

West Virginia University Institute for Community & Rural Health
Dental Service Program: 2019-2020
Student Application

Submission Guidelines:

Your application, two recommendation forms, and the Certification of Education Status must be postmarked by **December 13, 2019**. Awards will be made in March, 2020.

Please send the entire completed application by the deadline to:

April L. Vestal, MPH, Director
WVU Institute for Community and Rural Health
PO Box 9009
Morgantown WV 26506-9009

Dental Service Program funds are awarded through a competitive process, so please provide complete information. You may attach additional pages if needed. **Please type or print your responses in blue ink.**

You can obtain an application form by visiting <http://www.hsc.wvu.edu/icrh/Students> and clicking on Dental Student Service Program.

The following materials are enclosed:

- * Dental Service Program Student Application
- * Recommendation form
- * Certification of Education Status Form
- * 2019-20 Eligible Sites for the WVU Institute for Community and Rural Health Service Program Obligations

Eligibility:

Fourth year dental students at West Virginia University School of Dentistry, who intend to practice in West Virginia. Selected students will receive a **\$50,000** service program award in exchange for a 24-month commitment for full-time work in WV.

Obligation to Practice in West Virginia:

Students who are awarded service program funding must sign a contract and practice full-time (32-40 hours per week) for a minimum of one year at an eligible site. See the 2019-20 Eligible Sites for the WVU Institute for Community and Rural Health Service Program Obligation on page 6 of this application.

Students are responsible for locating a practice site and must agree to provide oral health services to West Virginia Medicaid and CHIP recipients. The penalty for not fulfilling the service obligation is repayment of the service program award with interest.

Eligibility for Other Financial Incentives:

Students who are awarded a Dental Service Program Award also may qualify for other financial incentives for rural practice in West Virginia. In some cases, the service obligations can be met concurrently.

If you have any questions, you may discuss the program with Dr. Richard Meckstroth or:

April L. Vestal, MPH, Director
West Virginia Institute for Community & Rural Health
PO Box 9009
Morgantown WV 26506-9009
Phone: (304) 276-0920
Fax: (304) 293-8764
Email: avestal@hsc.wvu.edu

West Virginia Dental Service Program
Student Application 2019-2020

1. Name: _____
(Last) (First) (Middle)
2. Date of Birth: _____
3. _____
(Current Mailing/Street Address)

(City) (State/Zip) (County)
Evening/Home Phone: _____ Cell Phone: _____
E-mail: _____
4. _____
(Permanent Mailing/Street Address)

(City) (State/Zip) (County)
5. Current year in school: _____ Anticipated Graduation Date: _____
6. Career Goal:
7. Are you a resident of West Virginia? Yes No
If "Yes", how many years? _____ What is your home county? _____

Please provide complete information in your responses. Attach additional pages if necessary.

8. Background: (Where were you born and raised? What family ties, if any, do you have in rural West Virginia? Have you ever lived or worked in rural West Virginia or another rural area?)
9. What personal and professional attributes make you a good match for rural practice?

10. What do you believe to be the positives and negatives of practicing and living in West Virginia?

11. If you received this service program award, what impact would the service obligation have on your personal life?

12. Describe any related community research, service projects, or volunteer work you have done in rural West Virginia.

13. Have you explored practice opportunities in West Virginia? Yes No

Do you have a geographic preference? Yes No

Comments:

14. Do you have any professional or personal barriers to relocating to any part of the state?

15. Do you have any other service obligations, including military obligations? Yes No
If "Yes", please describe.

16. Students who receive financial assistance funded by State revenue must be in compliance with the Selective Service Act which requires that males between the ages of 18 and 25 register with the Selective Service.

Are you in compliance? Yes No Does not apply

Comments:

17. a.) List a minimum of three practice opportunities that you have explored, including the site location. If you have not yet explored any options, indicate any areas (counties, towns etc.) you may be considering.

b.) Did you grow up in or near any of the above communities? Yes No

Additional Application Materials Required for All Applicants:

In addition to submitting a completed copy of this application, all applicants must also submit the following forms to the School of Dentistry Service Program Committee. **All materials must be postmarked by December 13, 2019:**

Your completed application should include:

1. The completed 2019-20 WVU Institute for Community and Rural Health Dental Student Application Form.
2. At least two letters of recommendation (use the linked Recommendation form) from (1) an official in the Dean's Office who can address your academic work, clinical skills and professionalism, and (2) An individual (not a relative) who is knowledgeable about your clinical experiences as a health professions student.
Letters of recommendation may be mailed separately, but must be submitted by the deadline.
3. A completed version of the enclosed Certification of Educational Status Form executed by yourself and the appropriate school official.

*Please notify Dr. Richard Meckstroth that you are applying for the WVU Institute for Community and Rural Health Service Program.

I hereby certify that all the above statements are true and correct. I understand that, if I am awarded a Dental Service Program Award, I am obligated to practice a minimum of two years in an eligible location of West Virginia upon graduation.

I understand it is my responsibility to locate a practice site and be prepared to meet with the service program committee to explain why I selected the site.

I also understand that false statements on this application may be grounds for breach of contract.

(Signature of Applicant)

(Date)

Eligible Sites for the WVU Institute for Community and Rural Health Service Program Obligations

2019-20

Dental

- An out-patient primary care or dental site located within a geographically eligible area of the *Service Areas List*
- An out-patient primary care or dental site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Centers and School-Based Health Centers.
- A Free Clinic located anywhere in the state.
- A residential care facility for older adults such as a nursing home located within a geographically eligible area of the *Service Areas List*.

Primary Care Physician

- An out-patient primary care site located within a geographically eligible area of the *Service Areas List*.
- An out-patient primary care site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Centers and School-Based Health Centers.
- A Free Clinic located anywhere in the state.
- A residential care facility for older adults such as a nursing home located within a geographically eligible area of the *Service Areas List*.

Emergency Medicine Physician

- A hospital based emergency room located anywhere in West Virginia.

SERVICE AREAS LIST: 2019-20

Counties

Barbour	Mingo
Boone	Monroe
Braxton	Morgan
Calhoun	Nicholas
Clay	Pendleton
Doddridge	Pleasants
Fayette	Pocahontas
Gilmer	Preston
Grant	Raleigh (all areas except Beckley)
Greenbrier	Randolph
Hampshire	Ritchie
Hancock (Chester, New Manchester, Newell)	Roane
Hardy	Summers
Harrison (all areas except Clarksburg)	Taylor
Jackson	Tucker
Lewis	Tyler
Lincoln	Upshur
Mason	Wayne
McDowell	Webster
Mercer	Wetzel
Mineral	Wirt
	Wyoming

