



# BCRS Management Information System Solution (BMISS)

## *Nursing Education Loan Repayment Program Continuations Online Application User Guide*

March 2012



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## Introduction: NELRP Continuations Online Application User Guide

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**Goal:** The NELRP Continuations online application user guide serves as the main tool for the Call Center and Program to answer participant inquiries. In addition to this user guide, the call center analysts must be familiar with the NELRP Application Program & Guidance, as some of the questions will be program based and are not discussed in this document. The primary intent for this user guide is to focus on the functionality developed for the NELRP Continuations online application.

**Roles:** This user guide details functionality for a **NELRP Participant** requesting a Continuation.

**Pre-Conditions:**

- The participant is eligible for a continuation during the current application cycle.
- The participant has activated their portal account.

**Post-Conditions:**

- The Participant has submitted a continuation request.
- The Participant has viewed the landing page for the status of their continuation request.



## Section 1: Participant Portal Before Submit

The first step a participant takes to request a Continuation is logging into their Portal Account.

The screenshot displays the BCRS Program Portal interface. At the top, it says 'Welcome, Michelle Bonano' and 'for SCHOLARS AND CLINICIANS'. A notification box states 'Your account has been activated.' The main content area is divided into 'BCRS Updates' and 'My Profile'. The 'My Profile' section shows the user's name (Michelle Bonano), Participant ID (1113350577), Status (Program), and Contact BCRS (Nursing Education Loan Repayment Program). Below this are expandable sections for 'MY CONTACT INFORMATION', 'MY SITE INFORMATION', and 'MY SERVICE INFORMATION'. The 'I NEED TO...' section contains several links: 'Request a NELRP Continuation' (highlighted with a red arrow), 'Update My Contact Information', 'Update My Banking Information', 'Ask a Question', and 'Helpful Resources'. The footer includes 'My Messages (1)', 'Help', 'Account Settings', 'Log Out', and 'Privacy Policy | Version 8.2.0-SNAPSHOT'.

### Steps:

1. Participant navigates to the Continuation online application by logging into their Portal Account.
2. Participant selects the **Request a NELRP Continuation** link in the bottom left hand section of the page.

### Business Rules:

- The participant must have already activated their portal account to view the portal landing page.
- The participant must have a continuation start date within the current fiscal year in order for the **Request a NELRP Continuation** link to be activated.



## Section 2: General Information

The first page the participant will view in the continuation application is the General Information page. This page will show the Eligibility requirements and Supporting Documents required to request a Continuation.

The screenshot displays the BCRS Program Portal interface. At the top, there is a header with the BCRS logo and navigation links for 'Home', 'Continuation Contract', 'General Information', 'Employment Information', 'Supporting Documents', 'Review and Certification', and 'Sign Contract'. The main content area is titled 'Continuation Contract General Information' and contains the following text:

Nursing Education Loan Repayment Program has identified that you are eligible to apply to receive an additional 25 percent of your original qualifying nursing student loan balance by working at an approved critical shortage facility for a third year.

The continuation contract will not be effective until you have completed the 2-year service period under the initial contract. The continuation contract service period must begin immediately following the completion of the initial service commitment. The participant must have notified NELRP in writing or email at least 6 months prior to the end of the second service year that he or she wishes to continue the NELRP contract for a third year. There is no guarantee of an award.

The continuation contract with all required supporting documents must be submitted by July 26, 2012.

**CONDITIONS FOR ELIGIBILITY**

- Must continue to serve at an eligible, approved critical shortage facility (CSF) as set forth in his or her initial 2-year contract.
- Can be in the process of transferring, but cannot transfer to a lower tiered CSF. The participant must receive written approval prior to transferring.
- Have a current, full, permanent, unencumbered, unrestricted license as an RN and retain it during the 1 year service obligation.
- Verify that NELRP payments received under the NELRP 2-year contract have been applied to reduce the original qualifying nursing education loan balances.
- Have no existing service obligation to any entity other than NELRP, excluding those in a Reserve component of the Armed Forces, including the National Guard who are not deployed.
- Be in full compliance with existing NELRP service obligation as verified by the 6 Month Employment Verification forms. Participants who fail to complete and submit their 6 month verification forms on time jeopardize receiving service credit and a future continuation contract and may be recommended for default.
- Continue to meet all other program eligibility criteria and plan to work for the duration of the contract continuation at the approved facility.

**REQUIRED SUPPORTING DOCUMENTS**

It is recommended that you gather and prepare your documents before starting this application.

