

National Health Service Corps (NHSC)



Multi-Year Recruitment & Retention Assistance Application

Please be sure to read all instructions carefully.

NHSC USE ONLY

UDS # _____

HPSA TYPE: Primary Care

HPSA ID #: _____

HPSA TYPE: Dental

HPSA ID #: _____

HPSA TYPE: Mental Health

HPSA ID #: _____

1) PRACTICE INFORMATION *This information is only for the clinical practice site where the NHSC clinician(s) will serve. Organizations with more than one site (i.e. satellites) must submit an NHSC R&R application for each clinical practice site where the NHSC obligated clinician will practice. Please note, each clinical practice site must obtain written approval from the NHSC in order for NHSC obligated clinicians to receive service credit for time spent at all clinical practice site locations.*

Please check the Health Professional Shortage Area (HPSA) type(s) you are recruiting for:

___	Primary Care	_____	HPSA ID Number	_____	Score
___	Dental	_____	HPSA ID Number	_____	Score
___	Mental Health	_____	HPSA ID Number	_____	Score

Complete Practice Site Name: _____
(Where the NHSC clinician will serve their obligation)

Place an (x) to indicate clinical practice site type: _____ Primary Site _____ Satellite Site

Does the clinical practice site provide professional liability coverage, to include tail coverage? ___ Yes ___ No

Designated NHSC Point of Contact and Title: _____
(Example, Dr. Jane Doe, Clinical Director)

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Direct Telephone Number: _____ FAX: _____

E-Mail Address: _____

Web Site Address (If Applicable): _____

Alternate NHSC Point of Contact and Title: _____
(Example, John Doe, CFNP, Associate Clinical Director)

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Direct Telephone Number: _____ FAX: _____

E-Mail Address: _____

Web Site Address (If Applicable): _____

Mailing Address for the Practice Location: *Provide **only if different** than physical location where our NHSC obligated clinician will be providing clinical services.*

Complete Organization Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

2) INFORMATION ABOUT THE PRACTICE

Type of Practice: *See instructions for descriptions of type of practices.*

_____ *Federally Qualified Health Center (FQHC)* _____ *Federally Qualified Health Center Look-Alike*

_____ *Certified Rural Health Clinic (RHC)* _____ *Federal Indian Health Service Site*

_____ *Tribally (638) Run Indian Health Service Site* _____ *Solo Practice/Partnership*

_____ *Group Practice* _____ *Clinic Network*

_____ *Managed Care* _____ *Hospital Affiliated Primary Care Practice*

_____ *State Prison* _____ *Federal Bureau of Prisons*

_____ *US Immigration, Customs & Enforcement (ICE)* _____ *Public Health Department*

_____ *Private Non-Profit* _____ *Public (_____ Fed _____ State _____ City _____ Local)* _____ *Private For-Profit*

_____ *Urban* _____ *Rural*

3) CONTACT INFORMATION

Parent Agency (Complete Name): _____

Street Address: _____

City/State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Human Resources/Recruitment Contact (If different from NHSC Point of Contact on Page 1:
MAILING ADDRESS FOR RECRUITMENT CONTACT, WHERE RESUMES AND IMPORTANT NHSC
CORRESPONDENCE WILL BE SENT. IT IS CRITICAL THAT THIS INFORMATION BE ACCURATE, SINCE
THIS IS WHAT WILL BE POSTED ON THE NHSC ON-LINE OPPORTUNITIES LIST AS THE PERSON TO
CALL FOR SITE AND OPPORTUNITY INFORMATION

Name and Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Direct Telephone Number: _____ FAX: _____

E-Mail Address: _____

4) STAFFING LEVELS

	NUMBER OF NHSC VACANCIES REQUESTED <i>*Indicate if the position is a full FTE or % (i.e., .5, .25)</i>	PROJECTED HIRE DATE, MONTH AND YEAR <i>*If the position(s) have been filled with a clinician wishing to apply for NHSC Loan Repayment or an NHSC Scholar please indicate "filled" in this column.</i>	CLINICIAN'S NAME <i>*Indicate the clinician's name if the vacancy has been filled with a NHSC scholar or loan repayer.</i>	Is the clinician a COMMISSIONED OFFICER type yes or no If CO is a Ready Responder indicate as RR
PRIMARY CARE PHYSICIANS				
Family Practice OB Required? Yes / No				
Internal Medicine				
Pediatricians				
Obstetrician/Gynecologists				
PRIMARY CARE NURSING/ PHYSICIAN ASSISTANTS				
Family Nurse Practitioners				
Adult Nurse Practitioners				
Geriatric Nurse Practitioners				
Pediatric Nurse Practitioners				
Womens Health Nurse Practitioners				
Certified-Nurse Midwives				
Physician Assistants				

