

SAMPLE LETTER OF INTENTION FROM EMPLOYER
(Required of all SLRP Applications)
(The Letter of Intent from the Employer must be contained in your SLRP application- it should not be sent separately by the employer to the Michigan Department of Community Health)
(PLEASE PRINT THIS LETTER ON LETTERHEAD)

Date

Attn: Kenneth Miller
Michigan Department of Community Health
Health Policy, Regulation & Professions Administration
Capitol View Building, 7th Floor
201 Townsend
Lansing, Michigan 48913

Dear Mr. Miller:

This letter is to confirm that (AGENCY NAME) has the intention of employing (SLRP APPLICANT) throughout this health care provider's SLRP contract.. (SLRP APPLICANT) will be employed full time at (NAME OF CLINICAL SITE) and will serve an ambulatory population throughout the loan repayment program period. If there are any changes in this employee's clinical assignment, work site location, or employment status, (AGENCY NAME) agrees to contact you within 10 working days to inform the State of Michigan of this change.

I understand that if (AGENCY NAME) fails to employ (SLRP APPLICANT) throughout the loan repayment period without adequate justification, our agency may jeopardize the opportunity to use the SLRP in the future as a health care recruitment and retention strategy. In addition, our agency may be liable for 50% of the SLRP provider's default penalties, as defined in the SLRP contract.

If you have any questions, please feel free to contact me at (PHONE NUMBER), or by Email at (EMAIL ADDRESS).

Sincerely,

(NAME OF AGENCY ADMINISTRATOR)