

APPLICATION FOR RURAL HEALTHCARE FACILITY RECRUITMENT ASSISTANCE PROGRAM (RHFRAP)

To be completed by employing facility – Applications accepted May 1 - December 31 each year

HEALTHCARE PROFESSIONAL INFORMATION

Full Name (First Middle Last): _____

Other Names Used (i.e. Maiden): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Degree (B.S., A.S.) _____ Date Degree Obtained: _____

Degree Institution: _____

Occupation: _____

License/Cert.#: _____ In Good Standing: Yes No Employed Full-Time? Yes No

Do you have NPI #? Yes No If yes, NPI #: _____

EMPLOYING FACILITY INFORMATION

Facility Name: _____

Facility Type: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Contact Person: _____ Title: _____

Contact Email: _____ Contact Phone #: _____

Authorized Representative: _____ Title: _____
(Signing Contract)

Authorized Representative Email: _____

Date Professional Begins/Began Employment in the Facility: _____

Please read and sign on page 2, then email the completed application, certificate of liability insurance, and a copy of the health professional's license/certificate.



Program Requirements:

1. An employing facility must be either a South Dakota licensed hospital, nursing facility, ambulance service, or chemical dependency treatment facility or federally qualified health center, home health agency, intermediate care facility for individuals with intellectual disabilities, community support provider, community mental health center, or end stage renal dialysis facility currently certified under Titles 18 or 19 of the Social Security Act (Medicare or Medicaid), and be located in a community with a population of 10,000 or less. Applications must be submitted by employing facility with a limit of 3 participants per employing facility per year.
2. The health professional must fill a budgeted vacancy.
3. To be eligible, a health professional must either be licensed or certified within their occupation, agree to provide full-time professional services within the employing facility for three years, and have no encumbrances or pending disciplinary action upon their license or certificate at the time of entering into a Rural Healthcare Facility Recruitment Assistance Program agreement.
4. The health professional must be a "new professional" employed at the facility for no longer than nine months prior to applying. (A 'new professional' could include a current employee who is changing occupations within 9 months of applying for RHFRAP).
5. Preference will be given to new graduates in the application process. Although applications will be accepted for individuals seeking licensure or certification, the state cannot enter into an agreement until the health professional is fully licensed or certified.
6. No person may participate in this program if he or she is participating or has previously participated in any other state or federal tuition reimbursement or loan forgiveness program.
7. The facility agrees to pay a portion of the \$10,000 assistance payment, dependent on the size of the community in which the facility is located. Communities of 2500 or less pay 25% of the \$10,000. Communities over 2500 pay 50% of the \$10,000.

I have read the above Program Requirements

I certify the information above to be true and correct:

Health Professional Signature: _____ Date: _____

Facility Authorized Signature: _____ Date: _____

Please email the completed application, certificate of liability insurance, and a copy of the health professional's license/certificate to deann.sprenger@state.sd.us.

ELIGIBLE OCCUPATIONS:

- + Dietitians or Nutritionists
- + Nurses (LPN or RN)
- + Occupational Therapists
- + Respiratory Therapists
- + Pharmacists
- + Physical Therapists
- + Paramedics
- + Radiologic Technologists
- + Medical Laboratory Professionals
- + Healthcare Social Workers
- + Speech Therapists
- + Dental Hygienists

ELIGIBLE FACILITIES:

- + Hospitals
- + Nursing Facilities
- + Federal Certified Home Health Agencies
- + Chemical Dependency Treatment Facilities
- + Intermediate Care Facilities for People with Intellectual/Developmental Disabilities
- + Community Support Providers
- + Community Mental Health Centers
- + ESRD Facilities
- + Federally Qualified Health Centers (FQHCs)
- + Ambulance Services
- + Dental Practices



SD Department of Health Office of Rural Health
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