STAFFING LEVELS CONTINUED

	NUMBER OF NHSC VACANCIES REQUESTED <i>*Indicate if the position is a full FTE or % (i.e., .5, .25)</i>	PROJECTED HIRE DATE, MONTH AND YEAR <i>*If the position(s) have been filled with a clinician wishing to apply for NHSC Loan Repayment or an NHSC Scholar please indicate "filled" in this column.</i>	CLINICIAN'S NAME <i>*Indicate the clinician's name if the vacancy has been filled with a NHSC scholar or loan repayer.</i>	Is the clinician a COMMISSIONED OFFICER type yes or no If CO is a Ready Responder indicate as RR
ORAL HEALTH				
Dentists				
Dental Hygienists				
MENTAL & BEHAVIORAL HEALTH				
Psychiatrist Physician				
Clinical Psychologists				
Clinical Social Workers				
Nurse Practitioner – PSY Specialty				
Psychiatric Nurse Specialists				
Licensed Professional Counselors				
Marriage & Family Therapists				

Filled Positions

If you are requesting to be approved as an NHSC clinical practice site for an individual already on staff or in the process of being hired, please indicate in the "projected hire date" column on the Staffing Levels Chart and provide the following details: *(Note: these positions will not be posted as openings on the NHSC On-Line Opportunities List since they are "filled" vacancies.)* Please be aware that an NHSC clinician can provide primary care services at a maximum of four clinical practice sites.

1) Name and Title: _____

Discipline _____ Specialty: _____

Potential NHSC Loan Repayment Program Applicant: ____ Yes ____ No

NHSC Scholar ____ Yes ____ No

NHSC Clinician transferring (Must be pre-approved by NHSC): ____ Yes ____ No

USPHS Commissioned Officer: ____ Yes ____ No ____ Rank

Ready Responder: ____ Yes ____ No ____ Rank

Reminder: NHSC obligated clinician can serve at a maximum of four NHSC approved clinical practice sites.

Clinician will work 100% of time at this practice location? Yes No If No, what percentage will the clinician work at this clinical practice site (indicate percentage) _____%

At what other clinical practice site(s) will clinician work:

Clinical Practice Site # 2: _____

Street Address: _____

City/ Parrish/ State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Clinical Practice Site # 3: _____

Street Address: _____

City/ Parrish/State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Clinical Practice Site # 4: _____

Street Address: _____

City/Parrish/State/ /Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Reminder: All clinical practice sites must be NHSC approved. If the clinical practice site does not have current NHSC approval, then an R&R must be submitted for review and approval.

Has an NHSC R&R Application been submitted for other site(s)? Yes No

Is the clinician a salaried employee? Yes No

Is the salary comparable to other salaries in the area for comparably trained/experienced clinicians?

Yes No

Is the site providing professional liability coverage, including tail coverage? Yes No

2) Name and Title: _____

Discipline: _____ Specialty: _____

Potential NHSC Loan Repayment Program Applicant: Yes No

NHSC Scholar Yes No

NHSC Clinician transferring (Must be pre-approved by NHSC): Yes No

USPHS Commissioned Officer: Yes No Rank

Ready Responder: Yes No Rank

Clinician will work 100% of time at this practice location? Yes No If No, what percentage will the clinician work at this clinical practice site (indicate percentage) %

At what other clinical practice site(s) will clinician work:

Clinical Practice Site # 2: _____

Street Address: _____

City/ Parrish/ State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Clinical Practice Site # 3: _____

Street Address: _____

City/ Parrish/State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Clinical Practice Site # 4: _____

Street Address: _____

City/Parrish/State/ /Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

3) Name and Title: _____ Discipline _____

Specialty: _____ Subspecialty: _____

Potential NHSC Loan Repayment Program Applicant: Yes No

NHSC Scholar Yes No

NHSC Clinician transferring (Must be pre-approved by NHSC): Yes No

USPHS Commissioned Officer: Yes No Rank

Ready Responder: Yes No Rank

Clinician will work 100% of time at this practice location? Yes No If No, what percentage will the clinician work at this clinical practice site (indicate percentage) _____%

At what other clinical practice site(s) will clinician work:

Clinical Practice Site # 2: _____

Street Address: _____

City/ Parrish/ State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Clinical Practice Site # 3: _____

Street Address: _____

City/ Parrish/State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Clinical Practice Site # 4: _____

Street Address: _____

City/Parrish/State/ /Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Is the clinician a salaried employee? Yes No

Is the salary comparable to other salaries in the area for comparably trained/experienced clinicians?
 Yes No

Open Positions

For all open positions listed in the Staffing Level Chart (which will be posted on the NHSC On-line Opportunities List), will the clinician(s) filling the position(s) be hired as salaried employees? Yes No

If Yes, is the salary comparable to other salaries in the area for comparably trained/ experienced clinicians?
 Yes No

Is the site offering professional liability coverage, including tail coverage, for the open positions? Yes No

Please provide the above information for each specific vacancy if answers do not apply to all vacancies.

5. AGREEMENT FOR ALL PARTICIPATING NHSC SITES

(Insert Practice Site Name and Practice Site Address)

This is to certify that the above site **currently** meets all NHSC requirements as outlined below, and I am authorized to provide such certification for the above named site. (If you have questions regarding any of the following requirements, please see the application instructions or contact the NHSC at 1-800-221-9393 for clarification.) Any false statement(s) herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject you to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).

Sites must meet all requirements at the time of application.

I certify that the site named above:

1. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children's Health Insurance Program or (ii) based upon the individual's race, color, sex, national origin, disability, or religion.
 - a. Uses a schedule of fees or payments for the site's services that is consistent with locally prevailing rates or charges and is designed to cover the site's reasonable cost of operation.
 - b. Provides health care services at no charge, or at a nominal charge, to patients whose incomes are at or below 200% of the federal poverty guidelines, which are revised annually in March. *For example, the poverty level for a family of four is \$18,400 (100%); thus, a 200% poverty level for this family would be \$36,800. NHSC sites utilize different practices to ensure that no barriers to care exist, including establishing a schedule of discounts based on patients' ability to pay.*
 - c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party.
 - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and State Children's Health Insurance Program beneficiaries.
 - e. Prominently advertises a statement expressing that no one will be denied access to services due to inability to pay.
2. Ensures the site will treat patients who come from or reside in the federally-designated Health Professional Shortage Area (HPSA) where the practice is located.
3. Provides culturally appropriate ambulatory primary health, dental health, and/or mental health care services.
4. Uses a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) of those clinicians for whom the NPDB maintains data.
5. Functions as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
7. Will not reduce the salary of NHSC clinicians because they receive benefits under the NHSC Loan Repayment or Scholarship programs.

8. Will require NHSC clinicians to maintain a full-time primary care clinical practice as defined below:

For all health professionals, except obstetrician/gynecologist (OB/GYN) physicians, family practice physicians who do OB consistently, and CNMs, at least 32 of the minimum of 40 hours per week must be spent providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care setting office(s) for which the vacancy is approved. The remaining hours must be spent providing inpatient care to patients of that clinic and/or in practice-related administrative activities.

For OB/GYN physicians, family practice physicians who do OB consistently, and CNMs, at least 21 of the minimum 40 hour week must be spent providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care clinic(s) for which the vacancy is approved. The remaining hours must be spent providing inpatient care to patients of that clinic and/or performing practice-related administrative activities, with administrative activities not to exceed 8 hours of the 40 hour week.

The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked in excess of 40 hours per week will not be applied to any other workweek.

NHSC clinicians can spend no more than 7 weeks (35 workdays) per year away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in an NHSC service year will extend the service commitment end date. Site must inform the NHSC when a NHSC clinician goes on extended medical leave or exceeds their 35-day allowance.

9. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC sponsored meetings and other continuing education programs.
10. Will communicate to the NHSC any change in site or clinician employment status, including moving a NHSC clinician to a satellite site for any or all of their 40 hour work week, termination, etc.
11. Maintain and make available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation which contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
12. Submit a Uniformed Data System (UDS) report to HRSA annually.

The signature of the Site Official below 1) certifies that the information provided in paragraphs 1-4 of this application is true and correct and 2) signifies that the above named site agrees to comply with the requirements set forth in Paragraph 5 of this application. *(If you have questions regarding any of the requirements listed above, please see the application instructions or contact the NHSC at 1-800-221-9393 for clarification. Any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject you to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).)*

Name of Site Official: _____

Title of Approving Site Official: _____

Signature: _____ Date: _____

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0230. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.