
Rules of
Department of Health
Division 10—Office of the Director
Chapter 4—Coordinated Health Care Services

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**Title 19—DEPARTMENT OF
HEALTH**

**Division 10—Office of the Director
Chapter 4—Coordinated Health Care
Services**

**19 CSR 10-4.010 Primary Care Resource
Initiative for Missouri (PRIMO) Program**

PURPOSE: This rule establishes the requirements for developing and implementing a system of coordinated health care services available and accessible to all Missourians. This system is referred to as the Primary Care Resource Initiative for Missouri program.

(1) The following definitions shall be used in the interpretation and enforcement of this rule:

(A) Approved family practice residency program means a graduate medical education program designed to train family or general practice physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;

(B) Approved primary care residency program means a graduate medical education program designed to train family practice, general practice, general pediatric or general internal medicine physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;

(C) Area of defined need means a geographic area or population designated by the Missouri Department of Health as experiencing a shortage of accessible primary and preventive health care providers;

(D) Department means the Missouri Department of Health;

(E) Director means the director of the Missouri Department of Health;

(F) Educational loans means the financial assistance provided by the department for health professional education; or commercial loans made by schools, banks, credit unions, savings and loan associations, insurance companies and other financial institutions for health professional education; or loans made by federal, state, county or city agencies authorized by law to make loans for health professional education;

(G) Eligible resident physician means a physician training in an approved primary care residency program;

(H) Eligible student means a Missouri resident accepted and enrolled in a participating institution in a formal course of instruction leading to a doctor of medicine or a doctor of

osteopathic medicine degree or a bachelor of science or a master of science degree in nursing, or a bachelor of science degree in a field leading to acceptance into a school of medicine or osteopathic medicine;

(I) Participating institution means an institution in this state which grants the degree of doctor of medicine, doctor of osteopathic medicine, bachelor of science degree in nursing, master of science degree in nursing, or a bachelor of science degree in a field leading to acceptance into a school of medicine or osteopathic medicine. A participating institution also includes an institution in this state which offers a graduate medical education program designed to train primary care physicians and approved by the Accreditation Council for Graduate Medical Education for allopathic residencies or by the American Osteopathic Association for osteopathic residencies;

(J) Primary health care provider means a generalist physician or a professional specializing in primary and preventive health care in the discipline of nursing, public health or health education;

(K) Qualified employment means employment on a full-time basis in this state providing primary health care services in a public or nonprofit agency, institution or organization located in an area of defined need;

(L) Resident means an individual who has lived in this state for any purpose other than attending an educational institution located within this state for one (1) or more years just before submitting an application for financial assistance from the department;

(M) Rural area means a town or community within this state which is not an urbanized area. An urbanized area is defined as a central city(ies) and its contiguous closely settled territory with a combined population of at least fifty thousand (50,000); and

(N) Stipend means financial assistance provided to an eligible resident physician in return for future service in an area of defined need.

(2) The department—in cooperation with appropriate public and nonprofit agencies, institutions and organizations— shall develop and implement a statewide, integrated primary and preventive health care delivery system including education and recruitment and retention of health care professionals, extending from high school student identification and support systems to placement of professionals in areas of defined need.

(A) The department shall contract with appropriate public and/or nonprofit agencies, institutions and organizations to develop and implement a statewide recruitment, education

and support system for high school students to enter into primary and preventive health care professional education.

1. The system shall assure appropriate and academically sound precollege academic preparation.

2. The system shall provide experiential, hands-on learning opportunities.

3. The system shall emphasize recruitment of minority students and students from areas of defined need or rural areas.

(B) The department shall provide financial assistance to undergraduate students in a course of study leading to a bachelor of science degree in nursing or in a field leading to acceptance into a school of medicine or a school of osteopathic medicine. Based on documented needs assessments utilizing a scientifically strong methodology, all other health professionals will be considered for funding pending resource availability.

1. Eligible students may apply for financial assistance from the Primary Care Resource Initiative for Missouri (PRIMO) program, upon acceptance for admission into a participating institution.

2. Selected full-time students shall receive five thousand dollars (\$5,000) per academic year in forgivable loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

3. Selected part-time students shall receive three thousand dollars (\$3,000) per academic year in forgivable loans, not to exceed six (6) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

4. Interest at the rate of nine and one-half percent (9 1/2%) per year from the date of check issuance shall be charged on all PRIMO loans.

5. The department may grant a deferral of repayment of principal and interest when deferral is in the best interests of the state and the PRIMO program.

