EMPLOYER ENDORSEMENT AND FINANCIAL COMMITMENT STATEMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH AND SAFE COMMUNITIES
SFN 62767 (10-2026)

Click Here to Clear Field Data

Employer Name
Name of Employee or Health Professional applying for the ND Health Care Professional Student Loan Repayment Program
Discipline of Health Professional, including Physician, APP, or Behavioral Health Professional

Site Contact Information

Position	Name	Email Address	Phone Number
Site Representative			
Chief Executive Officer			
Chief Financial Officer			
Human Resources Director			
Recruiter, if any			

Based on the health professional's discipline, the employer's financial commitment will vary. Please refer to the chart below. The employer match will follow the ND Department of Health and Human Services (NDDHHS) payment schedule. Employer funds used for this program may not be retroactive, including retention bonuses and sign-on bonuses, but must be used for the purpose of loan repayment. Verification of the employer's payment must be reported annually to NDDHHS by the health professional.

Discipline	Employer Match Commitment Yearly	5-year Contract Total
Physician	$10,000	$50,000
Advanced Practice Providers	$400	$2,000
Psychologists	$3,000	$15,000
Registered Nurses	$400	$2,000
Behavioral Health Providers	$400	$2,000

Employer agrees to endorse and financial commit to provide matching funds if the health professional named previously is selected to participate in the ND Health Care Professional Student Loan Repayment Program.

Employer Signature	Title	Date