

HRSA: BCRS BMISS User Interactions

NHSC-LRP Online Application Wireframe Package

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"Log In"

U.S. Department of Health and Human Service	Notes
File Edit View Bookmarks Tools Help	
	ID Annotation
A A http://healthcareheroes.gov/lrp_login	A. Log in will bring the applicant directly to their status page
National Health Service Corps	
Loan Repayment Program	
Refere you havin your National Health Service Correct and Baseyment Program explication	
please be sure to carefully read the Application and Program Guidance.	
Password'	
I forgot my password	
- Create Account	
Not a registered user? Create an account	
For more information or questions please contact:	
Monday-Friday (except Federal holidays), 9 am to 5:30 pm ET or email at CallCenter@hrsa.gov	
Privacy Policy Displaimera	

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"Create Account"	
U.S. Department of Health and Human Service	Notes
File Edit View Bookmarks Tools Help	
A A http://healthcareheroes.gov/im_createaccoupt	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.
National Health Service Corps	
Loan Repayment Program	
Create My Account	
• required field	
Hease 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 <u>Application and Program Guidance</u> 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	
Application Type:* O Part-time O Full-time	
Discipline:* Select V	
First Name : *	
Last Name: *	
Middle Initial:	
Title:	
Select V	
O Suffix: Select ▼	
Email: *	
Confirm Email: *	
Create Password: *	
Confirm Password: *	
Security Question: * Select	
Bagurity Angular t	
Create	
	Key: 🙆 Annotations
	Note: Wireframes are not a final representation of the page layout or of the copy

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"Landing Page- Application Not Started"

U.S. Department of Health and Human Service	Notes
File Edit View Bookmarks Tools Help	
	ID Annotation
A http://healthcareheroes.gov/lrp_login	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.
Account Settings Log Out	
National Health Service Corps	
Loan Repayment Program	
Welcome to the NHSC LRP Online Application!	
Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aligua.	
Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure	
dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident sunt in culpa qui officia deserunt mollit anim id est laborum.	
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Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.	
Lorem ipsum dolor sit amet, consectetur adipisicing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.	
Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur.	
Excepteur sint occaecat cupidatat non proident, sunt in cupa qui onicia deserunt monit anim id est laborum.	
B Start My Application	
Privacy Policy Disclaimers	
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"Eligibility"

U.S. Department of Health and Human Service	Notes
File Edit View Bookmarks Tools Help	
	ID Annotation
http://healthcareheroes.gov/eligibility	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 guestion two will need to indicate when their service obligation will be complete.
National Health Service Corps Loan Repayment Program	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.
Eligibility General Education Employment Loss Self Supporting Docs	
Eligibility	
- required fields	
1. * Are you a citizen or national of the United States?	
2.* Do you have an existing service obligation?	
Are you a uniformed service member or member of a reserve corps?	
O Yes O No	
3. * Do you have a judgment lien against your property from a Federal debt?	
O Yes	
4. * Are you currently in default on any Federal debt?	
O Yes	
5. * Have you had a Federal debt written off as uncollectible?	
O Yes O No	
6 * Have you defaulted on a prior service obligation to a Federal. State, or Local government?	
B	
Save & Continue	
#	
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"General Information"

U.S. Department of Health and Human Service	Notes
File Edit View Bookmarks Tools Help	
http://healthcareheroes.gov/generalinfo	
Account Settings Log Out	ID Annotation
Loan Repayment Program	A. The SSN will be masked with the exception of the last four digits.
Eligibility General Education, Employment Loan Self Supporting Doces	B. If applicant answers "Yes" to question 7, they will need to upload an additional supporting document on the landing page.
General Information	
* required fields	
1. Application Type: O Part-time O Full-time	
First Name : *	
Last Name:	
Suffix: Select V	
3. Preferred Malling Address	
Line 1:*	
State/Province/Region:* Select V	
City.*	
Zip/Postal Code:	
4. Phone	
Alternate Phone: Int1 #	
6 Place of Birth	
Note: if you were born outside of the United States, select "Other" for the State and complete the "Country" field.	
Country.* Select	
State/Province/Region:* Select	
Date of Birth: MM/DD /YYYY	
7. Individual and Family Background	
(Completion of these questions is voluntary) a. Please indicate your gender: O Male O Female	
b. Please indicate your ethnicity: O Hispanic or Latino O Not Hispanic or Latino	
c. Please indicate your race: 🔲 American Indian or Alaskan Native 🔲 Asian	
Black or African American White Native Hawaiian Pacific Islander	
8 * Has your school ever certified you as having a disadvantaged hackground?	
(if yes, please provide documentation fromyour school with your application) O Yes O No	
B 9. * Are you a commissioned officer in the US Public Health Service?	
O Yes O No	
10. * How did you hear about NHSC LRP? Select ▼	
Save Save & Continue	
	Key: 🥘 Annotations
*	Note: Wireframes are not a final representation of the page layout or of the copy