6. Interest accrued during a deferral period by a PRIMO scholar shall be forgiven on the same basis as the original principal and interest.

7. Forgiveness of interest and principal for financial assistance recipients engaged in qualified employment shall occur at the rate of twenty percent (20%) per calendar year of the total financial assistance provided through the PRIMO program. If a recipient receives assistance for less than five (5) years, forgiveness shall occur on a year-for-year basis.

8. Forgiveness and cash repayment periods shall begin the first day of the calendar year following the completion of training.

9. Cash repayment periods shall not exceed forty-eight (48) months beginning the first day of the calendar year following the completion of training.

10. Recipients found to be in default of their contracts shall be allowed a repayment period of up to forty-eight (48) months. The repayment period shall begin the date the recipient is out of compliance.

11. Preference for financial assistance shall be given to—

A. Students previously participating in the PRIMO program;

B. Minority students and students from areas of defined need or rural areas;

C. Students with an interest in providing primary health care services in areas of defined need; and

D. Students participating in preadmission programs of a medical/osteopathic school or advanced practice nursing.

(C) The department shall provide financial assistance to students in a graduate course of study leading to a master of science degree in primary care nursing or a doctor of medicine or doctor of osteopathic medicine degree. Based on documented needs assessments utilizing a scientifically strong methodology, all other health professionals will be considered for funding pending resource availability.

1. Eligible students may apply for financial assistance from the PRIMO program upon acceptance for admission into a participating institution.

2. Selected full-time graduate nursing students shall receive five thousand dollars (\$5,000) per academic year in forgivable loans, not to exceed two (2) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

3. Selected part-time graduate nursing students shall receive three thousand dollars (\$3,000) per academic year in forgivable loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

4. Selected graduate nursing students engaged in a clinical experience with a preceptor shall receive an additional five thousand dollars (\$5,000) in return for an obligation to provide primary health care services in an area of defined need.

5. Selected medical and osteopathic students shall receive up to twenty thousand dollars (\$20,000) per academic year in forgiv-

able loans, not to exceed four (4) loans per individual, in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

6. Loans to a medical or osteopathic student shall not exceed the cost of tuition at the participating institution.

7. Interest at the rate of nine and one-half percent (9 1/2%) per year from the date of check issuance shall be charged on all PRIMO loans.

8. The department may grant a deferral of repayment of principal and interest when the deferral is in the best interests of the state and the PRIMO program.

9. Interest accrued during a deferral period by a PRIMO scholar shall be forgiven on the same basis as the original principal and interest.

10. Forgiveness of interest and principal for financial assistance recipients engaged in qualified employment shall occur at the rate of twenty percent (20%) per calendar year of the total financial assistance provided through the PRIMO program. If a recipient receives assistance for less than five (5) years, forgiveness shall occur on a year-for-year basis.

11. Forgiveness and cash repayment periods shall begin the first day of the calendar year following completion of training.

12. Cash repayment periods shall not exceed forty-eight (48) months beginning the first day of the calendar year following completion of training.

13. Recipients found to be in default of their contracts shall be allowed a repayment period of up to forty-eight (48) months. The repayment period shall begin the date the recipient is out of compliance.

14. Preference for financial assistance shall be given to students listed in subparagraphs (2)(B)11.A.–D. of this rule.

(D) The department shall provide stipends to eligible resident physicians.

1. Eligible resident physicians may apply for financial assistance from the PRIMO program upon acceptance for admission into a participating institution.

2. Selected postgraduate year two (PGY II) resident physicians shall receive up to ten thousand dollars (\$10,000) per academic year in forgivable loans in return for an obligation to provide primary health care services in an area of defined need upon completion of their training.

3. Selected postgraduate year three (PGY III) resident physicians shall receive up to fifteen thousand dollars (\$15,000) per academic year in forgivable loans in return for an obligation to provide primary health care ser-

vices in an area of defined need upon completion of their training.

4. Interest at the rate of nine and one-half percent (9 1/2%) per year from the date of check issuance shall be charged on all PRIMO loans.

5. The department shall defer repayment of principal and interest when participants are in an approved primary care residency program that exceeds three (3) years in length.

6. The department may grant a deferral of repayment of principal and interest when the deferral is in the best interests of the state and the PRIMO program.

7. Interest accrued during a deferral period by a PRIMO scholar shall be forgiven on the same basis as the original principal and interest.

8. Forgiveness of interest and principal for financial assistance recipients engaged in qualified employment shall occur at the rate of twenty percent (20%) per calendar year of the total financial assistance provided through the PRIMO program. If a recipient receives assistance for less than five (5) years, forgiveness shall occur on a year-for-year basis.

