

**DO I QUALIFY FOR THE  
LOUISIANA SMALL TOWN HEALTH PROFESSIONAL TAX CREDIT APPLICATION**

[LAC 61:I.1915](#)

Louisiana [R.S. 47:297\(H\)](#)

Amended 2017 Regular Session: [H.B. 427, ACT 342](#) of the 2017 Regular Session

Amended 2019 Regular Session: [S.B. 59](#) of the 2019 Regular Session

**We encourage you to read all legislation related to this program.**

**Before beginning the on-line application, have available:**

- **Last 4 digits of your Social Security Number**
- **Scanned copy of your current medical license**
- **Medical License Number**
- **NPI Number**
- **Medicaid/Medicare Numbers**
- **Saved "Am I Rural" report (#2 below)**
- **Patient Information**
  - **Total # of Medicaid Patients**
  - **Total # of Medicare Patients**

You must meet the criteria listed in numbers one-three below in order to be eligible. Additional information may be requested after you apply.

1. Do you possess a current license in Louisiana for the tax year applying for as a:

- Primary Care Physician-MD/DO
  - Family Practice (FP)
  - General Practice
  - Internal Medicine (IM)
  - Pediatrics (PD)
  - Obstetrics/Gynecology (OB/GYN)
- Primary Care Nurse Practitioner
  - Family Practice (FP)
  - General Practice
  - Internal Medicine (IM)
  - Pediatrics (PD)
  - Obstetrics/Gynecology (OB/GYN)
- Primary Care Physician Assistant
  - Family Practice (FP)
  - General Practice
  - Internal Medicine (IM)
  - Pediatrics (PD)
  - Obstetrics/Gynecology (OB/GYN)
- Dentist
- Optometrist

2. Is your practice site in a rural area and in a Health Professional Shortage Area (HPSA) for your discipline?

- Click here to find out <https://www.ruralhealthinfo.org/am-i-rural>
- Enter practice site address and click "Locate".



- Once your location appears on the map, click “Run Report”.
- Look in the “Program Eligibility” section CMS for a **YES** in the “Rural” column.
- Look in the “Shortage Designation” section to make sure your practice site does have a HPSA designation for your provider type.

If your practice site meets both of these criteria, click “Save as PDF”. You will need to attach this report to your application. If you need step-by-step directions on how to run and save the report, email Yasmeen Mohammed at [Yasmeen.mohammed@la.gov](mailto:Yasmeen.mohammed@la.gov).

3. Does your practice accept:  
Primary Care Physician; Primary Care Nurse Practitioner; Primary Care Physician Assistant

Medicaid **AND** Medicare

Dentist; Optometrist

Medicaid