West Virginia University Institute for Community & Rural Health Dental Student Service Program: 2025-26 Application Packet

Submission Guidelines:

Your application, two recommendation forms, and the Certification of Education Status <u>must</u> be postmarked or emailed by **December 12, 2025**. Awards will be made in March, 2026.

Please mail or email the entire completed application by the deadline to:

April L. Vestal, MPH Director WVU Institute for Community and Rural Health PO Box 9009 Morgantown WV 26506-9009

Email: avestal@hsc.wvu.edu

Dental Service Program funds are awarded through a competitive process, so please provide <u>complete</u> information. You may attach additional pages if needed. **Please type or your responses in the fillable form below.** You can obtain an application form by visiting https://www.hsc.wvu.edu/icrh/students/dental-student-service-program and clicking on Dental Service Program.

The following materials are part of the application:

- * Dental Service Program Student Application
- * Recommendation form (Need 2 recommendations)
- * Certification of Education Status Form
- * 2025-26 Eligible Sites for the WVU Institute for Community and Rural Health Service Obligation **Eligibility:**

West Virginia University School of Dentistry students, who intend to practice in West Virginia. Selected students will receive a **\$50,000** service program award in exchange for a 24-month commitment for full-time work in WV.

Obligation to Practice in West Virginia:

Students who are awarded service program funding must sign a contract and practice full-time (32-40 hours per week) for a minimum of one year at an eligible site. See the 2024-25 Eligible Sites for the WVU Institute for Community and Rural Health Service Program on page 6 of the application.

Students are responsible for locating a practice site and must agree to provide medical services to West Virginia Medicaid and CHIP recipients in a needy area of the state. The penalty for not fulfilling the service obligation is repayment of the service program award with interest.

Eligibility for Other Financial Incentives:

Students who are awarded the WVU ICRH Service Program Funding also may qualify for other financial incentives for rural practice in West Virginia. In some cases, the service obligations can be met concurrently.

If you have any questions, you may discuss the program with Dr. Larry Rhodes at larhodes@hsc.wvu.edu or April Vestal at avestal@hsc.wvu.edu.

West Virginia University Institute for Community and Rural Health Dental Student Service Program Student Application 2025-2026

(Last)	(First)	(Middle)
Date of Birth:		
Current Mailing Street Address:		
(Cit.)	(Ch. L. 17:)	(6
(City)	(State/Zip)	(County)
Evening/Home Phone:	Ce	Il Phone:
E-mail:		
Permanent Mailing Street Address:		
(City)	(State/Zip)	(County)
Current year in school:	Anticipated (Graduation Date:
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Career Goal		
		No e county?
If yes, how many years? Name of High School you attend	What is your home	
If yes, how many years? Name of High School you attend County	What is your home	e county? State:
Are you a resident of West Virgir If yes, how many years? Name of High School you attend County Did you grow up in a rural area in the second secon	ed? What is your home	e county? State:
If yes, how many years? Name of High School you attend County Did you grow up in a rural area i	ed? What is your home	State:
If yes, how many years? Name of High School you attend County Did you grow up in a rural area i	ed? What is your home	State:

Please provide complete information in your responses. Attach additional pages if necessary.

What personal a	nd professional attributes make you a good match for rural practice?
What do you hel	lieve to be the positives and negatives of practicing and living in West Virginia?
That do you bei	——————————————————————————————————————
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Describe any rela	this funding, what impact would the service obligation have on your personal life? ated community research, service projects, or volunteer work you have done in rural
Describe any rela	

o you nav	e a geographi	c preference?	() Yes	No No			
omments							
<u>o you hav</u>	<u>e any professi</u>	ional or persona	al barriers to re	locating to any	part of the	state?	
	e any other se ease describe.	ervice obligation	ns, including m	litary obligatio	ns?	Yes	O No
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b. Did you grow up in or near any of the above communities	s? •	Yes	No 🔘
Additional Application Materials Required for All Applicants:			
In addition to submitting a completed copy of this application, all app WVU Institute for Community and Rural Health. All materials must be			
At least two letters of recommendation (use the enclosed Repean's Office who can address your academic work, clinical so (not a relative) who is knowledgeable about your clinical export of recommendation may be mailed separately, but must be so	skills and pr eriences as	ofessionális a health pr	sm, and (2) An individual rofessions student. <i>Letters</i>
A completed version of the enclosed Certification of Educatio appropriate school official.	nal Status F	orm execut	ted by yourself and the
Please notify Dr. Constance Wiener or Dr. Valerie Perrine in the School Dental Student Service Program.	ol of Dentist	ry that you:	are applying for the ICRH
I hereby certify that all the above statements are true and co Dental Service Funding, I am obligated to practice a minimum hours per week) in a rural, underserved area of West Virginia	n of 24 m	onths of fu	III-time service (30+
I understand it is my responsibility to locate a practice site an program committee to explain why I selected the site.	nd be prep	ared to m	eet with the service
I also understand that false statements on this application m	ay be gro	unds for b	reach of contract.
(Signature of Applicant)])	Date)

Eligible Sites for the WVU Institute for Community and Rural Health Service Program Obligations

2025-26

Dental

- An out-patient primary care or dental site located within a geographically eligible area of the Service Areas List.
- An out-patient primary care or dental site with a facility-based Health Professional Shortage Area (HPSA) designation located anywhere in the state such as Federally Qualified Health Center (FQHC) and/or School-Based Health Centers.
- A Free Clinic located anywhere in the state.
- A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List.

Primary Care Physician

- An out-patient primary care site located within a geographically eligible area of the Service Areas List.
- An out-patient primary care site located with a facility-based Health Professional Shortage (HPSA) designation located anywhere in the state such as Federally Qualified Health Center (FQHC) and/or School-Based Health Center.
- A Free Clinic located anywhere in the state
- A residential care facility for older adults such as a nursing home located within a geographically eligible area of the Service Areas List.

Emergency Medicine Physician

 A hospital-based emergency room located anywhere in West Virginia within a geographically eligible area of the Service Areas List.

Service Areas List: 2025-26 Counties

Barbour	Boone	Braxton
Brooke	Calhoun	Clay
Doddridge	Fayette (all areas except Beckley)	Gilmer
Grant	Greenbrier	Hampshire
Hancock (Newell only)	Hardy	Harrison
Jackson	Jefferson (Berkeley Springs only)	Lewis
Lincoln	Logan	Marion
Mason	McDowell	Mercer
Mineral	Mingo	Monroe

Morgan Pendleton Nicholas Pleasants Pocahontas Preston Randolph Ritchie Roane Tucker Summers Taylor Tyler Upshur Webster Wetzel Wirt Wyoming