

National Health Service Corps Loan Repayment Program

U.S. Department of Health and Human Services Health Resources and Services Administration

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)

<u>Site 1</u>	<u>Site 2</u>	
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	Approved R&R ☐ Yes ☐ No Exp Date	
Site 3	Site 4	
lo. 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	Approved R&R □ Yes □ No Exp Date	

■ 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.

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 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).



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3. I certify that the above applicant is engaged in <i>les</i>	ss than the required full-time clinical o	apacity, as defined above.
4. I certify that the above applicant was working full- to extended leave - e.g., maternity, deployment, in	due to	e(s), but is on extended leave from (please indicate reason for
1. I certify that the above applicant is no longer wor work was or will be		ving the above site(s), and the last day of full-time
6.* I certify that the above applicant is/will be an empabove site(s).	ployee of the above site(s) and subject to	the personnel system and employment policies of the
7.* I certify that the above applicant will receive an ir (See http://opm.gov/oca/09tables/indexgs.asp and salaries and job classifications for health profession	http://www.opm.gov/fedclass/html/gsse	rould have received as Federal civil servant. ries.asp for information relating to Federal civil service
8.* I certify that the above site(s) provide the above a Federal Tort Claims Act).	applicant with malpractice insurance and	tail coverage (either commercial or through the
* If the Executive Director does not check ALL 3 of the ast Option application on the NHSC website at http://nhsc.hrs.	, , , , , , , , , , , , , , , , , , , ,	the above applicant will need to complete the Private Practice
The certifications and information provided above are	true, accurate and complete to the be	est of my knowledge and belief.
Executive Director Signature of Parent Company	Print Name	
Name and Address of Parent Company		
E-mail Address		

OMB No. 0915-0127 Expires 10/31/2010