





**NON-FACULTY APPLICANT  
EMPLOYER AGREEMENT**  
OKLAHOMA DENTAL LOAN REPAYMENT PROGRAM

Oklahoma State Dept. of Health  
Dental Health Service  
1000 N.E. Tenth Street  
Oklahoma City, OK 73117-1299  
405-271-5502  
<http://den.health.ok.gov>

Applicant Information (Please type or print in black or blue ink.)

Last Name	First Name	MI
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The individual listed above is applying for the Oklahoma Dental Loan Repayment Program (ODLRP). This program is designed to increase the number of dentists serving and caring for those dependent upon the state for dental care. By agreeing to be part of this program, the applicant agrees that in return for school loan repayment assistance, a minimum of 30% of his/her patients will be Oklahoma Medicaid recipients at the time of treatment.

By signing this you are acknowledging that the individual listed above is permitted to use your dental practice site to meet this 30% goal. There will be some record keeping and reporting to ensure the individual is meeting his/her 30% goal. You also agree to have an ODLRP representative conduct a site visit(s), if necessary, to confirm that the practice site exists, explain how the program works, or perform other programmatic duties.

If you have any questions prior to signing this agreement, please e-mail Mrs. Susan Potter, Program Manager, Oklahoma Dental Loan Repayment Program, Dental Health Service, Oklahoma State Department of Health, at [ODLRP@health.ok.gov](mailto:ODLRP@health.ok.gov).

1. \_\_\_\_\_  

Owner(s)/Employer(s) Signature	Date
_____	_____
Print Name	Title
  
2. \_\_\_\_\_  

Owner(s)/Employer(s) Signature	Date
_____	_____
Print Name	Title
  
3. \_\_\_\_\_  

Owner(s)/Employer(s) Signature	Date
_____	_____
Print Name	Title

Practice Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_



**FACULTY APPLICANT  
OU COLLEGE OF DENTISTRY  
AGREEMENT**

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Applicant Information (Please type or print in black or blue ink.)

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Last Name

First Name

MI

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The individual listed above is applying for the Oklahoma Dental Loan Repayment Program (ODLRP). This program is designed to provide an opportunity to staff faculty positions at the University of Oklahoma College of Dentistry. By agreeing to be part of this program, the individual listed above agrees that in return for school loan repayment assistance, he/she will accept and abide by the rules and regulations of a faculty member and the job duties assigned by the Dean of the University of Oklahoma College of Dentistry.

By signing this you are agreeing to employ this individual, if accepted into the ODLRP, as a faculty member. There will be some minimal record submission to ensure the individual is fulfilling his/her duties as a faculty member.

If you have any questions prior to signing this agreement, please e-mail Mrs. Susan Potter, Program Manager, Oklahoma Dental Loan Repayment Program, Dental Health Service, Oklahoma State Department of Health, at [ODLRP@health.ok.gov](mailto:ODLRP@health.ok.gov).

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Signature of Dean

Date

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Print Name

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Telephone Number