BHW Program Portal for Site Points of Contact User Guide

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Part 1: Purpose of the BHW Program Portal for Site Points of Contact

What is a Site Point of Contact?

A point of contact (POC) is a person who serves as the coordinator or focal point of information concerning Bureau of Health Workforce (BHW) programs and activities at an organization. The organization typically has employees interested in or actively participating in one or more BHW programs. The BHW utilizes POCs in cases where information is time-sensitive and accuracy is important.

A single organization may have multiple POCs depending on the programs the organization is involved in and the role of the identified POCs. Specifically, the BHW is interested in POCs who:

- Own, oversee, or manage a significant portion of their organization and/or understand and have the ability to answer questions about organization policies and operating procedures.
- Manage and can confirm employment status, work schedules, and/or absences of employees within their organization.
- Hire and/or recruit new employees for the organization.

What is a Site?

A "site" is a specific location at which an employee fulfills a service obligation for a BHW program. An organization may consist of one or more sites and a POC can be registered as a POC for one or more sites within the same organization.

What is the BHW Program Portal for Site Points of Contact?

The BHW Program Portal for Site Points of Contact facilitates the completion of important BHW program activities and serves as the method by which the BHW contacts POCs in cases where information is time-sensitive and accuracy is important. More information about these programs is available by visiting the <u>BHW website</u>. The following programs are currently supported by the Program Portal:

- <u>National Health Service Corps</u>
- <u>NURSE Corps</u>

Part 2: Creating an Account and Logging In

The BHW requires that all site POCs create a BHW Program Portal account. Creating and activating an account allows a POC to perform self-service tasks for their site and helps to support their employees fulfilling BHW program service obligations. A POC can access the Program Portal <u>here</u>. This section of the user guide will highlight how to create and log into your Program Portal account.

Creating an Account

Complete the following steps to create a BHW Program Portal for Site Points of Contact account:

- 1. Navigate to the BHW Program Portal for Site Points of Contact login page.
- 2. Select the "Create a Site Point of Contact account" link under the "Create an Account" header.

Figure 1: BHW Program Portal for Site Points of Contact

| PROGRAM PORTAL | for SITE POINTS OF CON | ПАСТ | |
|---|---|---|---|
| | Login Please log in using th Your Email * Your Password * | fields belov | * |
| Create an Account Not a registered use Create a Site F The Site Point of Contact Portal allows important National Health Service Cor program activities. If you are creating a Site Point of Conta must have interest in employing perso NHSC or Nurse Corps and as a point least one of the following job functions Own, oversee, or manage a signifi- understand and have the ability to a policies and operating procedures Officially confirm employment statu absences of employees at your site Hire and/or recruit new employees | Point of Contact accour site points of contact to ps (NHSC) and NURSE act Portal Account, your ins eligible for participa of contact you must per at your workplace: cant portion of your site(answer questions abou | o complete : Corps workplace tion in form at (s) and/or t site | Questions? For more information or questions, please: • Refer to the Site FAQ • Contact the BHW Customer Care Center • Open Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET • 1-800-221-939 • 1-877-897-9910 (TTY for hearing impaired) • GetHelp@hrsa.gov |

- 3. On the "Account Information" screen, complete the "Account Information", "Professional Information" and "Job Responsibilities" sections. The next section can be expanded by either selecting the "next step" button (<u>Next Step</u>) or selecting the expand selection button (+) next to each section header. To collapse a section, select the collapse section button (-). Fields notated with an asterisk (*) are required. The following fields are required in each section:
 - Account Information
 - i. Title (e.g. Mr., Mrs., or Dr.)
 - ii. First Name
 - iii. Last Name
 - iv. Work Email (this will be your username for login)
 - v. Confirm Work Email
 - vi. Create Password (see Password Requirements)
 - vii. Confirm Password
 - viii. Security Question
 - ix. Answer
 - Professional Information
 - i. Job Category
 - ii. Specific Job Title
 - iii. Primary Work Phone
 - iv. Company Name
 - v. Work Address Line 1
 - vi. Work Address City
 - vii. Work Address State
 - viii. Work Address Zip Code
 - Job Responsibilities

i. At least one answer to the question about with whom you work

ii. At least one answer to the question about what you do at your site

4. Select the "continue" button (**CONTINUE**) to proceed with account creation. At any time

select the "cancel" button (CANCEL) to stop the account creation process. No information is saved if the process is canceled.

