



Georgia State Office of Rural Health State Loan Repayment Program

Applicant's Name	Click or tap here to enter text.
NPI Number	Click or tap here to enter text.
Employment Status	Choose an item.
Gender	Choose an item.
Date of Birth	Click or tap to enter a date.
Race	Choose an item.
Ethnicity	Choose an item.
Rural Residential Background	Choose an item.
Disadvantaged Background	Choose an item.
Veteran Status	Choose an item.
Select any HRSA/BHW program you have participated in prior to entering the GA SORH SLRP Program	Choose an item.
Do you hold a DATA 200 Waiver?	Choose an item.
If yes, choose from the following:	Choose an item.
Do you provide Medication Assisted Treatment (MAT)?	Choose an item.
If yes, choose from the following:	Choose an item.
Do you hold a Substance Use Disorder License or Certificate	Choose an item.



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<p>Select any key services that you have provided</p>	<ul style="list-style-type: none"><input type="checkbox"/> COVID-19 Treatment or Prevention Services<input type="checkbox"/> Substance Use Treatment Services<input type="checkbox"/> Integrated Behavioral Health in Primary Care Services<input type="checkbox"/> Telehealth Services<input type="checkbox"/> None of the Above
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