

OKLAHOMA HEALTH CORPS

APPLICATION CHECKLIST

Thank you for your interest in Oklahoma Health Corps! We recommend gathering all required documentation prior to beginning the application and allowing at least one hour to complete the application. The application must be completed in one setting. As outlined below, the application requires information about you and your organization, your education and educational debt, personal statements, and optional feedback.

APPLICATION DEADLINE - Monday, February 26, 2024, at 7:00 a.m.

APPLY AT - https://osdhcdc.az1.qualtrics.com/jfe/form/SV_8rbYUQc60uXFhXY

INFORMATION NEEDED:

You and Your Organization

Personal contact and demographic information, license type and number, and NPI number.

Facility name, physical address, and parent company (if applicable).

Facility's National Health Service Corps and/or Oklahoma Health Corps Point of Contacts name, email address, and title.

Your Education and Educational Loans

Information about your degree and professional training and where you went to college.

Names of each lender, a count of loans with each lender, and the total amount owed to each lender.

Statement from each lender that clearly displays the applicant's name and address, lender's name and remittance address, the outstanding loan balance, and the loan payment status listed as "paid current".

- Documents must be in PDF format and titled in the following way **LASTNAME_LENDER.pdf**. For example: Jones_Netnet.pdf, Jones_OSLA.pdf.
- Do not upload reports from the National Student Loan Data System or a personal credit report.
- To verify eligibility of educational debts, review the [OK Health Corps Program Guidance](#) on our [website](#).

Personal Statements

You are allowed 1,500 characters per question to respond to the following prompts:

- Regarding social determinants of health and behavior, how do you work within your organization to reduce obstacles to care for clients in your community?
- Regarding social determinants of health and behavior, what would you identify as the greatest needs of the community you currently serve? How does your facility and/or community address those needs?
- Within the next three to five years, what do you aim to accomplish as an individual provider to better serve your clients and community?
- Has there ever been a circumstance in your life that gave you experiential knowledge or more deeply connected you to the people and populations you now serve? Please explain.
- What do you enjoy about your current role and why? Do you see yourself in this same role in three to five years? Why or why not?

Optional Feedback

There are four multiple choice questions and one comment box for feedback. This is the first application cycle for OK Health Corps, please assist the program development process by offering candid feedback.

This document does not include comprehensive program standards and guidelines. If you are unable to answer a question with the enclosed information, please review the [OK Health Corps Website](#) or contact the Primary Care Office at OKHealthCorps@Health.ok.gov.