9. Cash repayment periods shall not exceed forty-eight (48) months beginning the first day of the calendar year following completion of training.

10. Forgiveness and cash repayment periods shall begin the first day of the calendar year following completion of training.

11. Recipients in default of their contracts shall be allowed a repayment period of up to forty-eight (48) months. The repayment period shall begin the date the recipient is out of compliance.

12. Preference for financial assistance shall be given to—

A. Resident physicians previously participating in the PRIMO program;

B. Resident physicians from areas of defined need, rural areas and minority resident physicians; and

C. Resident physicians with an interest in providing primary health care services in areas of defined need.

(E) The department shall provide support to approved family practice residency programs to facilitate training of primary health care providers in rural areas and areas of defined need.

1. Funding to approved family practice residency programs shall be allocated on the basis of a point system with greatest funding going to those with the highest number of points—

A. One (1) point for each annual full-time equivalent resident physician training in or providing services in an area of defined need;

B. Five (5) points for each recent graduate of the approved family practice residency program practicing in a rural area; and

C. Ten (10) points for each recent graduate of the approved family practice residency program practicing in an area of defined need.

2. Approved family practice residency programs shall provide information annually to the PRIMO program to facilitate determination of funding levels.

3. Approved family practice residency programs shall provide to the department an annual detailed record of the expenditure of PRIMO funds.

(F) The department shall provide support to participating institutions to facilitate training of primary health care advanced practice nurses in rural areas and areas of defined need.

1. Funding to participating institutions shall be allocated on the basis of a point system with greatest funding going to those with the highest number of points—

A. One (1) point for each annual full-time equivalent nursing student training in an area of defined need;

B. Five (5) points for each primary care advanced practice nurse from a recent graduating class practicing in a rural area; and

C. Ten (10) points for each primary care advanced practice nurse from a recent graduating class practicing in an area of defined need.

2. Participating institutions shall provide information annually to the PRIMO program to facilitate determination of funding levels.

3. Participating institutions shall provide to the department an annual detailed record of the expenditure of PRIMO funds.

(G) The department shall develop a program to facilitate the development of community-based, comprehensive primary health care delivery systems throughout the state.

1. The department shall publish a request annually for proposals from communities seeking support for the development of community-based, comprehensive primary health care delivery systems.

2. Proposals shall be processed and scored by a review committee appointed by the director.

3. Funding levels shall be determined by the extent to which the proposals address the program requirements and the funding available for the program.

4. Project periods shall be for three (3) years with continued funding contingent upon—

A. Availability of state funds;

B. Participant's documented accomplishments and adherence to project activities; and

C. Annual detailed record to the department of the expenditure of PRIMO funds.

(3) PRIMO program participants shall file with the department the following completed forms:

(A) All applicants for financial assistance shall file form MO 580-1968 (10-94);

(B) Applicants approved for financial assistance shall file the contract form MO 580-1966 (10-94); and

(C) Participating institutions shall complete form MO 580-1969 (10-94) or form MO 580-1970 (9-94) to provide program information for future funding of approved family practice residency or primary care advanced practice nursing programs, respectively.

AUTHORITY: section 191.411.1, RSMo 1994. This rule was previously filed as 19 CSR 50-4.010. Emergency rule filed Nov. 1, 1994, effective Nov. 11, 1994, expired March 10, 1995. Emergency rule filed Feb. 23, 1995, effective March 5, 1995, expired July 2, 1995. Original rule filed Nov. 1, 1994, effective June 30, 1995. Changed to 19 CSR 10-4.010 July 30, 1998.

ALL INFORMATION IS CONFIDENTIAL AND FOR PROGRAMMATIC PURPOSES ONLY



MISSOURI DEPARTMENT OF HEALTH
PRIMARY CARE RESOURCE
INITIATIVE FOR MISSOURI (PRIMO)
P.O. BOX 570 JEFFERSON CITY, MO 65102
APPLICATION FOR PRIMO PROGRAM