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"Education, Training, & Licensure"

S. Department of Health and Human Service	-0×
File Edit View Bookmarks Tools Help	
http://healthcareheroes.gov/experience	
National Health Service Corps Loan Repayment Program Account Settings Log Out Image: Set in the set in th	
* required fields	
1.* Please upload a current copy of your resume/CV: Browse lane doe resume.pdf delete 2.* Discipline: a.* Are you Board Certified in this Speciality? O Yes O No Please browse in a copy of xxxx. Browse O No	
I do not have an electronic version of all this required document. Lunderstand I must fax this in to make my application eligible.	
 4.* When will you or did you recieve your professional degree? Month Select ♥ Year Select ♥ a.Type of Degree or Certificate: Degree: Certificate: 5. Have you completed a residency program? Or Yes ONO 6. Month and year when residency program from which you have or will receive your training. Program Name: Country: Select ♥ Select ♥ Getext: Select ♥ State/Province: Select ♥ Yes ONO If no, when will Supervisory period be completed? Month Select ♥ Day Select ♥ Year Select ♥ 9. Do you have a national certification to practice? Onlyshown when applicant selects PA, NP, NM 	
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? O Yes O No a. Indicate State (s) in which you are permanently licensed. Select b. Do you have licensure restrictions? • O Yes O No d. If yes, please explain briefly	

Notes

Annotation

ID

Α.

В.

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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.
Any Geriatrics specialty would require the Geriatrics Supporting Document

"Employment Information"

Notes ID Annotation The state dropdown will filter the sites in the selected state. Α. В. "Add" will clear the form and add Applicant can move forward on a least one site, and have uploaded C.

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Key: 💧 Annotations

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d the record to the table
the page once they have answered question #1, added at defined their employment verification and resume/CV.

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Catherine Williams | cwilliams@sapient.com Version 0.3 published June 14, 2010 \$

"Loan Information"

File Edit View Bookmarks Tools Help	
http://healthcareheroes.gov/loans	ID Annotation
National Health Samias Came	A. Applicant will not
Loan Repayment Program	B. If lender is not list
Image: Construction of the second	C. Depending on wh documentation. (
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 blanace and interest rate. Please note that incomlete information will render you loan ineligible. Account # Lender Name Balance Interest Rate Supporting documents	
Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system Image: Note of the system	
1.* Name of current servicing lender: Select	
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:* Select	
City.* Select	
Zip/Postal Code:*	
Phone number:*	
Fax number:*	
3.* Original date of the Loan: mm//dd/yyyy	
4.* Original amount of the Loan:	
5.* Current Balance (Principle & Interest): \$ as of date:	
6.* Interest Rate: [
7*. Purpose of the loan as indicated on the Loan Application: Select	
8.* Type of Loan: Select	
9 * Loan in Default? O Yes O No	
10 *l ogo under Eederal Court, ludoment? O Yes, O No	
Date of Judgment:	
C 11.* Upload a copy of my account statement: Browse sallie_mae_statement.pdf Delete	
Int * Upload a copy of my account statement: Browse 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: Browse supporting_doc2.pdf	
Interpretation of this required document. I understand I must fax this in to make my application eligible. Image: Statement.pdf Delete Image: Delete Image: Statement.pdf Image: Delete Image: Statement.pdf Image: Delete Image: Statement.pdf Image: Delete Image: Statement.pdf Image: Delete Image: Delete Image: Delete	

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"Certification"

