated to advancing and promoting the improvement of oral health.

Introduction

Delta Dental of South Dakota (DDSD) is pleased to announce the Delta Dental of South Dakota Foundation Loan Repayment for Service Program for 2020. The program is intended to provide financial assistance in the form of loan repayments to recipient dentists who, in exchange for loan repayment, agree to serve a selected percentage of Medicaid-insured patients in his or her practice.

Delta Dental's mission is to advance and promote the improvement of oral health—for all South Dakotans. Access to dental care is a serious problem for many South Dakotans and is especially acute for underserved populations and those in rural communities.

Eligibility Requirements

Dentists who are fully trained and licensed, or in the process of becoming licensed in South Dakota, are eligible to apply. Loan balances must be part of the original student loan, i.e., not combined with other personal loans. Applicants must be willing to serve the required service obligation, agree to be credentialed by DDSD, plan to work full time (32 hours/week minimum), and participate in the SD Medicaid program. Applicants must also be U.S. citizens and South Dakota residents. Dentists who are considered employees must have approval from their employer to participate in the program.

Note: Dentists with an existing service obligation in return for scholarship, loan forgiveness or tuition reimbursement are not eligible to apply. However, when such service obligations have been satisfied and if the dentist still has remaining loans he or she may then apply to Delta Dental's program.

Service Obligation/Loan Repayment

Applicants must agree to one of the following service obligations:

Option I

For loan repayments of \$10,000 per year, up to a total of \$40,000 over four years, a dentist must agree to see 15% Medicaid patients in his or her practice.

In addition, recipient dentists must agree to accept one patient/case per award year from the Donated Dental Services Program (operated by the SD Dental Foundation) or an approved alternative.

Option II

For loan repayments of \$20,000 per year, up to a total of \$80,000 over four years, a dentist must agree to see 30% Medicaid patients in his or her practice.

In addition, recipient dentists must agree to accept two patients/cases per award year from the Donated Dental Services Program (operated by the SD Dental Foundation) or an approved alternative.

Bonus

Loan recipients providing 1,000 or more Medicaid patient visits per year will be eligible to receive an additional \$5,000 per year toward their loan and are exempt from the Donated Dental Services program requirement.

Approved Recipients

Award recipients will sign a legally binding contract stating they will uphold their obligations to the program. The Delta Dental of South Dakota Foundation will make an annual payment toward the recipient's designated loan. The recipient will sign a Forgivable Note that states the recipient's loan will be forgiven if the service obligation has been met.

Recipients will be required to report quarterly on their obligation. Assuming service obligations are being met, recipients have the option to continue their participation in the program annually, with a commitment not to exceed four years.

Failure to Fulfill Commitment

If a participant fails to fulfill the service commitment as specified in the original contract, the recipient should contact Delta Dental to discuss an amendment to the contract to include options for meeting the service obligation. If the optional service obligations are not fulfilled, the recipient will then need to repay the Delta Dental of South Dakota Foundation within six months of the end of the contract year.

Qualified Loans

Qualified loans include government, commercial and foundation loans for actual costs paid for tuition, reasonable education expenses, and reasonable living expenses related to the graduate or undergraduate education of a dentist from an accredited school of dentistry. Home equity, business or personal loans from individuals do not qualify.

How to Apply

To be considered for the Loan Repayment Program, candidates will need to submit the following:

- Application form
- Responses to the application essay questions
- Two letters of recommendation
- Documentation of outstanding dental school loans
- Official dental school transcripts

Note: Candidates' responses to the application essay questions will weigh heavily in the selection process. Priority will be given to those applicants who indicate that their practice location will be in an area identified as a critical need area by Delta Dental.

Interested participants must complete and submit the attached application by either May 1, 2020, or October 1, 2020. Applications should be sent to:

Delta Dental of South Dakota Foundation
Attn: Loan Repayment Program
PO Box 1157
Pierre, SD 57501

For more information contact:

Connie Halverson
Delta Dental of South Dakota
1-800-627-3961 or 605-224-7345
connie.halverson@deltadentalsd.com

2020 Application

Delta Dental of South Dakota Foundation Dentist Loan Repayment for Service Program

Please type or print legibly. Applications must be complete.

Name:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Date of Birth:

Dental School Attended:

Degree Awarded:

Year Graduated:

Check one:

General Practitioner

Specialist in:

License #:

State:

Additional License #

State:

Practice Location:

Loan Balance Estimate:

Do you have an existing service obligation in return for scholarship, loan forgiveness or loan repayment?

Yes

No

Please select the service obligation category in which you choose to participate (**check one**):

_____ **Option I**

For loan repayments of \$10,000 per year, up to a total of \$40,000, I will agree to see 15% Medicaid patients in my practice.

Award recipients are also required to accept one patient/case per award year from the Donated Dental Services Program or an approved alternative.

_____ **Option II**

For loan repayments of \$20,000 per year, up to a total of \$80,000, I will agree to see 30% Medicaid patients in my practice.

Award recipients are also required to accept two patients/cases per award year from the Donated Dental Services Program or an approved alternative.

Please respond to the following:

- ⇒ Describe your commitment to caring for underserved individuals. (These experiences need not be specific to your training as a dentist.)
- ⇒ Why you are interested in practicing dentistry in South Dakota?
- ⇒ What factors have/will influence your practice location decision?
- ⇒ Describe your immediate and long-term professional goals.

Please attach the following to your application:

- Responses to the application essay questions
- Official college transcripts
- Licensure (or plans for)
- Verification of debt and documentation of outstanding dental school loans
- Two letters of recommendation

Send all application materials by May 1 or October 1, 2020 to:

Delta Dental of South Dakota Foundation
Attn: Loan Repayment Program
PO Box 1157
Pierre, SD 57501