MUST BE TYPED OR PRINTED

PAGE 1 OF 2

PROGRAM TYPE					
INDICATE THE PROGRAM YOU ARE ENROLLED IN OR HAVE BEEN ACCEPTED TO					
<input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> NURSING (BSN) <input type="checkbox"/> PRE-MED <input type="checkbox"/> GRADUATE NURSING <input type="checkbox"/> MEDICAL/OSTEOPATHIC					
APPLICANT INFORMATION					
(LAST, FIRST, MIDDLE INITIAL)			DATE OF BIRTH		SOCIAL SECURITY NUMBER
STREET			STATE	ZIP CODE	TELEPHONE ()
CITY			ARE YOU A UNITED STATES CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU A MISSOURI RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, HOW LONG?	YEARS	MONTHS
ARE YOU A PREVIOUS RECIPIENT OF ASSISTANCE FROM THE PRIMO OR OTHER DEPARTMENT OF HEALTH LOAN PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, WHAT ACADEMIC YEARS?	
ADDITIONAL INFORMATION FOR TRACKING AND REPORTING					
ETHNIC ORIGIN					
<input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> ASIAN-PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER					
HISPANIC ORIGIN		MARITAL STATUS			NUMBER & AGES OF DEPENDENTS
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED			
PARENT/GUARDIAN INFORMATION					
NAME(S)			ADDRESS		
CITY, STATE, ZIP CODE					TELEPHONE ()
EDUCATION INFORMATION					
HIGH SCHOOL ATTENDED			ADDRESS		
CITY			STATE	ZIP CODE	GRADUATION DATE
COLLEGE ATTENDED			ADDRESS		
CITY			STATE	ZIP CODE	DEGREE EARNED GRADUATION DATE
LAST SCHOOL ATTENDED			ADDRESS		
CITY			STATE	ZIP CODE	DEGREE EARNED GRADUATION DATE
NAME OF CURRENT EDUCATIONAL INSTITUTION			ADDRESS		
CITY			STATE	ZIP CODE	START DATE GRADUATION DATE

CONTINUED ON BACK

MO 580-1968 (10-94)

APPLICATION FOR PRIMO PROGRAM

PAGE 2 OF 2

EMPLOYMENT INFORMATION		
ARE YOU CURRENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LENGTH OF EMPLOYMENT/START DATE	DO YOU HAVE A CONTRACT WITH THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE NAME AND ADDRESS OF EMPLOYER		DO YOU PLAN TO REMAIN WITH THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
PRACTICE PLANS		
INDICATE FUTURE EDUCATION/PRACTICE PLANS (E.G., SPECIALTY, PLACE, TYPE OF PRACTICE, FACILITY, ARRANGEMENTS WITH COMMUNITY, ETC.). USE ADDITIONAL SHEETS IF NECESSARY.		
ENROLLMENT AND TUITION		
This section to be completed by a representative of the school.		
NAME OF INSTITUTION	ADDRESS OF INSTITUTION	
TELEPHONE NUMBER OF INSTITUTION ()	NAME AND TITLE OF CONTACT PERSON	
ACADEMIC YEAR APPLIED FOR	TUITION FOR THIS PROGRAM \$	
STUDENT'S CURRENT YEAR IN THE PROGRAM	PROGRAM START DATE	
I CERTIFY THAT THE APPLICANT IS ENROLLED AND IN GOOD STANDING OR HAS BEEN ACCEPTED FOR ENROLLMENT. UPON REQUEST, COPIES OF THE APPLICANT'S FINANCIAL STATEMENT, APPLICATIONS FOR FINANCIAL AID AND ANY OTHER INFORMATION DEEMED NECESSARY WILL BE PROVIDED TO THE MISSOURI DEPARTMENT OF HEALTH.		
SIGNATURE OF SCHOOL REPRESENTATIVE	TITLE	DATE
FOR THE APPLICANT		
I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT, TO THE BEST OF MY KNOWLEDGE, AND THAT ALL FUNDS WILL BE USED FOR ACADEMIC PURPOSES IN THIS ACADEMIC YEAR. I UNDERSTAND THAT I AM MAKING A COMMITMENT TO PROVIDE, UPON COMPLETION OF MY PROFESSIONAL TRAINING, PRIMARY CARE SERVICES IN AN AREA OF DEFINED NEED IN MISSOURI, IF I AM AWARDED AND ACCEPT ASSISTANCE FROM THE PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI PROGRAM. I HEREBY AUTHORIZE THE RELEASE OF ALL FINANCIAL AID INFORMATION AND ANY OTHER INFORMATION DEEMED NECESSARY TO THE DEPARTMENT OF HEALTH, BY PAST, CURRENT OR FUTURE EDUCATIONAL INSTITUTIONS.		
SIGNATURE OF APPLICANT	TITLE	DATE
NOTARY	DATE	