Password Requirements

A password must have a minimum length of eight (8) characters and must contain at least one of each of the following:

- English uppercase character (A-Z)
- English lowercase character (a-z)
- Numerical Digit (0-9)
- Special Character (e.g. @,!,\$,%)

A password may not contain:

- Slang or jargon
- Personalinformation
- All or part of the users account name
- A character repeated more than once in succession

BHW Progra Figure 2: Account Information Page

| PROGRAM PORTAL | fcrr SITE POINTS OF CONTACT | Login |
|---|--|------------|
| ccount Infor | mation | |
| :J11trdfit!-W | mation | |
| - ACCOUNT INFOR | RMATION | |
| Title" | Select - | |
| First Name | (!) | |
| LastName" | | |
| Suffix | Select = | |
| Work Email * | | |
| Confirm Work Email | | |
| reatePassword*0 | 111 | |
| onfirm Password" | 1!! | |
| ecurty Question "0 | Select | |
| nswer" | | |
| | | Hex Ste |
| - PROFESSIONAL | INFORMATION | |
| b Category* | Start typing | |
| ecific Job Title | | |
| mary Work Phone* | (1J00)-000-0000 E< | |
| ern ate Work Phon e | (1J00)-000-0000 E< | |
| rk Fax Number | (1J00)-000-0000 | |
| mpany Name | | |
| rk A:Jdress Line 1" | | |
| ork A'.idress Line 2 | | |
| ty | | |
| tat e " | Start typing | |
| ip Code " | | |
| | | Ne xt Step |
| - JOB RESPONSIB | BILITIES | |
| | lowing that correspond to your job responsibilities m : your site(s) or | |
| network of sites (at least of Vith whom do you work | ones election is required for each of the following questions) | |
| [!work with, manage or su Corps (NHSQ eligible prim practitioners, certified nurse psychologistslcensed clinica therapists. and license d pr !work with, manage or si employees nurse faculty, re\$ | upport one or more ofthe following types of National Health Service ary care providers: physicians, physician assistants,nurse a midwives, dentists, regist ered dental hygienists ,health serllice al sc cial twork ers, psychiatric nurse speciahsts, m a miage and family rofesstant counsebors upport one or more ofthe following types of NURSE Corps eligible ster d nurses, and ad¥anced practice retstered nurses (nurse | |
| practitioners, certified regis special ists) | stered nurse a nesthetists, certified nurse molecular, and clinical nurse | |
| Vhat do you do? | | |
| and can answer questions t hire andlor recruit new [¹ .] 1can officially confirm en | ge mysite(s) or a significant portion of my \$e(s) and/or lunderstand about 3ite policies and operating proce dures employees. mployment status,work schedules, and/or absences of employees at | |
| my site | | |
| | | |

- Review the "Responsibilities and Account Confirmation" page. This page displays your primary and secondary responsibilities based on the answers given in the Job Responsibilities section of the previous page. For more information on POC roles and responsibilities, reference <u>Appendix</u> <u>A</u> of this guide.
 - *Primary Responsibilities* This list is based on the job responsibilities you selected. These are the tasks and activities available on the Program Portal that the BHW will ask you to oversee or complete.
 - Secondary Responsibilities This list is based on the job responsibilities you did not select. This list is the remainder of the tasks and activities available on the Program Portal that you may not need to complete, but should be aware of. You should also be aware that the BHW may contact you about any of these secondary responsibilities.
- 6. Certify that all the information provided is correct by selecting the checkbox next to the certification statement.
- Select the "back" button (^{BACK}) to return to the previous page if any information needs to be corrected.
- 8. Select the "register" button (**REGISTER**) to complete the account creation process. Select the "cancel" button (**CANCEL**) to stop the account creation process. No information is saved if the process is canceled.
- 9. Once the account is created a confirmation screen is shown. An email is sent to the Work Email address provided with a link to activate the account. You will not be able to log in until the account is activated using the link in the email.

