

# APPLICATION FOR RURAL HEALTHCARE FACILITY RECRUITMENT ASSISTANCE PROGRAM

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): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Degree (B.S., A.S.): \_\_\_\_\_ Date Degree Obtained: \_\_\_\_\_

Degree Institution: \_\_\_\_\_

Occupation: \_\_\_\_\_ License/Cert. #: \_\_\_\_\_ In good standing? Yes No

Employment Location: \_\_\_\_\_ Employed Full-time? Yes No  
(i.e. facility and community)

## EMPLOYING FACILITY INFORMATION

Facility Name: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signing Contract)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Date position filled by health professional became vacant: \_\_\_\_\_

Date professional begins/began employment in facility: \_\_\_\_\_

### Important Notes:

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 the 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 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 (see specific occupations on reverse); 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 RHFRAAP).
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 under 2500 pay 25% of the \$10,000. Communities over 2500 pay 50% of the \$10,000.

**I certify the information above to be true and correct:**

Health Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OCCUPATIONS ELIGIBLE FOR THE RURAL HEALTHCARE FACILITY RECRUITMENT ASSISTANCE PROGRAM

In order to enter into a Rural Healthcare Facility Recruitment Assistance Agreement with the State of South Dakota, *the health professional must have a full license or be certified (if applicable) to practice within the following professions.* Limited licenses do not qualify.

Dental Hygienist - licensed by the South Dakota Board of Dentistry;

Dietitian or Nutritionist - licensed by the South Dakota Board of Medical and Osteopathic Examiners;

Medical Technologist, Medical Laboratory Technologist, Clinical Laboratory Scientist or Medical Laboratory Scientist - certified by the American Society of Clinical Pathologists, the American Medical Technologists, or the American Association of Bioanalysts;

Nurse - licensed as either an LPN or RN by the SD Board of Nursing (Advanced Practice Nurses are not eligible for this program);

Occupational Therapist - licensed by the South Dakota Board of Medical and Osteopathic Examiners;

Paramedic - licensed by the South Dakota Board of Medical and Osteopathic Examiners (does not include EMT Special Skills, or EMT Intermediate/85, or EMT Intermediate/99, or Advanced EMT, or EMT);

Pharmacist - licensed by the South Dakota Board of Pharmacy;

Physical Therapist - licensed by the South Dakota Board of Medical and Osteopathic Examiners;

Radiologic Technologist - certified by the American Registry of Radiologic Technologists, the American Registry of Diagnostic Medical Sonographers, the Nuclear Medicine Technology Certification Board or the Medical Dosimetrist Certification Board;

Respiratory Therapist - licensed by the South Dakota Board of Medical and Osteopathic Examiners;

Speech Therapist – licensed by the South Dakota Board of Examiners for Speech-Language Pathology;

Healthcare Social Worker – licensed by the South Dakota Board of Social Work Examiners.

### ELIGIBLE FACILITY TYPES

- Licensed Hospitals
- Nursing Facilities
- Federally Certified Home Health Agencies
- Chemical Dependency Treatment Facilities
- Ambulance Services
- Intermediate Care Facilities for Individuals with Intellectual Disabilities
- Dental Practice
- Community Support Providers
- Community Mental Health Centers
- End Stage Renal Dialysis Facilities (ESRD)
- Federally Qualified Health Centers (FQHC)

**Please mail or fax completed application, certification of liability insurance and a copy of the health professional's license/certification to:**



**SD Department of Health  
Office of Rural Health  
600 East Capitol Avenue  
Pierre, SD 57501  
Fax: 605-773-5683**