OHIO EMPLOYER AGREEMENT

Ohio Dental Hygienist Loan Repayment Program
Ohio Dentist Loan Repayment Program
Ohio Physician Loan Repayment Program
State Loan Repayment Program

On behalf of _____ I certify that if _____ is awarded a loan
(Employer Name) (Applicant's Name)
repayment contract with the state of Ohio, the above-named agency will do the following:

1. Employ _____ (herein referred to as the Practitioner) for the duration of the loan repayment contract at the
(Applicant's Name)
practice site(s) (herein referred to as the Site) listed below:
   a) Practice Site #1 Name
      Address City Zip+4
   b) Practice Site #2 Name
      Address City, Zip+4
   c) Practice Site #3 Name
      Address City, Zip+4
2. Ensure the Practitioner works at least 45 weeks each service year, at the above-named practice site(s), for the appropriate number of hours per week, defined as:
   a) *Full-time practice* – means working a minimum of 40 hours per week. Practice-related administrative activities may not exceed eight hours per week. Full-time Practitioner may spend up to eight hours per week teaching in the clinical setting at the approved practice site; or
   b) *Part-time practice* – means working a minimum of 20 hours and a maximum of 39 hours per week. Practitioner may spend up to four hours per week conducting both practice-related administrative activities and teaching in the clinical setting at the approved practice site.
3. Provide a competitive salary to the Practitioner, without using the loan repayment benefit to offset the Practitioner's salary.
4. Immediately notify the Loan Repayment Program Coordinator at the Ohio Department of Health if:
   a) the Site terminates the Practitioner;
   b) the Practitioner resigns from the Site;
   c) the Site adds a practice location for the Practitioner not listed in the Practitioner's contract;
   d) the Practitioner goes on extended leave lasting longer than three weeks; or,
   e) the Practitioner is out of the office for 35 days or more during the service year.
5. Agree not to change the Practitioner's practice site without prior, written approval from the Ohio Department of Health.
6. Make health services available to individuals without regard to inability to pay for health services or payment for health services under the Medicare Insurance Plan, Ohio's Title XIX Medicaid Insurance Plan, or Ohio's Title XXI Children's Health Insurance Plan.
7. Use a scale based on 200% of the current federal poverty guidelines *if utilizing a Sliding Fee Scale for patient discounts*.
   Check here if no SFS is used
8. Post or prominently display a statement expressing that no one will be denied access to services due to an inability to pay.
9. Provide culturally appropriate primary care, dental and/or mental health care services.
10. Assure data collection as necessary to complete the semi-annual Patient Activity Reports, due January 15 and July 15 for the preceding six-month periods. The reports include both the Site's and the Practitioner's patients and patient visits by payer type.

The signature of the Site Official below confirms that the above-named site agrees to comply with the requirements set forth in this Agreement if a loan repayment contract is awarded to the Practitioner named in this Agreement:

Name (printed) of Site Official Title

E-mail Address Phone

Signature _____ Date