Figure 3: Account Creation Confirmation

| PROGRAM por tal | Login |
|--|--------|
| We have successfully created your account. Please check your email for instructions on how to enable your account. | |
| Account Created | |
| An email with instructions on how to unlock your account has been sent to the email address you specified while registering. The email will link that you can click on to automatically unlock your account and take you to the Site Point of Contact Portal Login Page. | have a |
| RETURN TO LOGIN P | PAGE |
| | |

Logging In

Once an account for the portal has been created and activated, you can log into the portal from the BHW Program Portal for Site Points of Contact login page (Figure 3).

Complete the following steps to log into a BHW Program Portal for Site Points of Contact account:

1. From the BHW Program Portal for Site Points of Contact login page, enter your email and password. The email address is the Work Email you provided when the account was created.

Figure 4: Logging into the Program Portal

| W PROGRAM | for SITE POINTS OF CO | DHTACT |
|-----------|-----------------------|-----------------------|
| | Login | |
| | Please log in using | the fields below: |
| | Your Email * | |
| | Your Password * | |
| | | forgot your password? |
| | | |
| | | |

2. Select the "log in" button (**LOG IN**) to log into your account.

Failed Login Attempts

If the email and password combination is incorrect, the system will display a warning message. After three (3) failed login attempts your account will be locked and cannot be accessed until the password is reset.

Resetting or Changing a Password

To reset or change your account password, select the "forgot your password?" link below the password field on the login screen and complete the following steps:

1. Enter your email address in the field provided. This is the Work Email address you entered

when the account was created. Select the next button (**NEXT**) to proceed.

Figure 5: Provide Your Email Address

| required field | |
|-----------------------------------|------|
| Step 1: Enter email address below | |
| Email Address * | |
| | NEXT |

2. Answer the security question in the field provided to reset your password. Select the submit

Figure 6: Answer Your Security Question

| required fie | |
|-----------------------|---|
| Step 2: A password | nswer your security question below to have your I reset. |
| What is the | e street number of the house you grew up in? |
| Answer* | |
| | |

3. You should receive an email containing a link to reset your password. If you do not access this link and reset your password within two days, the link will expire and you will have to request a new one.

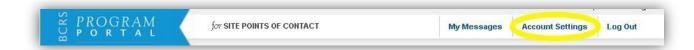
Part 3: Managing Your Account and Contact Information

Once logged in to the BHW Program Portal for Site Points of Contact, you can make changes to your account and Program Portal Profile information as needed. This section of the user guide demonstrates how to keep your account and contact information up to date.

Updating Your Account Settings

Updating your account settings allows you to update your email address, password and security question. To access your account settings, select the "Account Settings" link in the toolbar at the top of the Program Portal.

Figure 7: Accessing Your Account Settings



Changing Your Email Address

To change the email address used to log into your account, complete the following steps:

- 1. Access your Account Settings
- 2. On the account settings page, under the "Change Email Address" section enter and confirm your new email address and enter your current password.
- 3. Select the "change email" button (**Change Email**) to change your email.
- 4. The new email address can now be used to access your account.

Changing Your Password

To change the password used to log into your account, complete the following steps:

- 1. Access your Account Settings.
- 2. On the account settings page, under the "Change Password" section enter and confirm your new password and enter your current password.
- 3. Select the "change password" button (**Change Password**) to change your password.
- 4. The new password can now be used to access your account.

Changing Your Security Information

To change the security question and answer used to unlock or reset your account, complete the following steps:

- 1. Access your Account Settings.
- 2. On the account settings page, under the "Change Security Information" section, select a new security question and answer and enter your current password.

- 3. Select the change "security information" button (**Change Security Information**) to set your new security question and answer.
- 4. The new security information will now be used to unlock or reset your account.

