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HRSA: BCRS

BMISS User Interactions

NHSC-LRP Online Application Wireframe Package



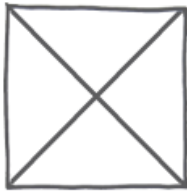
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U.S. Department of Health and Human Service

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. * Are you a uniformed service member or member of a reserve corps?
 Yes No

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



U.S. Department of Health and Human Service

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http://healthcareheroes.gov/certification search

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National Health Service Corps Loan Repayment Program

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Self Certification

***1. Certification Regarding Debarment, Suspension, Disqualification and Related Matters Form:**

Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:

- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
 - commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
 - violation of Federal or State antitrust statutes; or
 - commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice;
- Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

I certify that none of the above statements apply to me.

2.* Certify by checking the box next to the statements below:

Dentists: I certify that I have completed a D.D.S. or D.M.D. from a program that is accredited by the ADA and CODA, and have a current full, permanent, unencumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP.

I certify that I have read and understand the Terms of the NHSC LRP Contract document provided on the [NHSC Website](#).

B Save & Continue

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 |

Notes area with horizontal lines for additional entries.

Key: A Annotations

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Wire Frame

"Landing Page- Submit"

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U.S. Department of Health and Human Service

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http://healthcareheroes.gov/lrp_login search

Account Settings | Log Out

National Health Service Corps Loan Repayment Program

| Page Name | Status |
|--------------------------------|--------------------------|
| Eligibility | Eligible |
| General Information | Complete |
| Education Training & Licensure | Complete |
| Employment | Complete |
| Loan Information | Complete |
| Certification | Complete |

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. |

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