Interviewent Image:	Edit View Bookmarks Tools Help	Α.	Depending on which discipli
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Account of the product of the advanced of the MMSC LAP Configned of the MMSC LAP Configned for the MMS	Rite.//ilealulicalelleloes.gowcertilication		
Account which is the control of t			
<complex-block>Lon Repayment Program</complex-block>	National Health Service Corps		
<form></form>	Loan Repayment Program		
A constraint of the state of			
Lighting General Methanian Generinformation General Methanian General Methanian Gener			
Set Certification	Eligibility General Education, Employment Loan Self Supporting Docs Information Training, & Information Information Certification & Submit		
 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 approv office if the application to are structured or disqualified from participation in covered transactions by any Federal agarcy of the applicant (now structured or any federal agarcy of any office). a. commission of faud or a orininal offense in connection with obtaining, attempting to obtain, or performing a public (Federal State, or local) transaction or a contract under a public transaction: a. Within the 3-year period preceding the application, has been conclude of or ecords, making false statements, tax evasion, receiving stein property, making false claims, or obstruction of justice. b. Breastilly indicted or therwise orininality or civily charged by a governmental entity (Federal, State, or local) terminated for cause or default. c) Tertify that none of the above statements apply to me. 2. Cortify by checking the box next to the statements below: Definition: Cortify that have read and understand the Terms of the NHSC LRP Contract document provided on the NHSC LRP Contract document provided on the NHSC LRP Contract document provided on the NHSC Webate.	Self Certification		
Pursuant to 2 CFR 103.35 (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 the or she: • presently debards, suspended, excluded, or disqualifed from participating in covered transactions by any Federal agency of 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 totom or a cortract under a public inscassion; • orimisation of material or a ciminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal State, or local) transaction or a contract under a public transaction or destruction of records, making false statements, tax evasion, receiving stolen proporty, making false claims, or obstruction of justice; • la presently indicated or otherwise criminally or civility charged by a governmental entity (Federal, State, or local) terminated for cause or default. certify bat none of the above statements below: Certify by checking the box next to the statements below: 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, performance, unequenched, health professional license, cartificate, or registration in the State in which linend to practice as a NHSC LRP. I certify that I have need and understand the Terms of the NHSC LRP Contract document provided on the NHSC Website.	*1 Certification Regarding Deharment, Suspension, Disgualification and Related Matters Form:		
Inductive z on the course (body as implemented by 2 of the Volum) are required to notify the Federal agency of the applicant knows that he or she: is presently debared, 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 di (n da al civil judgment rendered against him or her for any of the following differences: or commission of faud 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: obtain of Federal or State arititus statutes; is presently indicted or otherwise criminally or civily charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or Within a S-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 below: Pentiest: 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 <u>NHSC Website</u>. 	Pursuant to 2 CER 180 335 (2006) as implemented by 2 CER 376 10 (2007) an applicant applying to enter into a covered transaction (which		
 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: oromission of faud or a crimial offense in connection with obtaining, attempting to obtain, or performing a public (Federal State, or local) transaction or a contract under a public transaction: outiation of federal or State antitrus statutes; or commission of emborziement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evesion, receiving staten property, making false claims, or obstruction of justice; persently indicide or 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: Cortify by checking the box next to the statements below: On thiss: 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, unemcumbered, 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 <u>NHSC Website</u> .	includes an application to participate in this program) is required to notify the Federal agency office if the applicant knows that he or she:		
 Indiving offenses: - commission of raud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal State, or local) transaction: - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of Federal or State antitrust statutes; or - volation of rederal or State antitrust statutes; or - volation of the state antitrust statutes; or - volation of property, making false claims, or obstruction of justice; - volation of the state ments apply to rescillate, or local) terminated for cause or default. - I certify that none of the above statements apply to me. - Cortify by checking the box next to the statements below: - Dentists: I Certify that I have read and understand the Terms of the NHSC LRP Contract document provided on the NHSC LRP. - I certify that I have read and understand the Terms of the NHSC LRP Contract document provided on the NHSC Mebaite. 	 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 		
- commission of raud 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; - volation of Federal or State antitrust statutes; or - sommission of metazzement, thef, torger, brieber, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; - is presently indicated or otherwise criminally or civily 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, unemcumbered, 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 Save & Continue	following offenses:		
 • volation 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 otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the otherwise criminally or civilly charged by a governmental entity (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, memory bread, 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. 	- 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:		
- commission of embezzlement, theti, torgery, bibley, falsification or destruction of records, making talse statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; - is presently indicited 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, 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. - Save & Continue	- violation of Federal or State antitrust statutes; or		
 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-yeer 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, unemcumbered, 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. 	- 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;		
 • 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: permanent, unemcumbered, 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 <u>NHSC Website</u>. 	• Is presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the		
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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, unemcumbered, 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. Save & Continue			
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, unemcumbered, 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 <u>NHSC Website</u> . Save & Continue	2.* Certify by checking the box next to the statements below:		
permanent, unemcumbered, 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. Save & Continue	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,		
I certify that I have read and understand the Terms of the NHSC LRP Contract document provided on the NHSC Website. Save & Continue	permanent, unemcumbered, health professional license, certificate, or registration in the State in which I intend to practice as a NHSC LRP.		
Bave & Continue	I certify that I have read and understand the Terms of the NHSC LRP Contract document provided on the <u>NHSC Website</u> .		
B Save & Continue			
	B Save & Continue		
	Provide the second s		