Figure 8: The Account Settings Page

| Your Current Email Address: | | | |
|-----------------------------|-----------|-----------------------|--|
| CHANGE EMAIL ADDRE | ESS | CHANGE PASSWORD | |
| New Email Address | | Create New Password 🕖 | |
| Confirm New Email Address | | Confirm New Password | |
| Current Password | | Current Password | |
| Change Email | | Change Password | |
| CHANGE SECURITY IN | FORMATION | | |
| Security Question 🕖 | Select | \checkmark | |
| Answer | | | |
| Current Password | | | |

Updating Your Program Portal Profile (Contact Information)

Your Program Portal Profile contains your contact information and your job responsibilities. Once you have created and activated your account, you can update your Program Portal Profile at any time. It is important to keep your profile information up to date, as this is the information the BHW will use to contact you about any important and time-sensitive information.

You can update your Program Portal Profile by selecting the "Update My Program Portal Profile" link in the "Need Assistance?" section **at the bottom** of the Program Portal landing page.

Figure 9: Accessing You Program Portal Profile

| I NEED TO | | CONTACT US |
|--------------------------------------|---|--|
| Submit a New NHSC Site Application > | 0 | For support, please contact us at 1-800-221-9393 😳, Monday through |
| Update My Program Portal Profile 🕨 | 0 | Friday (except Federal holidays), 8 am to 8 pm ET. |

The following information can be updated and edited as part of your Program Portal Profile. Fields marked with an asterisk (*) are required:

- Job Category*
- Specific Job Title*
- Primary Work Phone Number*
- Alternate Work Phone Number
- Work Fax Number
- Company Name*
- Work Address Line 1*
- Work Address Line 2
- Work Address City*
- Work Address State*
- Work Address Zip Code*
- Job Responsibilities*
 - Who do you work with?
 - What do you do?

(At least one selection must be made for each question in the Job Responsibilities section of the Program Portal Profile.)

The job responsibilities entered in this section

of the Program Portal Profile represent your "default" job responsibilities. Your job responsibilities will

Figure 10: Your Program Portal Profile

| quited field | |
|--|--|
| | site any changes, simply click the box and enter the new information. Please note, changes will not take may be contacted by an NHBC Representative to confirm your changes. |
| | |
| JOB CATEGORY | |
| Job Category * | Start typing |
| Specific Job Title * | |
| PHONE | |
| Primary Work Phone * | Ext |
| Alternate Work Phone | Ext |
| Work Fax Number | |
| WORK LOCATION | |
| Company Name * | |
| Address Line 1 * | |
| Address Line 2 | |
| City * | |
| State * | |
| Zìp Code * | |
| | |
| EMAIL AND PASSWORD Email addresses can only be edited on the Acord | uni Bellinos case |
| JOB RESPONSIBILITIES | eens versamge joog |
| | and to your job responsibilities at your site(s) or network of sites (at least one selection is required |
| for each of the following questions) | |
| Who do you work with? | |
| | of the following types of National Health Service Corps (NH 8C) eligible primary care providers: physicians, |
| | d nurse midwives, dentists, registered dental hygienists, health service psychologists, licensed clinical social and family therapists, and licensed professional courselors. |
| I work with, manage or support one or more of | of the following types of NUR3E Corps eligible employees: nurse faculty, registered nurses, and advanced entified registered nurse anesthetists, certified nurse midwives, and clinical nurse specialists). |
| What do you do? | - |
| | inficant portion of my site(s) and/or I understand and can answer questions about site policies and operating |
| procedures. | |
| I hire and/or recruit new employees. I can officially confirm employment status, we | ork schedules, and/or absences of employees at my site. |
| | SUBMIT |
| | |

determine your roles and responsibilities at your site(s). For more information on POC roles and responsibilities, reference <u>Appendix A</u> of this guide.

When you have completed updating your profile information, select the "submit" button (

Job Responsibilities at Multiple Sites

If you are a POC at multiple sites you have two options for managing your job responsibilities at each of your sites.

- 1. Apply your default job responsibilities to all sites this is the default option and will apply the job responsibilities selected on the Program Portal Profile to all your sites.
- 2. Individually manage job responsibilities at each site this option allows you to set your responsibilities at each of your sites.
 - a. Select the checkbox next to "Individually Manage Site Roles" and the screen will display options for each of your sites.
 - b. Select your job responsibilities for each of the sites. You must make a selection for each site. You will not be assigned job responsibilities for sites without a selection.

