



Employer Endorsement and Financial Commitment Form

Employer Name
Name of Employee/Health Professional applying for the ND Health Care Professional Student Loan Repayment Program
Discipline of Health Professional (Physician, APP, Behavioral Health Professional, etc.)

Site Contact Information

	Name	Email	Phone
Site Representative			
Chief Executive Officer			
Chief Financial Officer			
HR Director			
Recruiter (if any)			

Based on the discipline of the Health Professional, the financial commitment from the Employer will vary, please refer to the chart listed 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 (i.e. retention bonus, sign-on bonus), but meant for the purpose of loan repayment. Verification of the payment from the Employer will be required to be reported annually to NDDHHS by the Health Professional.

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

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

Employer Signature and Title	Date
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