



Maryland Dent-Care Loan Assistance Repayment Program

2015 APPLICATION CHECKLIST

- Application/Personal Statement/Essay **typed** and emailed to: dhmh.mdclarpprogram@maryland.gov
- Certification of School Loan Debt should be faxed to 410-333-7392 or mailed to:

**MDC-LARP
Office of Oral Health
Maryland Department of Health and Mental Hygiene
201 W. Preston Street, 4th 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, emailed or faxed from applicant.
- Signed Letter of Understanding **from each practice site** OR Proof of practice (if private practice). May be emailed, 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 (ONLY recommendations sent directly from the recommender's email address will be accepted.)