



EMPLOYMENT VERIFICATION AND COMMUNITY SITE INFORMATION FORM

TO BE COMPLETED BY THE AUTHORIZED PERSONNEL OFFICIAL OF THE FACILITY ONLY
Concerning Applicants for the National Health Service Corps (NHSC) Loan Repayment Program (LRP)

Name of Clinician Applicant: _____

Last 4 Digits of the Applicant's Social Security Number: XXX-XX- _____

Name and physical location/address of each parent and/or any satellite site(s) where the applicant is working. Do not list the site(s) where the applicant is performing support activities for the approved NHSC site(s) (i.e., a hospital where he/she has privileges, a nursing home, a birthing center, a school, etc.). Submit a separate form for each parent company.

Site 1 _____

Site 2 _____

No. of hours per week at site: _____

No. of hours per week at site: _____

Admin Use Only:
HPSA Score _____
HPSA ID _____ UDS # _____
Approved R&R Yes No Exp Date _____
NHSC Approved Vacancy Yes No Discp _____

Admin Use Only:
HPSA Score _____
HPSA ID _____ UDS # _____
Approved R&R Yes No Exp Date _____
NHSC Approved Vacancy Yes No Discp _____

Site 3 _____

Site 4 _____

No. of hours per week at site: _____

No. of hours per week at site: _____

Admin Use Only:
HPSA Score _____
HPSA ID _____ UDS # _____
Approved R&R Yes No Exp Date _____
NHSC Approved Vacancy Yes No Discp _____

Admin Use Only:
HPSA Score _____
HPSA ID _____ UDS # _____
Approved R&R Yes No Exp Date _____
NHSC Approved Vacancy Yes No Discp _____

Please check/complete the below certifications applicable to the above site(s) and the above applicant.

- 1. I certify that the applicant identified above **began or will begin working** at the above-named site(s) on _____ (**work start date**).
- 2. I certify that the above applicant is engaged, or will be engaged on his/her work start date, in a full-time clinical practice, which means a minimum of 40 hours per week, 45 weeks per year as follows:
 - **For all health professionals, except as noted below:** At least 32 hours of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s) specified above. The remaining 8 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities.
 - **For OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, pediatric dentists and behavioral and mental health providers:** At least 21 of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s) specified above. The remaining 19 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 8 hours per week).