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the applicant is, they will need to see a specific certification
clicked, applicant can move forward

epresentation of the page layout or of the copy

Catherine Williams | cwilliams@sapient.com Version 0.3 published June 14, 2010 \$

"Landing Page- Submit"					
U.S. Department of Health and Human Service)		~ 0 ×	Notes	
File Edit View Bookmarks Tools	; Help			סו	Appotation
	lrp_login	(search		A.	Disadvantaged background do question in general information come from a disadvantaged ba
National He Loan Repaym	alth Service Corps ent Program	Ассо	unt Settings Log Out	В.	"Submit my Application" will be all supporting documents are ei
Page Name	Status				
Eligibility	Eligible				
General Information	on <u>Complete</u>				
Education Trainin	g & Licensure Complete				
Employment	Complete				
Loan Information	Complete				
Certification	Complete				
Additional Require Disadvantaged Ba Disadvantaged Ba 1 do not have a my application Authorization to r 1 do not have a my application	ed Supporting Documents Upload ackground Documentation Browse du n electronic version of this required document eligible. elease information Browse au n electronic version of this required document eligible.	isadvantaged_background_janedoe.doc Delete t. I understand I must fax this in to make thorization_document.doc Delete t. I understand I must fax this in to make Submit My Application			
Privacy Policy Disclaimers				Key: (Annotations
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cumentation will display if "Yes" was answered to the asking if the applicant has ever been certified as having ckground.
disabled until all pages of the application are complete and ther uploaded or marked as being faxed in.

ntation of the page layout or of the copy

Catherine Williams | cwilliams@sapient.com Version 0.3 published June 14, 2010 \$

"Certify and Submit Application"	
U.S. Department of Health and Human Service	Notes
File Edit View Bookmarks Tools Help	
	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 application will now be read only.
Account Settings Log Out	
National Health Service Corps	
Loan Repayment Program	
Submit LRP Online Application	
I certify that the information given in this application is accurate and complete to	
Page Name The best of my knowledge and belief. Lunderstand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this	
Eligibility application, or, if aw arded loan repayment, that I am liable for repayment of all aw arded funds and further that any false statement herein may be punished as	
General Information 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).	
Education Training & Lice	
Employment	
Loan information	
Certification	
Additional Required Supporting Decumente	
Disadvantaged Background Documentation	
Privacy Policy Disclaimers	rey: 🤟 Annotations
	Note: Wireframes are not a final representation of the page layout or of the copy

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"Account Settings-After Submit"

U.S. Department of Health and Human Service	Notes
File Edit View Bookmarks Tools Help	
C C X A http://healthcareheroes.gov/lrp_accountsettings	ID Annotation
National Health Service Corps Home Log Out Loan Repayment Program Account Settings	A. After the application is submittee information in the account settin
Manage Email Address(es) The primary email address for your account is your username. This is also the email address in which BCRS will use for all communications. If you wish to remove this address, you must first choose a new primary email address.	
Email Address Status	
smith.john@gmail.com primary	
Change my email address Save	
Change Password	
Create Password *	
Confirm Password	
Submit	
My Preferred Mailing Address	
Line 1:*	
Line 2:	
Country:* Select	
State/Province/Region:* Select	
City:* Select	
Zip/Postal Code:*	
My Phone Number(s)	
Preferred Phone:* Int'l #	
Alternate Phone: Int'l #	
Save	
	Key: 🙆 Annotations
	□ Note: Wireframes are not a final representation

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ed, the applicant will be able to update their contact ngs screen.

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