The following documents are required for the NELRP Continuation Application

- [Authorization to Release Information](#)
- Payment History is a required document which indicates that all payments received under your initial NELRP contract have been applied to reduce your qualifying nursing educational loans debt. This payment history can be obtained from your lender(s) and should reflect payments from your service start date through the continuation request submission.

A yellow 'CONTINUE' button is located at the bottom right of the content area.

### Steps:

- Participant reads all eligibility and supporting document information.
- Participant selects **CONTINUE**
- System directs participant to the employment section.

### Business Rules:

- *The Conditions for Eligibility and the Required Supporting Documents* are expandable and collapsible.
- The **Authorization to Release Information** form is viewable and will be opened in a separate window if selected.



## Section 3: Employment Information for NELRP

After the General Information page, the participant will view the Employment information page. On this page, the participant will verify their employment information and has the option to update this information if needed.

Welcome, Michelle Bonano

BCERS PROGRAM PORTAL for SCHOLARS AND CLINICIANS My Messages (1) Help Account Settings Roles Log Out

Home > Continuation Contract

1 General Information 2 Employment Information 3 Supporting Documents 4 Review and Certification 5 Sign Contract

### Employment Information

Please confirm that the following is your correct site at which you are currently serving. If you are no longer working at the site below and you would like to continue in NELRP, you must request and receive written prior approval to transfer to another eligible approved CSF prior to submitting your continuation contract. Transfers may take up to 180 days to approve. Please contact 800-221-9393 to initiate a transfer request.

Please note: awardees prior to the NELRP 2011-2012 new application cycle have different requirements for CSF and HPSAs, and awardees after this cycle will abide by the 2012 Application Program Guidance.

**CURRENT SITE**

Name of Critical Shortage Facility	EARL K. LONG OUTPATIENT CLINIC
Address Line 1	5825 AIRLINE HIGHWAY
Address Line 2	
State	LA
City	BATON ROUGE
Zip/Postal Code	70805-2498

Please select one of the following: \*

My site information is correct, no changes are needed.  My site information is not accurate because I transferred or requested a transfer and will enter my site information below.

Name of Critical Shortage Facility \*

Address Line 1 \*

Address Line 2

State: \*

City \*

Zip/Postal Code \*

**CONTINUE**

### Steps:

1. Participant reviews their employment information.
2. Participant selects either “My site information is correct, no changes are needed” or “My site information is not accurate because I transferred or requested a transfer and will enter my site information below.”
3. If participant selects “My site information is not accurate because I transferred or requested a transfer and will enter my site information below,” the participant will fill out the required employment information about their current site.
4. Participant selects **CONTINUE**
5. System directs participant to the supporting documents section.

### Business Rules:

- Information under *Current Site* is read-only.
- If the participant selects “My site information is not accurate because I transferred or requested a transfer and will enter my site information below,” the system will display new CSF name and address fields. All fields are required for the participant to continue.



## Section 4: Employment Information for Nurse Faculty

After the General Information page, the participant will view the Employment information page. On this page, the participant will verify their employment information and has the option to update this information if needed.

Home > Continuation Contract

1 General Information 2 Employment Information 3 Supporting Documents 4 Review and Certification 5 Sign Contract

### Employment Information

Please confirm that the following is your correct school of employment at which you are currently serving. If the nursing programs at your current school are no longer accredited, a continuation contract will not be awarded. If the nursing programs at the school below are not accredited and you would like to continue in NELRP, you must request and receive written prior approval to transfer to another eligible facility or school of nursing prior to submitting your continuation contract. Transfers may take up to 180 days to approve. Please contact 800-221-9393 to initiate a transfer request. You will not be eligible for an award if you submit a continuation contract request with a school with nursing programs that are not accredited.

CURRENT SCHOOL OF FACULTY EMPLOYMENT	
School Name	Alegany College of Maryland
Address Line 1	12401 Willowbrook Rd SE
Address Line 2	
State	MD
City	Cumberland
Zip/Postal Code	21602

Select all the degree programs for which your faculty appointment supports:

Associate's  
 Bachelor's  
 Master's  
 Doctorate (non-MD or Ph.D.)  
 Diploma

Please select one of the following: \*

My school information is correct, no changes are needed.  My school information is not accurate because I transferred or requested a transfer and will enter my school information below.

Name of the school of employment \*   
Address Line 1 \*   
Address Line 2   
State: \*   
City \*   
Zip/Postal Code \*

**CONTINUE**

### Steps:

1. Participant reviews their employment information.
2. Participant selects the degree(s) that their faculty appointment supports.
3. Participant selects either “My school information is correct, no changes are needed” or “My school information is not accurate because I transferred or requested a transfer and will enter my school information below.”
4. If participant selects “My school information is not accurate because I transferred or requested a transfer and will enter my school information below,” the participant will fill out the required employment information about their current school.
5. Participant selects **CONTINUE**
6. System directs participant to the supporting documents section.