Figure 11: Job Responsibilities at Multiple Sites

| As a Point of Contact for multiple sites, your above selections are automatically applied by default at each of your sites and will be applied to any new sites in the future. If necessary, you can manually select different job responsibilities at each of your sites by selecting the check box below. These selections will override your defaults at those sites. |
|--|
| |
| What do you do? |
| 📝 I own, oversee, or manage my site(s) or a significant portion of my site(s) and/or I understand and |
| can answer questions about site policies and operating procedures. |
| I hire and/or recruit new employees. |
| l can officially confirm employment status, work schedules, and/or absences of employees at my |
| I can onicitany commin employment status, work scredules, and/or absences of employees at my site. |
| |
| - COUNTY HOSPITAL |
| What do you do? |
| |
| V I own, oversee, or manage my site(s) or a significant portion of my site(s) and/or I understand and |
| can answer questions about site policies and operating procedures. |
| ✓ I hire and/or recruit new employees. |
| l can officially confirm employment status, work schedules, and/or absences of employees at my |
| site. |
| COUNTY HOSPITAL |
| |
| What do you do? |
| 🗹 I own, oversee, or manage my site(s) or a significant portion of my site(s) and/or I understand and |
| can answer questions about site policies and operating procedures. |
| I hire and/or recruit new employees. |
| 🗹 I can officially confirm employment status, work schedules, and/or absences of employees at my |
| site. |
| |
| SUBMIT |
| |
| |

Annual Program Portal Profile Update

Every 12 months you will be asked to review and verify your Program Portal Profile information. This will occur automatically upon login if your profile information was not updated. Please take a moment to review your information in this case and make any updates as needed. This helps ensure that the BHW has the most up to date contact information for you.

Idle Accounts

If you do not log into the Program Portal for 12 months you will be marked as "idle". Your account will still be active, but you will no longer receive email announcements of portal messages until you log in to the Program Portal.

Part 4: Viewing Your Sites

One of the primary functions of the BHW Program Portal for Site Points of Contact is to allow you, as a POC, to view information about your site and the various programs your site supports. This section outlines the functionality allowing you to view your site information.

The "My Sites" Table

Featured at the top of the BHW Program Portal for Site Points of Contact landing page, the "My Sites" table displays a listing of all the sites for which you are identified as a POC.

Figure 12: The "My Sites" Table

| activities. Below are sites for | ortal allows site points of contact to complete in or which you are a point of contact. Please click ormation, submit site recertification applications, | on the name of the site | to see add | litional site information, view clinician rosters, |
|---------------------------------|--|-------------------------|-------------|---|
| Site Name | Address | Active Affiliation | My Tasks | Alerts |
| | | NHSC | 0 | Add required points of contact. Clicl on site name and 'Manage Points of Contact' |
| | | NHSC NURSE Corps | 0 | 1 position(s) will expire within the next 15 days |
| | | NHSC | 0 | |
| | | | 0 | |
| | | NURSE Corps | 0 | |

The table displays the following information about each of your sites:

- Site Name
 - Site name is the name of the site recorded by the BHW.
- Address
 - o Address is the physical address of the site recorded by the BHW.
- Active Affiliation
 - Active affiliations are values shown depending on which BHW programs this site is approved to support.
 - If no active affiliations are listed, then the site is not currently approved for any BHW programs.
- My Tasks
 - "My Tasks" displays a count of any tasks or activities that may require your attention at the site.