MO 580-1968 (10-94)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

PLEASE TYPE OR PRINT



MISSOURI DEPARTMENT OF HEALTH
 PRIMARY CARE RESOURCE
 INITIATIVE FOR MISSOURI (PRIMO)
 P.O. BOX 570 JEFFERSON CITY, MO 65102

ADVANCED PRACTICE NURSE TRAINING PROGRAM QUESTIONNAIRE

PROGRAM INFORMATION		
PROGRAM AND INSTITUTION NAME		
STREET ADDRESS		
CITY, STATE, ZIP CODE		TELEPHONE ()
CONTACT NAME	TITLE	DATE

THE INFORMATION PROVIDED ON THIS FORM WILL BE USED TO DETERMINE THE PROPORTION OF PRIMO PROGRAM FUNDS USED TO SUPPORT THE PROGRAM LISTED ABOVE. PLEASE COMPLETE THE REQUESTED INFORMATION BASED UPON THE PRECEDING ACADEMIC YEAR UNLESS OTHERWISE INDICATED. IF YOU HAVE ANY QUESTIONS REGARDING THE PROGRAM OR PROCESS, PLEASE CONTACT THE PRIMO PROGRAM AT THE ADDRESS LISTED ABOVE, OR CALL (314) 751-6219.

STUDENT INFORMATION		
	NUMBER OF APPROVED POSITIONS	NUMBER OF FILLED POSITIONS
FIRST YEAR STUDENTS		
SECOND YEAR STUDENTS		

	NUMBER
NUMBER OF CLINICAL TRAINING SITES LOCATED IN MEDICALLY UNDERSERVED AREAS.	
AVERAGE NUMBER OF HOURS PER WEEK STUDENTS PROVIDED SERVICES IN CLINICAL TRAINING SITES IN MEDICALLY UNDERSERVED AREAS.	

GRADUATE INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING PROGRAM GRADUATES. FOR PURPOSES OF THIS PROGRAM, GRADUATES FROM THE LAST THREE (3) PROGRAM YEARS WILL BE CONSIDERED RECENT GRADUATES.

	NUMBER
NUMBER OF RECENT GRADUATES PRACTICING IN RURAL (NON-URBANIZED) AREAS IN MISSOURI.	
NUMBER OF RECENT GRADUATES PRACTICING IN HEALTH PROFESSIONAL SHORTAGE AREAS IN MISSOURI.	

INSTITUTION REPRESENTATIVE SIGNATURE	
SIGNATURE	DATE

PLEASE TYPE OR PRINT



MISSOURI DEPARTMENT OF HEALTH
 PRIMARY CARE RESOURCE
 INITIATIVE FOR MISSOURI (PRIMO)
 P.O. BOX 570 JEFFERSON CITY, MO 65102
FAMILY PRACTICE RESIDENCY PROGRAM QUESTIONNAIRE

PROGRAM INFORMATION		
PROGRAM AND INSTITUTION NAME		
STREET ADDRESS		
CITY, STATE, ZIP CODE		TELEPHONE ()
CONTACT NAME	TITLE	DATE

THE INFORMATION PROVIDED ON THIS FORM WILL BE USED TO DETERMINE THE PROPORTION OF PRIMO PROGRAM FUNDS USED TO SUPPORT THE PROGRAM LISTED ABOVE. PLEASE COMPLETE THE REQUESTED INFORMATION BASED UPON THE PRECEDING ACADEMIC YEAR UNLESS OTHERWISE INDICATED. IF YOU HAVE ANY QUESTIONS REGARDING THE PROGRAM OR PROCESS, PLEASE CONTACT THE PRIMO PROGRAM AT THE ADDRESS LISTED ABOVE, OR CALL (314) 751-6219.

RESIDENT INFORMATION		
	NUMBER OF APPROVED POSITIONS	NUMBER OF FILLED POSITIONS
FIRST YEAR RESIDENTS		
SECOND YEAR RESIDENTS		
THIRD YEAR RESIDENTS		

NUMBER OF CLINICAL TRAINING SITES LOCATED IN AREAS OF DEFINED NEED.	NUMBER
AVERAGE NUMBER OF HOURS PER WEEK RESIDENT PHYSICIANS PROVIDED SERVICES IN CLINICAL TRAINING SITES IN AREAS OF DEFINED NEED.	NUMBER

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING PROGRAM GRADUATES. FOR PURPOSES OF THIS PROGRAM, GRADUATES FROM THE LAST THREE (3) CALENDAR YEARS WILL BE CONSIDERED RECENT GRADUATES.

