



Maryland Dent-Care Loan Assistance Repayment Program

APPLICATION CHECKLIST 2013

- Application/Personal Statement/Essay typed and mailed to:

MDC-LARP
Office of Oral Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 3rd Floor
Baltimore, MD 21201

- Proof of graduation from an accredited U.S. dental school mailed directly from school or sent from applicant in a sealed envelope bearing school seal.
- Proof of Maryland Dental License mailed from applicant.
- Signed Letter of Understanding **from each practice site** OR Proof of practice (if private practice). May be mailed or faxed to 410-333-7392.
- Completed Lender Verification form(s) from each lending institution. May be mailed or faxed directly from lender.
- Recommendation forms, three (3): two from dentists familiar with applicant's clinical skills, one additional. E-mailed directly from recommender to dhmh.mdclarpprogram@maryland.gov