

# Colorado Health Service Corps

## Employer Acknowledgement of Renewal Application

Instructions to the applicant:

1. Complete all information with exception of Employer Signature from your site administrator or supervisor.
2. Print this form.
3. Once you've obtained the authorized signature, scan as a PDF and upload to your online renewal application.

### Applicant Information

Name

Employer

Type of obligation

Full time

Part time

By signing this form below, the employer acknowledges that the applicant named above is applying for continued loan repayment funding through the Colorado Health Service Corps. If awarded, the applicant will enter into an additional one-year service obligation to maintain practice at the approved site.

### Employer Information

Name

Title

Signature

\_\_\_\_\_

Date



**COLORADO**  
Department of Public  
Health & Environment

Please contact the Primary Care  
Office with any questions at  
303-692-6399.