NUMBER OF RECENT GRADUATES PRACTICING IN RURAL (NON-URBANIZED) AREAS IN MISSOURI.	NUMBER
NUMBER OF RECENT GRADUATES PRACTICING IN HEALTH PROFESSIONAL SHORTAGE AREAS IN MISSOURI.	NUMBER

INSTITUTION REPRESENTATIVE SIGNATURE	
SIGNATURE	DATE

MO 580-1969 (10-94)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
 services provided on a nondiscriminatory basis



MISSOURI DEPARTMENT OF HEALTH
 BUREAU OF PRIMARY CARE
 PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI (PRIMO)
 P.O. BOX 570 JEFFERSON CITY, MO 65102
PRIMO CONTRACT

PAGE 1 OF 2

MUST BE TYPED OR PRINTED

BORROWER'S NAME (LAST, FIRST, MIDDLE INITIAL)		
ADDRESS STREET		
CITY	STATE	ZIP CODE
BIRTHDATE	SOCIAL SECURITY NUMBER	APPLYING FOR ACADEMIC YEAR
LENDING INSTITUTION The Missouri Department of Health:		
TERMS I agree to pay the State of Missouri, or its authorized agent, the principal sum of _____ dollars (\$ _____), plus interest, in United States currency, upon maturity of this note.		
INTEREST I hereby agree to pay simple interest on the unpaid loan principal at a rate of nine and one-half (9.5) percent per annum from the issue date of the state check until the principal and accumulated interest are paid.		
MATURITY This note will mature when the borrower ceases to be an eligible student at a participating school or when the borrower ceases his/her training as a primary care resident.		
FORGIVENESS Participants receiving assistance from PRIMO agree to earn forgiveness by engaging in full-time qualifying employment in an area of defined need in Missouri. Forgiveness will begin six (6) months after completion of the participant's education or primary care training. Participants receiving PRIMO assistance for four (4) years or less will repay in the form of forgiveness on a year-for-year basis. Participants receiving PRIMO assistance for more than four (4) years will repay through the reduction of their principal and interest at the rate of twenty (20) percent for each year of forgiveness earned.		
ADDITIONAL AGREEMENTS The borrower fully understands and agrees to the following: <ol style="list-style-type: none"> The borrower will use the proceeds of this loan for educational and related expenses. The borrower will send written notice to the Missouri Department of Health within thirty (30) days of any change in enrollment status, residency plans, practice location, type of practice, name or address. The borrower is making a commitment to provide primary care services, upon completion of his/her education or primary care training, in an area of defined need or Health Professional Shortage Area (HPSA) as determined by the Missouri Department of Health. If the borrower's eligibility status changes (no longer a qualifying student or student in good standing) and the borrower is not providing primary care services in a qualifying area, repayment of the loan principal and interest will begin within ninety (90) days of the date the borrower ceases to be in qualifying eligibility status. Payment in full will be complete no more than forty-eight (48) months from that date. 		

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MO 580-1966 (10-94)

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
 services provided on a nondiscriminatory basis

PRIMO PROGRAM

ADDITIONAL AGREEMENTS, CON'T

5. If in a professional education program, the borrower will submit to the Missouri Department of Health proof of his/her enrollment, program eligibility and academic standing within thirty (30) days of the Department's request and within thirty (30) days of the end of each semester or summer session.
6. Upon completion of the educational program and becoming licensed, should the borrower at any time choose not to provide primary care services in a defined area of need or a Health Professional Shortage Area, repayment of the loan principal and interest become due and owing immediately, and, under a jointly agreed to repayment program, must be repaid within four (4) years of the breach.
7. If the borrower violates any of the provisions of this loan contract or promissory note, including notifying the Missouri Department of Health of changes of address, the Missouri Department of Health may call the note due immediately.
8. When necessary to protect the interest of the state in any loan transaction under the PRIMO Program, the Missouri Department of Health may institute any action to recover any amount owed.

REMEDIES

The Department retains all administrative, civil and criminal remedies for breach of this contract by the participant.

MODIFICATION/EXTENSION

This contract may not be amended or modified without prior written agreement of the parties.

EXECUTION

The parties signed this contract on the dates indicated below.

FOR THE PARTICIPANT		FOR THE DEPARTMENT OF HEALTH	
SIGNATURE		AUTHORIZED SIGNATURE	
TITLE		TITLE	
DATE		DATE	
NOTARY		WITNESS	
DATE		DATE	

REMINDER: All contracts must be completed and signed.

FOR OFFICE USE ONLY

MO 580-1966 (10-94)