### Business Rules:

- Information under *Current School of Faculty Employment* is read-only.
- If the participant selects “My school information is not accurate because I transferred or requested a transfer and will enter my school information below,” the system will display new school name and address fields. All fields are required for the participant to continue.



## Section 5: Supporting Documents

After the participant verifies or updates their employment information, they will be taken to the supporting documents page. This is where the participant will upload their *Authorization to Release Information* form and each *Payment History*.

BCR PROGRAM PORTAL for SCHOLARS AND CLINICIANS My Messages (1) Help Account Settings Log Out

Document successfully uploaded.

Home Continuation Contract

1 General Information 2 Employment Information 3 Supporting Documents 4 Review and Certification 5 Sign Contract

### Supporting Documents

To add a document, browse for a document, select the document to upload, and click "upload".

Payment History is a required document which indicates that all payments received under your initial NELRP contract have been applied to reduce your qualifying nursing educational loans debt. This payment history can be obtained from your lender(s) and should reflect payments from your service start date through the continuation request submission.

Be sure to include ALL payment histories. You may upload them in the form of several documents if needed. Once a payment history has been added, you will have the option to add additional payment histories, and should upload as many as needed. Please note: Only one document can be uploaded for the Authorization to Release Information. If you upload an additional document to the Authorization to Release Information, the existing file will be replaced.\*The maximum document size is 4MB. PDF files are recommended.

#### UPLOAD DOCUMENT

Authorization To Release Information

Payment History

Browse... Upload Document

Please Note: the following file types are suitable for being uploaded: .jpg, .doc, .docx, .pdf, .xls & .tif.

#### UPLOADED DOCUMENTS

Document Title	Document File	Status	Action
Authorization To Release Information	Authorization to release information.docx	Received	
Payment History	Payment History.docx	Received	delete
Payment History	Payment History.docx	Received	delete

CONTINUE

Done Local intranet | Protected Mode: Off 85%

### Steps:


1. Participant selects either *Authorization to Release Information* form or *Payment History* to upload the appropriate required documents.
2. Participant selects **Browse** to find the document they wish to upload.
3. Participant selects **Upload Document** when they select the appropriate document.
4. Participant repeats these steps for all of the required documents and all payment histories.
5. Participant selects **CONTINUE**
6. System directs participant to the Review & Certification Page.

### Business Rules:

- Participant can upload the following formats:
  - .jpg
  - .doc
  - .pdf
  - .txt
- Participant can upload document size up to 4 MB
- Participant can view the *Authorization To Release Information* form





- Once a payment history has been added, there will be an option to upload another payment history, allowing the participant to upload as many payment histories as needed.
- If participant uploads the *Authorization to Release Information* form and tries to upload another document to that document type, the original document will be overwritten.
- Participant will not be able to continue until the *Authorization to Release Information* form and at least one *Payment History* has been uploaded.
- Participant can delete any Payment History document by selecting 



## Section 6: Review and Certification

After the participant has uploaded all required supporting documents, they will be taken to the Review and Certification page. On this page, they can review their Contact Information, Employment Information, and Supporting Documents before making certifications.

Welcome, Michelle Bonano

BCRS PROGRAM PORTAL for SCHOLARS AND CLINICIANS My Messages (1) Help Account Settings Roles Log Out

Home Continuation Contract

1 General Information 2 Employment Information 3 Supporting Documents 4 Review and Certification 5 Sign Contract

### Review

CONTACT INFORMATION

Make sure your contact information is up to date. You may update it on your home page.

**PHONE NUMBER**

Daytime:

Home: 0000000000

Mobile:

**MAILING ADDRESS:**

Address Line 1: 13845 Beaver Bend Road

Address Line 2:

State: LA

City: Baton Rouge

Zip/Postal Code: 70818-1309

Local intranet | Protected Mode: Off 105%

### Steps:

1. Participant reviews all information under *Contact Information, Employment Information, and Supporting Documents*.
2. Participant checks all 3 certifications:
  - Debarment, suspension, disqualification, and related matters
  - No other obligation
  - The information in the request is accurate and complete
3. Participant selects **CONTINUE**

### Business Rules:

- *Contact Information, Employment Information, and Supporting Documents* are all expandable and collapsible.
- If a participant wants to change any information, they must make the changes on that specific page in the application. Changes cannot be made on the *Review and Certification* page.
  - o Changes to a participant's *Contact Information* must be made on their portal home page.
- Participant must check all 3 certifications to be able to continue:
  - o Debarment, suspension, disqualification and related matters
  - o No other obligation
  - o The information in the request is accurate and complete.



