



NORTHCOUNTRY INITIATIVE

MEDICAL LABORATORY TECHNICIAN AND TECHNOLOGIST INCENTIVE PROGRAM APPLICATION (DY3)

Please complete one application per professional being grown or recruited

Applicant Name	
Applicant Address	
Applicant Phone	
Applicant Email	

Applicant Type (please check the applicable type)	Hospital		Independent Physician Practice	
	Hospital Based Clinic		Federally Qualified Health Center	
	Group Medical Practice		NYS OASAS Facility	
	NYS OMH Facility		Other (please specify)	

Professional's Name (if known at the time of application)	
Site Location of Professional (facility where provider will practice)	
NYS DOH/OMH/OASAS Operating Certificate Number	

Selected Program Option (please check the applicable proposed use of funds)	Option 1: Recruit a Med Lab Technician	
	Option 2: Grow a Med Lab Technologist	
	Option 3: Recruit a Med Lab Technologist	

Amount Requested (Option 1: up to \$10k, Option 2: up to \$15k, Option 3: up to \$20k)	
Service Commitment (must commit for at least 3 years but longer service will be more favorably considered)	



JUSTIFICATION OF NEED

In 500 words or less, please provide justification for your application with reference to regional or facility specific need (i.e. geographic need, professional shortage area, social disparities, capacity challenges, etc.)



RELEVANCE TO DSRIP PROJECTS AND DELIVERABLES

In 500 words or less, please provide an explanation of how and why these incentive funds will assist your facility and the NCI Performing Provider System to achieve specific DSRIP project deliverables in the Tug Hill Seaway region.



SUCCESSION/SUSTAINABILITY PLAN PROPOSAL

In 500 words or less, please provide your succession/sustainability plan beyond DSRIP Year 5 (March 2020).

TOTAL MEDICAID POPULATION BEING SERVED

Please describe the professionals total Medicaid population to be/being served, and/or the professionals commitment and ability to serve the Medicaid population



SIGNATURE & ATTESTATION

Provide the name, title and signature of the individual authorized to attest to the accuracy and potential audit of the information in this application and to bind the practice to any memorandum of agreement resulting from this application.

By signing below, I attest that the contractual agreement with the professional will incorporate all applicable eligibility criteria as outlined in this program, specifically including the service commitment.

Name	
Title	
Signature	
Date	

APPLICATIONS SHOULD BE SUBMITTED BY MAIL, FAX OR EMAIL TO:

North Country Initiative
120 Washington Street, Suite 230
Watertown, NY 13601
Attn: Medical Laboratory Technician and
Technologist Incentive Program
Fax: (315) 755-2022
Email: tleonard@fdrhpo.org

QUESTIONS? Please contact Tracy Leonard at tleonard@fdrhpo.org or call (315) 755-2020 ext. 13.