- Selecting the site name will take you to that site page where the specific tasks can be viewed.
- Alerts
 - Alerts display when urgent action is needed. There are currently three types of alerts that will display:
 - "Add Required Points of Contact" This alert will display when the site is missing required POC information. Reference the "<u>Managing Points of Contact</u>" section of this guide for more information on POC requirements for sites.
 - "X Positions will Expire in the Next 15 Days" This alert will display when an open position posting by the site through the Job Center is about to expire. If the position posting is not renewed, the posting will be removed from the Job Center on the expiration date. Reference the "Managing Open Positions" section of this guide for more information about posting open positions.
 - "Site Approval will expire within the next X days" This alert will display when the site's NHSC approval is expiring soon. Please take action to renew the site's approval or it will no longer be eligible to support NHSC programs. Please reference the <u>NHSC Site Reference Guide</u> for more information about sites and the NSHC.

Why Don't I See My Site(s)?

The "My Sites" list only displays sites that the BHW has confirmed you as a POC for . You are not automatically added as a POC for any site based on your account information alone. There are three ways that you can be added to a site:

- 1. You are added as a POC by the BHW.
- You are added as a POC by another confirmed POC at the site. Another POC can use their Program Portal account to add you as a POC for the site. Reference the "<u>Managing Points of</u> <u>Contact</u>" section of this guide for more information.
- 3. You submit a site application. If you submit an application for a new site, you will automatically be added as a POC for that site. **This applies to NHSC sites only.**

Viewing a Specific Site

To view additional information about a site or perform self-service activities, select the site name from the "My Sites" list.

The site landing page displays information about the site and provides access to self service functions.

The following information is displayed about the site on the right side of the page:

- BHW ID This is a unique identifier.
- Site Name
- Site Address
- Highest HPSA Scores The highest HPSA score in each of the three disciplines that apply to the site. Not all sites will have a score for all three disciplines.
- Site Status The status of the site for various BHW programs and the expiration date for the approval of that program (if applicable).
- Contact Information
- Additional Site Information

Figure 13: Viewing Site Information

| Basic Site In | formation | |
|---|---|---|
| BCR8 ID | | 011460 |
| 8lte Name | | Address |
| Highest HP S | A Scores | |
| Highest De | mary Care HP 8A 8oc ntal HP 8A 8ocre ntal Health HP 8A 8o | N/A |
| Site Status | | |
| NH SC Statu Active (A) NUR SE Con Active | | NH 8C Expiration Date Not applicable |
| nformation | | FION |
| f the informati information Site Name Site Address Address | | |
| Address Bibe Name Bibe Address Bibe Web Address Bibe Email Address | | |
| alte Name Site Name Site Address Site Web Address Site Email | | |
| Address Bite Name Bite Address Bite Web Address Bite Email Address Bite Phone | | |
| nformation 3ite Name 3ite Name Address 3ite Web Address 3ite Email Address 3ite Phone Number 3ite Fax Number | (888) 888 888 | incorrect, please update your 3ite |
| nformation 3ite Name 3ite Name Address 3ite Web Address 3ite Email Address 3ite Phone Number 3ite Fax Number | (000) 000-0000 (?) (000) 000-0000 (?) (000) 000-0000 (?) | FORMATION |
| Address Bite Name Address Bite Web Address Bite Email Address Bite Phone Number Bite Fax Number | (000) 000-0000 (*) (000) 000-0000 (*) (000) 000-0000 (*) FIONAL SITE IN phy Urber | FORMATION |
| Address Site Name Site Name Site Name Address Site Web Address Site Email Address Site Phone Number Site Fax Number A D D III Site Geografi | (000) 000-0000 (;) (000) 000-0000 (;) (000) 000-0000 (;) TIONAL SITE IN phy Urbar patton Privat | FORMATION |
| nformation Site Name Site Name Site Web Address Site Email Address Site Fax Number Site Fax Number ADDIT Site Geografi Site Classifi | (BBD) DOC-0000 (c) (BBD) DOC-0000 (c) (BBD) DOC-0000 (c) TIONAL SITE IN phy Urbar patton Privat Feder (FGH | FORMATION |

Part 5: Site Self Service

One of the primary functions of the BHW Program Portal for Site Points of Contact is it allows you, as an identified POC, to perform self-service activities for your site. This section of the user guide will highlight the self service functions available to you and your site.