**EMPLOYMENT INFORMATION**

**SITE INFORMATION**

Name of Critical Shortage Facility	EARL K. LONG OUTPATIENT CLINIC
Address Line 1	5825 AIRLINE HIGHWAY
Address Line 2	
State	LA
City	BATON ROUGE
Zip/Postal Code	70805-2498

My site information is not accurate because I transferred or requested a transfer.

**SITE INFORMATION**

Name of Critical Shortage Facility	CSF
Address Line 1	123 main street
Address Line 2	
State:	MI
City	city
Zip/Postal Code	12345

**SUPPORTING DOCUMENTS**

Document Title	Document File	Status
Authorization To Release Information	Authorization to release information.docx	Received
Payment History	Payment History.docx	Received
Payment History	Payment History.docx	Received

## Certification

### 1. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS

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. CERTIFICATION OF NO OTHER OBLIGATION

I certify that, other than my current two-year service obligation with the NELRP, I currently have no other existing service obligations with any other entities (e.g., an active military duty obligation, an existing commitment to an institution or employer for educational pay back, a sign-on bonus to maintain employment at the facility where I am currently serving under the NELRP, a service commitment to a State or local government, or another Federal loan repayment program). \*

### 3. CERTIFY BY SELECTING THE BOX BELOW

I certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willful false statement herein may be punished as a felony under U.S. Code, Title 18, Section 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies. \*

**SAVE** **CONTINUE**



## Section 7: Sign Contract

The final page of the application is the sign contract page. The participant can read the contract on this page, as well as print a copy for themselves, and will then electronically sign the application at the bottom of this page in order to submit their continuation request.

The screenshot displays the 'Sign Contract' page within the BCERS PROGRAM PORTAL. The page is titled 'Sign Contract' and includes a navigation menu with options like 'Home', 'Continuation Contract', 'General Information', 'Employment Information', 'Supporting Documents', 'Review and Certification', and 'Sign Contract'. The main content area is divided into several sections: 'LEGAL INFORMATION' with a link to a printable version of the Nurse Faculty contract; 'CONTRACT' containing the full text of the 'NURSING EDUCATION LOAN REPAYMENT PROGRAM Continuation Contract for Nurse Faculty'; 'CERTIFICATION' with a checkbox for agreement; and 'ENTER SIGNATURE INFORMATION' with input fields for the last four digits of the SSN, security question, and password. A prominent yellow 'SIGN AND SUBMIT' button is located at the bottom right of the form.

### Steps:

1. Participant reads the NELRP contract.
2. Participant checks the box certifying that “I have read through the entire contract and agree to the terms.”
3. Participant enters required signature information:
  - Last four digits of SSN
  - Answer to participant’s security question
  - Password
4. Participant selects **SIGN AND SUBMIT** to submit their continuation request.

### Business Rules:

- Participant must certify that they have read the contract and agree to its terms.
  - o The *Sign and Submit* button will be enabled after this certification.
- The second question under *Enter Signature Information* will reflect the security question stored in BMISS for the specific participant. This was chosen when creating the participant portal account, or was updated by the participant in *Account Settings*.

**Note:** Participant can print the contract by selecting the link **View a printable version of the NELRP (or NF) contract.**



- If the participant's obligation end date is within 14 days of the current date, the participant will receive the alternate contract. There will be no difference visible to the participant (the link will still say **View a printable version of the NELRP** (or NF) **contract** and the contract title on the page will not say alternate).



## Section 8: Participant Portal After Submit

After the participant submits their continuation request, the request will be shown under their list of *Activities*. The next page (p. 15) shows what a participant will see when they select the link to the Continuation request in the *Activities* table on the participant portal.

Welcome, Sandra Clark

BCRS PROGRAM PORTAL for SCHOLARS AND CLINICIANS

My Messages (1) Help Account Settings Log Out

### BCRS Updates

Welcome to the BCRS Program Portal. Please send us questions and feedback through the "Ask a Question" link below.

You can now view and update your banking information, including your bank name and routing number through your Portal account. Go to the "Update My Banking Information" section below.

### My Profile

Name	Participant ID	Status	Program
Sandra Clark	1113496832	Contact BCRS	Nursing Education Loan Repayment Program for Nursing Faculty

+ MY CONTACT INFORMATION

+ MY SITE INFORMATION

+ MY SERVICE INFORMATION

+ MY BANKING INFORMATION

### Need Assistance?

#### ACTIVITIES

Activity Type	Last Updated	Status
<a href="#">NELRP Continuation Request</a>	02/29/2012	Submitted - Review Not Started

[View All Activities](#)

#### I NEED TO...

[Request a NELRP Continuation](#)

[Update My Contact Information](#)

[Update My Banking Information](#)

[Ask a Question](#) [Helpful Resources](#)

### Business Rules:

- Participant can view the information that they have included in their continuation request by selecting the link **NELRP Continuation Request** under their list of activities.
- The *Activities* table will show the date the continuation request was last updated as well as the status of the continuation request.



Welcome, Sandra Clark

BCERS PROGRAM PORTAL for SCHOLARS AND CLINICIANS My Messages (1) Help Account Settings Log Out

Home Continuation Contract

## Continuation Contract Request #5774I

Status: Submitted - Review Not Started Submitted on: Feb 29, 2012 Date Last Updated: Feb 29, 2012

### REQUEST DETAILS

**Contact Information**  
 Make sure your contact information is up to date. You may update it on your home page.

**PHONE NUMBER**

Daytime: 0000000000  
 Home: 0000000000  
 Mobile:

**ADDRESS**

Address Line 1: 15012 Laurel Ridge Road, SW  
 Address Line 2:  
 State: MD  
 City: Cumberland  
 Zip/Postal Code: 21502-6822

### EMPLOYMENT INFORMATION

**SCHOOL NAME:**

School Name: Allegany College of Maryland  
 Address Line 1: 12401 Willowbrook Rd SE  
 Address Line 2:  
 State: MD  
 City: Cumberland  
 Zip/Postal Code: 21502

All the degree programs for which your faculty appointment supports:

- Bachelors
- Doctorate (Ph.D or Ph.D)
- Masters
- Diploma
- Associate's

My school information is not accurate because I transferred or requested a transfer.

**SCHOOL INFORMATION**

Name of the school of employment: school of nursing  
 Address Line 1: 112 main street  
 Address Line 2:  
 State: AL  
 City: City  
 Zip/Postal Code: 12345

### SUPPORTING DOCUMENTS

Document Title	Document File	Status
Signed Contract	NELRP_FY12_Continuation_Contract_NF2.pdf	Received
Authorization To Release Information	Authorization to release information.docx	Received
Payment History	Payment History.docx	Received
Payment History	Payment History.docx	Received

**Business Rules:**

- All sections (*Contact Information, Employment Information, and Supporting Documents*) are expandable and collapsible.
- The participant can select any of the uploaded documents to view (*Signed Contract, Authorization to Release Information, Payment History*).
- All information on this page is read-only.



## Section 9: Resolving Issues

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Please follow the instructions to resolve any inquiries a NELRP participant requesting a continuation might have:

### 1. For Technical Issues:

- When a technical issue is encountered, e.g. Participant cannot upload supporting documents, the Call Center should log this issue in the BMISS Issue Tracker with the participant's contact information and a description of the problem. At this point, the BMISS HyperCare Support Team would define and resolve the issue as well as notify the Call Center analyst of the resolution.

#### Logging Issues:

- When logging issues into the BMISS Issue Tracker (<http://www.hrsabmisspuat.com:1000/default.aspx>):
  - Log issues as “NELRP Continuation Online App” for the *Type of Issue* field.
  - Attach a screenshot to the issue (if applicable)
  - Include the following details in the *Summary* section:
    - Participant information: Full name, last four of SSN, email, phone number
    - The exact Continuation Online Application screen the participant was on when the issue occurred
    - The Web Browser the participant was using
    - The frequency of the issue

### 2. For Program Related Issues:

- If a participant has a program question, the Call Center will try to answer the problem by referring to the Application and Program Guidance. If the Call Center is unable to answer the question then they must triage the question to the Nursing Education Loan Repayment Program.

#### For Continuation Online Application Program Related Issues Contact:

**Donna Schwab:**  
[DSchwab@hrsa.gov](mailto:DSchwab@hrsa.gov)

Or call the NELRP Main line: 301-594-4098

#### Capturing Participant Information:

- The following participant information should be captured and as much detail of the issue as possible:
  - First and Last Name
  - Email Address
  - Phone Number
  - Last four digits of SSN
  - Section of Continuation online application the user was on when they encountered the problem
  - Detailed summary of the problem
  - Supporting Document (if applicable)





## Section 10: Resolving Issue Flow Chart

Participant  
encounters issue with  
NELRP Continuation  
Application

Participant reaches  
out to Call Center

NELRP Analyst  
resolves the  
participant's issue

NELRP Analyst contacts  
the Call Center Analyst  
and notifies them of the  
resolution

NELRP Analyst  
communicates the  
resolution to the  
participant

