



South Carolina AHEC Program Office  
Medical University of South Carolina  
19 Hagood Avenue  
MSC 814, Suite 802  
Charleston, SC 29425-8140

## South Carolina AHEC Rural Dentist Program Fact Sheet

[www.scahec.net/professionals.html](http://www.scahec.net/professionals.html)

### Overview:

The Rural Dentist Program, in coordination with the Department of Health and Environmental Control's Public Health Dentistry Program, is established at the Medical University of South Carolina. The funds appropriated to the Medical University of South Carolina for the Rural Dentist Program shall be administered by the South Carolina Area Health Education Consortium physician recruitment office. The Medical University of South Carolina is responsible for the fiscal management of funds to ensure that state policies and guidelines are adhered to.

To be eligible for the Dental Loan Repayment program, all applicants must have no outstanding service obligation for health professional service to the Federal Government (e.g., an active military obligation or National Health Service Corp), a State (e.g. State Loan Repayment Program or Scholarship Program obligation) or other entity, unless the obligation would be completed prior to receipt of the Dental Loan Repayment Award.

### Board:

While this program is administered by South Carolina AHEC, a Board is created to manage and allocate these funds to insure the location of licensed dentists in rural areas of South Carolina and on the faculty of the College of Dental Medicine at MUSC. The Board will be composed of the following: The Dean, or his Designee, of the MUSC College of Dental Medicine; three members from the South Carolina Dental Education Foundation Board who represent rural areas; and the President, or his designee, of the South Carolina Dental Association. The Director of DHEC's Office of Primary Care; the Director or his designee of the Department of Health and Human Services; and the Executive Director of the South Carolina Dental Association shall serve as ex-officio members without vote.

### Priority:

The intent of this program is to assist dentists in repaying educational loans in order that they may practice in a Health Professional Shortage Area (HPSA) in South Carolina or serve as full-time faculty at the MUSC College of Dental Medicine, without the financial burden of unpaid educational loans. The Board expects that during the commitment period, the dentists will either establish viable practices and become involved in their communities so that they will continue practicing in the area after the funding period is over, or will establish viable academic careers at the College of Dental Medicine. Priority for this program will be given to those demonstrating need and expressing honest intent to remain in the underserved area once funding is completed or are in an area of critical need at the College of Dental Medicine. Attached is the "Rural Dentist Program Eligibility Criteria."

### Application Process:

Applications will be accepted at any time. Interested persons must apply by February 15, 2019 for consideration for the next funding cycle that begins July 1, 2019. Applicants must identify the community in South Carolina in which they wish to practice or are currently practicing. Applications will also be accepted from dentists who wish to serve on the faculty at the MUSC College of Dental Medicine. Applications should include letters of endorsement from community lay members. Letters should not be submitted from members of the dental community. Letters that communicate the need for dental services in the area will be given additional weight.

Applications should also include, where applicable, letters that demonstrate a community's investment and/or the dentist's investment in the prospective practice. Examples of Practice Investment include financial assistance provided by local government, agencies, organizations, or the dentist; purchase of equipment; the provision, rent, or purchase of office space; or other types of tangible financial support.

The following documentation must be submitted with the application: a curriculum vitae, community letters of support from lay members of the community (not dentists), copies of all educational loan documents, documentation of practice investment, and your most recent income tax return with your social security number redacted. To qualify for this program, loans must be made with a recognized financial institution. Your application must also include a copy of the SLED State Criminal Records Check. This check is accessible on the web at [www.sled.state.sc.us](http://www.sled.state.sc.us). There is a minimal charge for this check.

Applications from providers currently in practice must include an **individual** Medicaid provider number in order to be considered. This stipulation does not apply to students who have not yet completed their training who will need to obtain an individual Medicaid provider number to be eligible for loan repayment.

**Applicants are encouraged to review the Eligibility Criteria for the Rural Dentist Program (attached) which reflect the selective weight assigned for each category.**

**Contract:**

Accepted dentists will sign a contract with South Carolina AHEC and MUSC to practice in an underserved area or teach at the MUSC College of Dental Medicine, for a designated amount of time. The terms of the contract stipulate that all participants will be expected to treat at least 100 unduplicated Medicaid patients in South Carolina. For students who will establish practice upon completion of training, to become a Medicaid provider, access the South Carolina Department of Health and Human Services' (DHHS) website at <https://www.scdhhs.gov/>. The South Carolina Dental Association (SCDA) can assist with obtaining a Medicaid provider number.

**Payment:**

Loan reimbursement payments are made quarterly and cover the amount of all canceled loan repayment checks submitted to the South Carolina AHEC (dated within the quarter); or the dentist can provide South Carolina AHEC with the proper information needed to access his/her loans online and these can be paid directly by the South Carolina AHEC.

**Penalty for Default:**

If the dentist fails to execute the full terms of the contract, the Rural Dentist Program Board will determine the appropriate disposition. The penalty may be up to a triple repayment of all money received plus interest at the prime rate plus 10% as of the day of default (plus any legal fees and costs necessary to collect the money). In the case of pregnancy, extended leave during which the dentist does not serve as a full time dentist or special circumstances, a period of time equal to the extended leave shall be added to the contract period.

**Special Cases:**

Applicants with any other type of service commitment will be considered individually by the Board for eligibility to participate in this program.

**Additional Information Needed:**

Prior to approval of any dentist, he/she will be required to provide information from the National Practitioner Data Bank.

**Contact Information:**

Kristin C. Cochran, MHA  
Director of Recruitment and Retention Programs  
South Carolina Area Health Education Consortium  
Charleston, SC 29425  
(p) 843-792-6977 (f) 843-792-4430  
[cochrak@musc.edu](mailto:cochrak@musc.edu)  
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*Revised August 2018*



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*Informational Only: For Completion by the Rural Dentist Board*

Name:

Address:

Site:

- |     |  |       |
|-----|--|-------|
| 1.  | South Carolina Resident (1)  | _____ |
| 2.  | MUSC Dental School (2)   | _____ |
| 3.  | Dental Residency Training (1)  | _____ |
| 4.  | HPSA Type:   |       |
|     | Geographic HPSA (3)  | _____ |
|     | Low-Income HPSA (1)  | _____ |
| 5.  | Rural Practice (3)   | _____ |
| 6.  | Practice Type:   |       |
|     | General Practice (1)   | _____ |
|     | Pediatric Dentistry (3)  | _____ |
| 7.  | Under-represented Minority (2)<br>(African-American; Native American; Hispanic)  | _____ |
| 8.  | Previous Applicant (1)   | _____ |
| 9.  | Community Endorsement (0-3)<br>(This can be documented by letters of support from community leaders that address the need for dental services in the area.)        | _____ |
| 10. | Practice Investment (0-5)<br>(This can be documented by community or practice financial investment such as provision of office space, purchase of equipment, etc.) | _____ |
| 11. | Overall Board Evaluation (0 – 5)   | _____ |
|     | TOTAL POINTS   | _____ |



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## South Carolina AHEC Rural Dentist Program Application

**INSTRUCTIONS:** Complete this application to receive consideration for the Rural Dentist Program. The following documentation must be submitted with the application: a curriculum vitae, community letters of support from lay members of the community (not dentists), copies of all educational loan documents, documentation of practice investment from the dentist or other organization or entities, and your 1040 Form from your most recent tax return with your social security number redacted. To qualify for this program, loans must be made with a recognized financial institution. Your application must also include a copy of the SLED State Criminal Records Check. This check is accessible on the web at [www.sled.state.sc.us](http://www.sled.state.sc.us). There is a minimal charge for this check.

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An email will be sent to each applicant confirming the application packet is complete. If an email isn't received within three business days, please email the South Carolina AHEC office at [cochrak@musc.edu](mailto:cochrak@musc.edu) to confirm receipt.

### I. Personal Information

- Name  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_
- Address  
No. \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Telephone  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
- Email Address \_\_\_\_\_
- Are you a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you a SC Resident? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you an underrepresented minority? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please indicate race/ethnicity: African American \_\_\_\_; Native American \_\_\_\_; Hispanic \_\_\_\_\_
- Total Educational Indebtedness \_\_\_\_\_
- Have you previously applied for funding through the South Carolina Rural Dentist Program? \_\_\_\_\_

### II. Professional Background

- Dental School Institution \_\_\_\_\_  
Date Graduated \_\_\_\_\_
- Residency Program Yes \_\_\_ No \_\_\_ Specialty \_\_\_\_\_ Date Graduated \_\_\_\_\_
- Current Position Practicing Dentist \_\_\_\_\_ Resident \_\_\_\_\_ Student \_\_\_\_\_
- Dental License Number: \_\_\_\_\_
- Medicaid Provider Number: \_\_\_\_\_

### III. Service Obligation Information

1. Did you incur a service obligation with any state, government, or other entity while obtaining your dental degree?

Yes \_\_\_ No \_\_\_ If yes, please describe the type of obligation, including the starting and ending dates.

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2. Have you received, applied, or plan to apply for additional funding through any state, government, or other entity? (Yes/No) \_\_\_\_\_

If yes, please provide the source, amount and duration of these funds.

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### IV. Practice Information

Please indicate your practice location(s). **IF YOU PRACTICE IN MORE THAN ONE LOCATION, PLEASE INDICATE NUMBER OF HOURS AT EACH LOCATION.**

1. Primary Practice Location

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Name of Practice			
Street Address of Practice	City	State	Zip

2. Practice County \_\_\_\_\_

3. How many hours per week do you expect to serve at this location? \_\_\_\_\_

#### Secondary Practice Location Information (If Applicable)

4. Secondary Practice Location

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Name of Practice			
Street Address of Practice	City	State	Zip

5. Practice County \_\_\_\_\_

6. How many hours per week do you expect to serve at this location? \_\_\_\_\_

Please indicate the following:

7. Practice Type:

Solo Practice \_\_\_\_\_ Group Practice \_\_\_\_\_ College of Dental Medicine \_\_\_\_\_ Other \_\_\_\_\_

8. Ownership Status:

Owner \_\_\_\_\_ Partner \_\_\_\_\_ Associate \_\_\_\_\_ Employee \_\_\_\_\_ Independent Contractor \_\_\_\_\_

Faculty \_\_\_\_\_ Other \_\_\_\_\_

9. Office Space:

Rent \_\_\_\_\_ Lease \_\_\_\_\_ Own \_\_\_\_\_ N/A \_\_\_\_\_

10. Applicant's Total Practice Indebtedness (if applicable) \_\_\_\_\_

\*Please include a letter from the bank indicating practice indebtedness.



**V. Applicant Background Information**

Date and Place of Birth \_\_\_\_\_ Permanent Home of Record \_\_\_\_\_  
(Prior to college)

College or University Attended \_\_\_\_\_

Spouse's Place of Birth \_\_\_\_\_ Spouse's Permanent Home of Record \_\_\_\_\_

Spouse's College or University Attended \_\_\_\_\_

Do you or your spouse have a relative currently practicing dental medicine in South Carolina?

Yes \_\_\_\_\_ No \_\_\_\_\_

Location of Practice \_\_\_\_\_

\_\_\_\_\_  
Signature Date

*I, the applicant, certify all information is true and correct to the best of my knowledge. This signature acknowledges that the applicant has his or her own Medicaid number and is not filing under the number of another dentist. Doing so would render the contract null and void. Current students are expected to obtain their own Medicaid number upon graduation.*

**PLEASE NOTE: IT IS YOUR RESPONSIBILITY TO MAKE SURE THIS IS A COMPLETE APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

*Revised 3/18*