Florida Reimbursement Assistance for Medical Education – Dental Program | FRAME[dental]

Application

SECTION I. Applicant Information

Name: Last:	First:	Middle:	
Mailing Address:	Street Address or PO Box		
City	State	ZIP Code	County
Physical Address: ☐ Same as the mailing address (if yes, go to phone #)	Street Address		
City	State	ZIP Code	County
Telephone Number:	Email Address:		
Date of Birth:	Social Security Number[1]:		
Gender: ☐ Male ☐ Female	Ethnicity: ☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Native American ☐ Other		
Please select one: ☐ I am a US Citizen OR ☐ I am a US national, as defined by 8 U.S.C. 1401			

I provide most of my direct patient care in the field of: (select most prevalent)

☐ General Dentistry ☐ Orthodontics ☐ Periodontics ☐ Prosthodontics

☐ Pediatric Dentistry ☐ Endodontics ☐ Oral and maxillofacial surgery

Dental License Number: DN

National Provider Identifier (NPI) Number:

Medicaid Provider Number:

[1] **NOTICE OF COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS** - Florida law requires agencies that collect an individual's social security number to state in writing the purpose for its collection. The Department of Health is authorized to collect your social security number pursuant to 119.071(5)(a)2., Florida Statutes, because collection is imperative for the performance of the Department's duties and responsibilities as prescribed by law. This notice is provided pursuant to section 119.071(5)(a), Florida Statutes. For the FRAME[dental] program, established pursuant to section 1009.65, Florida Statutes, social security numbers are collected and used only for identification purposes and to ensure that loan reimbursement awards are properly applied to the correct individual's qualified loan with a financial institution. Social security numbers collected for this purpose will remain confidential.

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Applicant Name: _____
Please Type

SECTION 2. Loan Payment Preference

You may skip this section if you are requesting loan reimbursement from only one lender.

The number of educational loan lenders: _____

Please specify what portion of the allowable amount you wish to be applied to each lender you have a loan with.

Payment Preference	Lender	Principal Balance	Portion of Allowable Amount to be applied
1st Preference		$	%
2nd Preference		$	%
3rd Preference		$	%

SECTION 3. Employment Information

In what year did you first begin practicing in Florida? ____

How long have you practiced in a federally designated Health Professional Shortage Area (HPSA) located in Florida?
__ years, __ months

How many employers do you currently have: _____

Employers (please list):

(You will need an Employment Verification Form from each employer, including yourself, if you are not an employee)

Applicant Name: _____
Please Type

SECTION 4. Attestations

I hereby attest that all information and statements contained herein are true and do not misrepresent facts. I further attest that I have not evaded or suppressed any information contained in this application or any of the supporting materials. The information I have supplied on this application is complete, true, and accurate. To the best of my knowledge and belief, I am eligible for this program.

I acknowledge that I am no longer eligible to receive funds under this program if I:

(a) Am no longer employed by a public health program as defined by Rule 64W-6.001, F.A.C.
(b) Cease to participate in the Florida Medicaid program.
(c) Have disciplinary action taken against my license by the Board of Dentistry for a violation of section 466.028, F.S.
(d) Have received an award in this program for five (5) different years.

Furthermore, I attest that I am not currently receiving student loan repayment from a different state of Florida agency, that I have not applied to receive student loan repayment from a different state of Florida agency, nor do I intend to apply for student loan repayment from a different state of Florida agency.

Applicant's Signature	Date	Applicant's Printed Name

NOTICE: Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties under section 837.06, Florida Statutes, which may include fines, imprisonment, or both.