The self service options available depend on the job responsibilities identified as part of your Program Portal Profile. For more information on POC roles and responsibilities, reference <u>Appendix A</u> of this guide. You can access the self service options by selecting the site name in the "My Sites" list, and choosing from the options in the self-service list on the left hand side of the screen.

| e | lf-Service |
|-----|-----------------------------|
| Ma | nage Current Job Openings 🕨 |
| Vie | ew Clinician Roster 🕨 |
| Ma | nage Points of Contact 🕟 |
| Ma | nage Site Profile 🕨 |
| Sit | e Visits 🕨 |

Figure 14: The Self-Service Menu

Managing Current Job Openings

Select the "Manage Current Job Openings" link to manage job opening for the site. Job openings for a site can be posted publically on the <u>Health Workforce Connector</u>. POCs who indicate that they hire and/or recruit new employees for the organization can manage current job openings at their site. (At this time, only job openings for NHSC sites may be posted to the NHSC Jobs Center).

| ID | Discipline | Specialty | Work Schedule | Posting Expiration | Last Updated |
|--------|-------------------------------|-----------|---------------|--------------------|--------------|
| 127339 | Nurse Prac. OR Phy. Assistant | Adult | Full-Time | 06/14/2016 | 02/17/2016 |

Figure 15: Open Positions

The "Open Positions" table shows any positions currently being advertised as open at the site. To edit a position, select the ID of the position.

Creating a New Position

To open a new position, select the "create new position" button (Create New Position). When editing or creating a position, you will be asked to provide the following information about the position. All fields are required:

- 1. Discipline
- 2. Specialty
- 3. Work Schedule: Full-Time or Part-Time
- 4. Estimated Hours per Week
- 5. Position Description (4,000 characters maximum)
- 6. Posting Start Date
- Projected Hire Date (The Projected Hire Date may not exceed 365 days (1 year) from the Posting Start Date. Entering a Projected Hire Date will auto-populate the Posting Expiration Date with a date that is 90 days after the Projected Hire date. The position will be removed from the NHSC Jobs Center on the Posting Expiration Date.)
- 8. Posting Expiration Date (Maximum 90 days from Projected Hire Date) You can automatically set the maximum expiration date by selecting the "set maximum expiration" button (

Set Maximum Expiration

- 9. Annual Salary
- 10. Additional Benefit Details (1,000 characters maximum)

The posting start and expiration dates will determine the timeframe when the position will be visible on the Job Center.

Closing an Open Position

To close an open position, select the position from the list and select the close position button (

CLOSE POSITION

). Please provide a reason for closing the position when prompted, and select the

"close" button () to close the position. The position will be closed immediately and will no longer appear on the Health Workforce Connector.

To view a history of all positions posted for the site, select the "History of Positions" link.

Viewing the Clinician Roster

Select the "View Clinician Roster" to view a list of all BHW clinicians who are currently fulfilling a service obligation at your site. Clinicians who are not part of a BHW program will not be shown.

| SITE INFORMATIO |) N | | | | | |
|---|--|---|---|---|--|---|
| Ballic Site Information BCRS ID | | 053060 | | | | |
| Site Name | Address | 0.000 | | | | |
| | | | | | | |
| Highest HPSA Scores | | | | | | |
| Highest Primary Care HP | | 17 | | | | |
| Higheet Dental HPSA Sc Higheet Mental Health H | | N/A 21 | | | | |
| ROSTER | | | | | | |
| | INHSC and NURSE Corps of | linicians who are our r | ently filling their service obligat | tion at your sit | ie. C linicians | s which are notpartor |
| the NHSC or NURSECor | | | | | | |
| CLINICIAN ROST | ER | | | | | |
| Clinician | Discipline | Specialt; | Program | Allocation | Start Date | Obligation End Date |
| | Certified Nurse Midwite | None | NHSC Loan Repayment Program | Half-Time | 8/20/2010 | 10.9/2014 |
| | | | | | | |
| | Physician Assistant | None | NHSC Loan Repayment Program | Full-Time | 3/25/2011 | 7/15/2015 |
| | Pinjelician Assistant Pinjelician Assistant | None Family Practice | NHSC Loan Repayment | Full-Time Full-Time | 3/25/2011 8/12/2011 | 7/15/2015 8/14/2015 |
| | | | NHSC Loan Repayment Program NHSC Loan Repayment | | 8/12/2011 | |
| | Pilysician Assistant | Family Practice | NHSC Loan Repayment Program NHSC Loan Repayment Program | FulfTime | 8/12/2011 | 8/14/2015 |
| | Physician Assistant Physician, MD/DO | Family Practice Internal Medicine | NHSC Loai Repayment Program NHSC Loai Repayment Program NHSC Scholarship Program NHSC Loai Repayment | Full-Time Full-Time | 8/12/2011 8/13/2013 | 8/14/2015 8/12/2016 |
| - | Physician Assistant Physician, MD/DO Aliopathic Physician | Family Practice Internal Medicine Pediatrics | NHSC Loai Repayment Program NHSC Loai Repayment Program NHSC Loai Repayment Program NHSC Loai Repayment NHSC Loai Repayment | Full-Time Full-Time Full-Time Full-Time | 8/12/2011 8/13/2013 8/1/2013 | 8/14/2015 8/12/2016 9/23/2015 9/19/2015 |
| ÷ | Pilysictan Assistant Pilysictan, MD700 Alkopathic Pilysictan Pilysictan Assistant | Family Practice Internal Medicine Pediatrics Family Practice | NHSC Loai Repaynent Program NHSC Loai Repaynent Program NHSC Sciolarship Program NHSC Loai Repaynent Program NHSC Loai Repaynent Program NHSC Loai Repaynent | Full-Time Full-Time Full-Time Full-Time | 8/12/2011 8/13/2013 8/1/2013 8/2/2013 8/2/2013 | 8/14/2015 8/12/2016 9/23/2015 9/19/2015 |
| | Pilysiotan Assistant Pilysiotan, MD700 Allopathio Pilysiotan Pilysiotan Assistant Nurse Practitioner | Fanily Practice Internal Medicine Pediatrics Fanily Practice Pediatrics | NHSC Loa Repaynent Program NHSC Loa Repaynent Program NHSC Scholars kp Program NHSC Loa Repaynent Program NHSC Loa Repaynent Program NHSC Loa Repaynent Program | Full-Time Full-Time Full-Time Full-Time Half-Time | 8/12/2011 8/13/2013 8/1/2013 8/2/2013 8/21/2013 9/13/2013 | 8/14/2015 8/12/2016 9/23/2015 9/19/2015 8/20/2015 |

Figure 16: Viewing the Clinician Roster

The clinician roster lists the following information about each clinician in service at your site:

- Name
- Discipline
- Specialty
- Program
- Work Schedule (i.e. Full-Time or Part-Time)
- Start Date
- Obligation End Date the date by which their program service obligation will be fulfilled.

If your site does not currently have any clinicians in service, a message display stating that the site has no clinicians in service.

Managing Points of Contact

Select the "Manage Points of Contact" link to edit, add or remove points of contact from your site. Selecting the link will display the point of contact list for the current site.

| | s of Contact | | | | | |
|------|---------------------------------------|----------------------------|-------|------------------|--|--|
| lame | Address Add Address | Phone (000) 000-0000 | Emuli | Status Active | Last Log.in Date | Roles NHSC Personnel Verifier NHSC Personnel Administrator NHSC Recruiter NURSE Corps Personnel Verifier Administrator NURSE Corps Recruiter NURSE Corps Recruiter NURSE Corps Recruiter |
| | 123 Anywhere St. Anytown, Wi | (000) 000-0000 | | Inactive | Pamela Wilson has not created a portal account | NHSC Recruiter NHSC Administrator NHSC Personnel Verifier NURSE Corps Personnel Verifier NURSE Corps Recruiter NURSE Corps Administrator |
| | 123 Anywhere St. Anytown, SC 29827 | (000) 000-0000 | | Active | 08/11/2014 | NHSC Personnel Verifier NHSC Recruiter NHSC Administrator |

Figure 17: Viewing the POC List

The point of contact list displays the following information about the site's points of contact:

- Name
- Work Address (Address)
- