



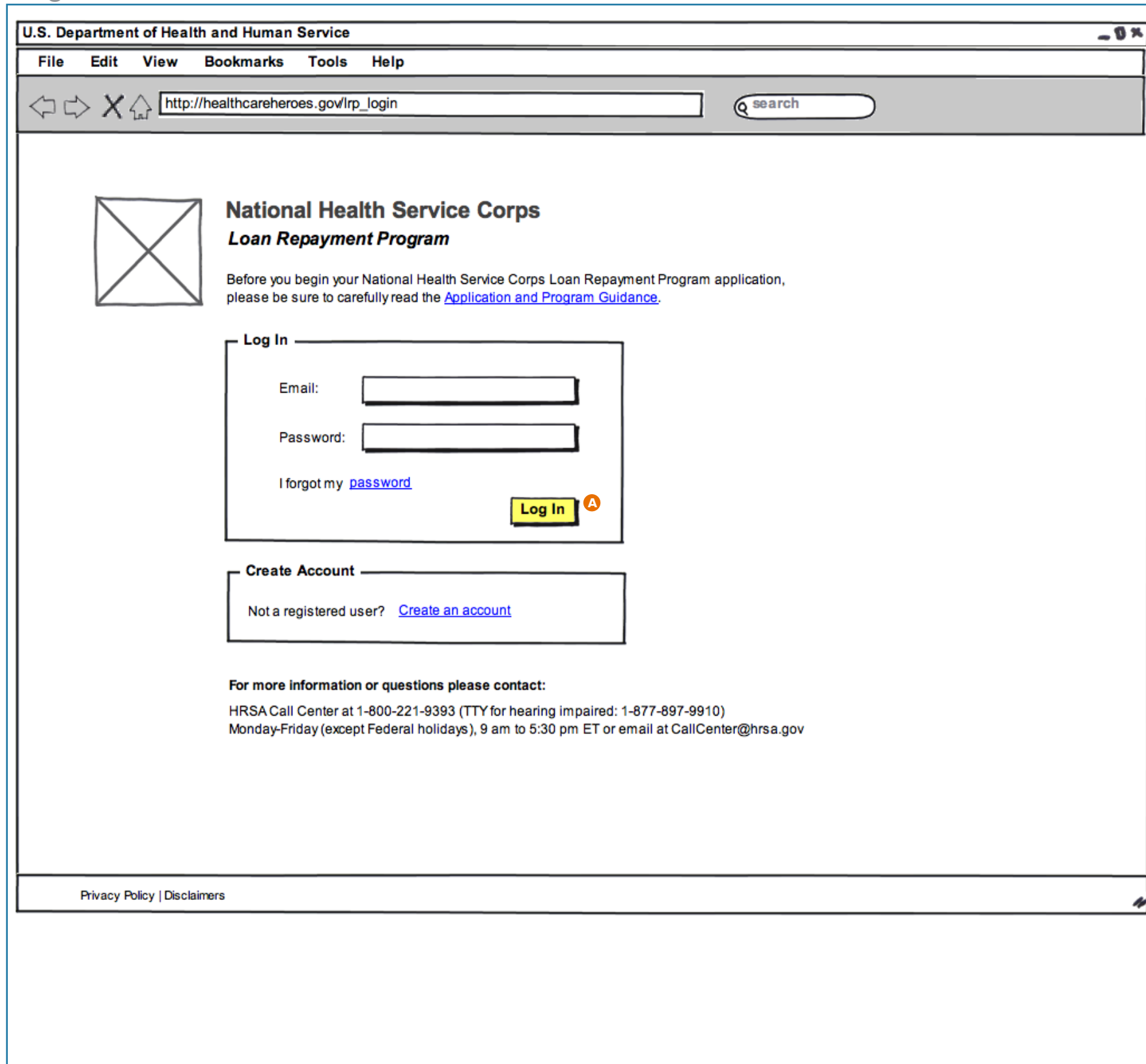
HRSA: BCRS

# Chapter Name BMISS User Interactions

NHSC-LRP Online Application Wireframe Package



## “Log In”



## Notes

ID	Annotation
A.	Log in will bring the applicant directly to their status page



# Wire Frame

## "Create Account"

Draft

U.S. Department of Health and Human Service

File Edit View Bookmarks Tools Help

http://healthcareheroes.gov/lrp\_createaccount search

### National Health Service Corps Loan Repayment Program

#### Create My Account

\* required field

Please enter the information below to create your account for the NHSC LRP Online Application Form. Once you complete and submit the information, you will have access to login and complete the online Application Form. To ensure that your application is complete, please refer to the [Application and Program Guidance](#) which outlines the eligibility criteria.

If you experience any problems, please contact the HRSA Call Center at 1-800-221-9393 (TTY for hearing impaired: 1-877-897-9910), Monday through Friday (except Federal holidays), 9 am to 5:30 pm ET or email at [CallCenter@hrsa.gov](mailto:CallCenter@hrsa.gov)

Application Type:\*  Part-time  Full-time

Discipline:\*

First Name : \*

Last Name : \*

Middle Initial:

Title:

**A** Suffix:

Email : \*

Confirm Email : \*

Create Password : \*

Confirm Password : \*

Security Question : \*

Security Answer : \*

**B**

Create

Privacy Policy | Disclaimers

### Notes

- | ID | Annotation                                                                                                                                                                            |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | The "preferred Email" will be used as the email/username for the LRP login page.                                                                                                      |
| B. | Create sends an email to the applicants "preferred email" where they will have 2 days to click on a link which verifies their email address. It will then take them to the login page |

**Key:** **A** Annotations

**Note:** Wireframes are not a final representation of the page layout or of the copy

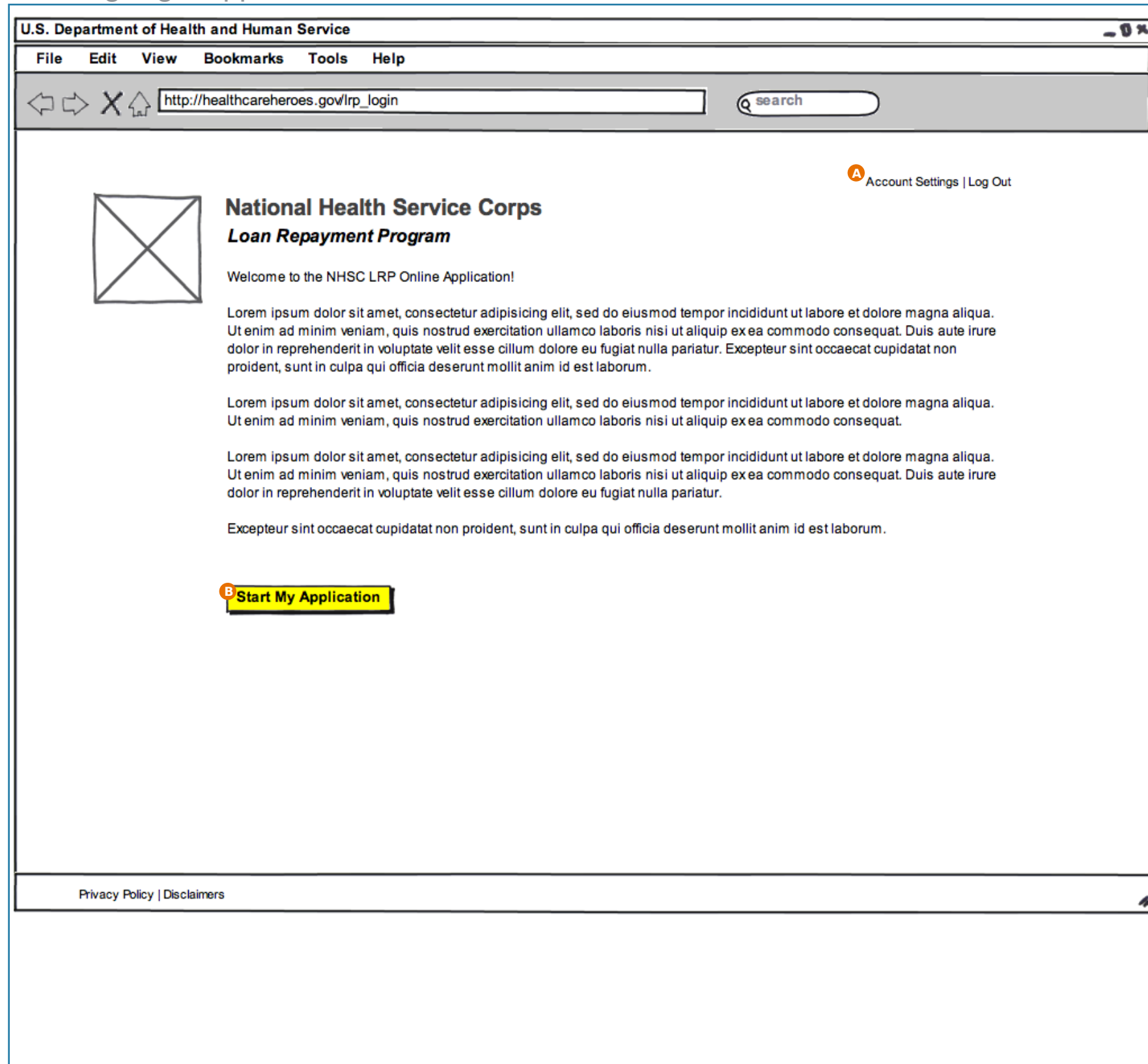


Draft

# Wire Frame

“Landing Page- Application Not Started”

# Draft



## Notes

ID	Annotation
A.	Account Settings allows the user to change their email address as well as their password.
B.	Start my application will only show the first time the applicant comes to this page, it will direct them to the eligibility page.

**Key:** A Annotations

**Note:** Wireframes are not a final representation of the page layout or of the copy



# Draft

U.S. Department of Health and Human Service

File Edit View Bookmarks Tools Help

http://healthcareheroes.gov/eligibility search

Account Settings | Log Out

### National Health Service Corps Loan Repayment Program

1 Eligibility 2 General Information 3 Education, Training, & Licensure 4 Employment Information 5 Loan Information 6 Self Certification 7 Supporting Docs & Submit

#### Eligibility

\* required fields

1. \* Are you a citizen or national of the United States?  
 Yes  No

2. \* Do you have an existing service obligation?  
 Yes  No

A

3. \* Do you have a judgment lien against your property from a Federal debt?  
 Yes  No

4. \* Are you currently in default on any Federal debt?  
 Yes  No

5. \* Have you had a Federal debt written off as uncollectible?  
 Yes  No

6. \* Have you defaulted on a prior service obligation to a Federal, State, or Local government?  
 Yes  No

B Save & Continue

### Notes

- | ID | Annotation                                                                                                                                                                                                                                                |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | If an applicants responds, “Yes” to question#2 then they will be asked if they are a uniformed service member/member of a reserve corps. Everyone who answers “Yes” to question two will need to indicate when their service obligation will be complete. |
| B. | If applicant answers any questions which deem them ineligible they will be directed to the landing page when then click “Save & Continue” where the page will be marked ineligible.                                                                       |

**Key:** A Annotations

**Note:** Wireframes are not a final representation of the page layout or of the copy



# Wire Frame

## "General Information"

# Draft

### Notes

ID	Annotation
A.	The SSN will be masked with the exception of the last four digits.
B.	If applicant answers "Yes" to question 7, they will need to upload an additional supporting document on the landing page.

**Key:** A Annotations

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# Wire Frame

## “Education, Training, & Licensure”

Draft

HRSA: BCRS | BMISS User Interactions

U.S. Department of Health and Human Service

File Edit View Bookmarks Tools Help

http://healthcareheroes.gov/experience search

Account Settings | Log Out

**National Health Service Corps**  
Loan Repayment Program

1 Eligibility 2 General Information 3 Education, Training, & Licensure 4 Employment Information 5 Loan Information 6 Self Certification 7 Supporting Docs & Submit

**Education, Training, & Licensure**

\* required fields

1.\* Please upload a current copy of your resume/CV:  
Browse jane\_doe\_resume.pdf delete

A 2.\* Discipline: [Dropdown]

B 3.\* Specialty: [Dropdown: Not Applicable]

a.\* Are you Board Certified in this Specialty?  
 Yes  No

Please browse in a copy of xxxxx  
Browse

I do not have an electronic version of all this required document. I understand I must fax this in to make my application eligible.

4.\* When will you or did you receive your professional degree? Month [Select] Year [Select]

a.Type of Degree or Certificate:  
 Degree: [Dropdown: DO]  
 Certificate: [Text]

5. Have you completed a residency program?  Yes  No

6. Month and year when residency was or will be completed: Month [Select] Year [Select]

7. Identify the professional residency program from which you have or will receive your training.

Program Name: [Text]  
Country: [Dropdown: Select]  
State/Province: [Dropdown: Select]  
City: [Text]

8. Are you currently eligible to practice your profession independent without supervision?  
 Yes  No

If no, when will Supervisory period be completed? Month [Select] Day [Select] Year [Select]

9. Do you have a national certification to practice?  
 Yes  No

10.\* Do you have a full, unencumbered, and permanent license to practice in the State(s) in which you plan to serve your NHSC LRP commitment?  
 Yes  No

a. Indicate State (s) in which you are permanently licensed. [Dropdown: Select]

b. Do you have licensure restrictions?  
 Yes  No

d. If yes, please explain briefly [Text]

Save Save & Continue

### Notes

ID	Annotation
A.	The discipline selected will filter which questions the applicant can see on this page. Please refer to the use case for specific discipline vs. questions.
B.	Any Geriatrics specialty would require the Geriatrics Supporting Document

**Key:** A Annotations

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Draft



# Wire Frame

## "Employment Information"

Draft

HRSA: BCBS BMS User Interactions

### Notes

- | ID | Annotation                                                                                                                                                          |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | The state dropdown will filter the city dropdown to be only the City's which have approved sites in the selected state.                                             |
| B. | "Add" will clear the form and add the record to the table                                                                                                           |
| C. | Applicant can move forward on the page once they have answered question #5, added at least one site, and have uploaded their employment verification and resume/CV. |

Key: A Annotations

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# Wire Frame

## "Loan Information"

# Draft

U.S. Department of Health and Human Service

File Edit View Bookmarks Tools Help

http://healthcareheroes.gov/loans search

### National Health Service Corps

#### Loan Repayment Program

Account Settings | Log Out

1

2

3

4

5

6

7

Eligibility
General Information
Education, Training, & Licensure
Employment Information
Loan Information
Self Certification
Supporting Docs & Submit

**Loan Information and Verification**

Complete one copy of this form for each loan you are applying to have considered for repayment under the National Health Service Corps (NHSC) Loan Repayment Program (LRP). To each form, attach a current account statement showing your loan balance and interest rate. Please note that incomplete information will render you loan ineligible.

Account #	Lender Name	Balance	Interest Rate	Supporting documents
A 134567	Sallie Mae	\$35000	4%	<a href="#">salliemae_statement.pdf</a> <a href="#">supportingdoc_2.pdf</a>

1.\* Name of current servicing lender:

B If you selected "Other" in the question above, please enter the following information:

Name of servicing lender:

Line 1:

Line 2:

State/Province/Region:

City:

Zip/Postal Code:

Phone number:  Ext.

Fax number:

2.\* Loan Account Number:

3.\* Original date of the Loan:

4.\* Original amount of the Loan:

5.\* Current Balance (Principle & Interest):  as of date:

6.\* Interest Rate:  (If you have more than one interest rate on your loan statement, a separate form will need to be submitted.)

7.\* Purpose of the loan as indicated on the Loan Application:

8.\* Type of Loan:

9.\* Loan in Default?  Yes  No

Date of default:

10. \*Loan under Federal Court Judgment?  Yes  No

Date of Judgment:

C 11.\* Upload a copy of my account statement:  [sallie\\_mae\\_statement.pdf](#) [Delete](#)

I do not have an electronic version of this required document. I understand I must fax this in to make my application eligible.

12. \*Upload supporting document #2:  [supporting\\_doc2.pdf](#) [Delete](#)

I do not have an electronic version of this required document. I understand I must fax this in to make my application eligible.

### Notes

- | ID | Annotation                                                                                                                   |
|----|------------------------------------------------------------------------------------------------------------------------------|
| A. | Applicant will not see the illustrated table until they have added a loan                                                    |
| B. | If lender is not listed, applicant will have to enter the information manually                                               |
| C. | Depending on what type of loan it is, applicant will need to upload different documentation. (See loan information use case) |

**Key:** A Annotations

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Notes

ID	Annotation
A.	Depending on which discipline the applicant is, they will need to see a specific certification
B.	Once all checkboxes have been clicked, applicant can move forward

Area for additional notes with horizontal lines.

**Key:** A Annotations

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# Wire Frame

## “Landing Page- Submit”

# Draft

U.S. Department of Health and Human Service

File Edit View Bookmarks Tools Help

http://healthcareheroes.gov/lrp\_login search

Account Settings | Log Out

### National Health Service Corps Loan Repayment Program

Page Name	Status
Eligibility	<a href="#">Eligible</a>
General Information	<a href="#">Complete</a>
Education Training & Licensure	<a href="#">Complete</a>
Employment	<a href="#">Complete</a>
Loan Information	<a href="#">Complete</a>
Certification	<a href="#">Complete</a>

Additional Required Supporting Documents Upload

**A** [Disadvantaged Background Documentation](#)  disadvantaged\_background\_janedoe.doc [Delete](#)

I do not have an electronic version of this required document. I understand I must fax this in to make my application eligible.

[Authorization to release information](#)  authorization\_document.doc [Delete](#)

I do not have an electronic version of this required document. I understand I must fax this in to make my application eligible.

**B**

Privacy Policy | Disclaimers

### Notes

- | ID | Annotation                                                                                                                                                                                                       |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Disadvantaged background documentation will display if “Yes” was answered to the question in general information asking if the applicant has ever been certified as having come from a disadvantaged background. |
| B. | “Submit my Application” will be disabled until all pages of the application are complete and all supporting documents are either uploaded or marked as being faxed in.                                           |

**Key:** **A** Annotations

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# Wire Frame

## “Certify and Submit Application”

# Draft

U.S. Department of Health and Human Service

File Edit View Bookmarks Tools Help

http://healthcareheroes.gov/lrp\_login search

Account Settings | Log Out

### National Health Service Corps Loan Repayment Program

**Submit LRP Online Application**

**A**  I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded loan repayment, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).

**B** Password:

**Submit**

Additional Required Supporting Documents Upload

[Disadvantaged Background Documentation](#) **Browse** disadvantaged\_background\_janedoe.doc [Delete](#)

Privacy Policy | Disclaimers

### Notes

- | ID | Annotation                                                                                                                                                 |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Once the applicant checks the box and enters their password they will submit their application. All of the pages of the application will now be read only. |
| B. | Password is the same one the applicant uses to login to the application.                                                                                   |

**Key:** **A** Annotations

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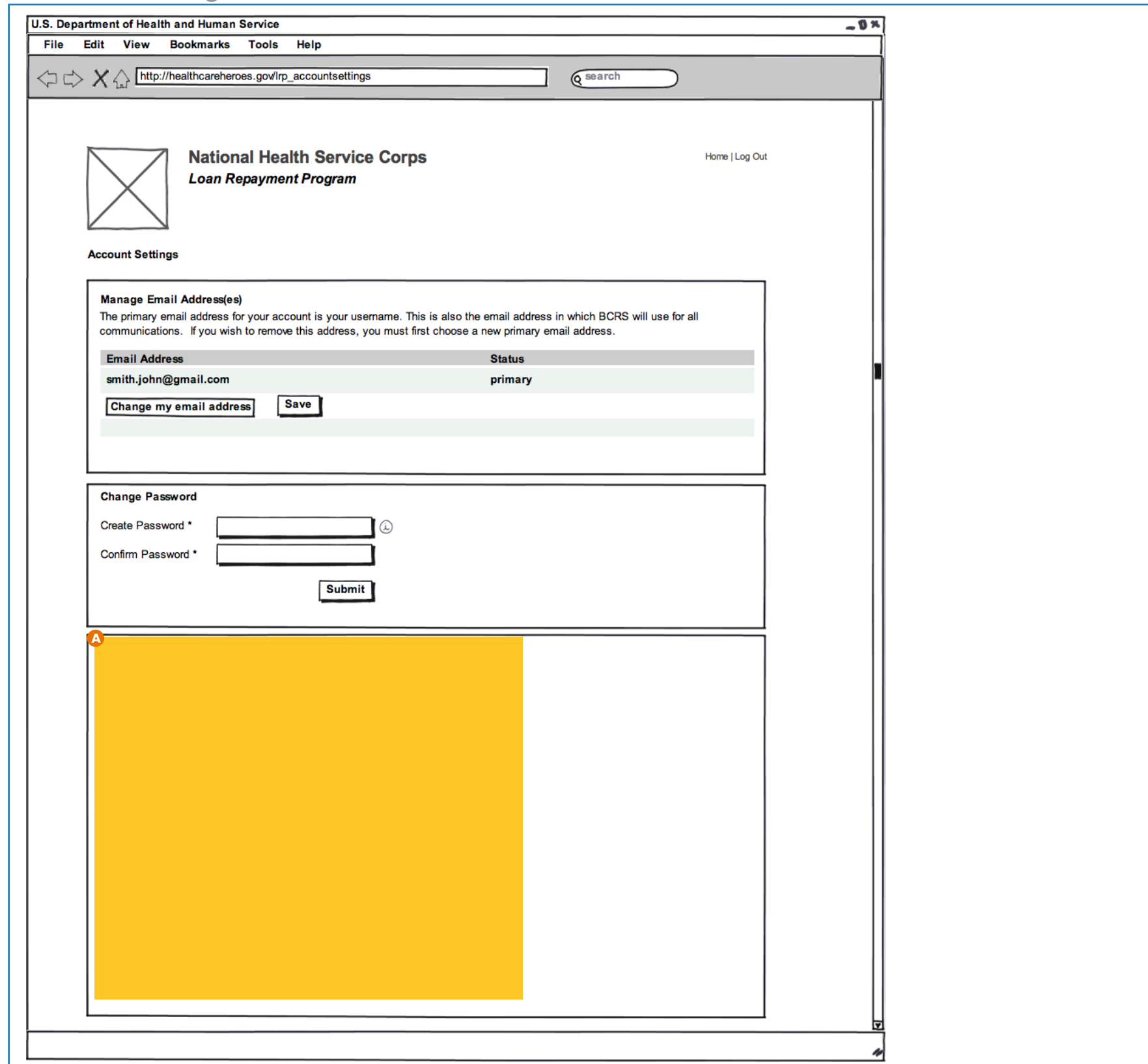
# Draft



# Wire Frame

## "Account Settings-After Submit"

# Draft



### Notes

- | ID | Annotation                                                                                                                         |
|----|------------------------------------------------------------------------------------------------------------------------------------|
| A. | After the application is submitted, the applicant will be able to update their contact information in the account settings screen. |

**Key:** A Annotations

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# Draft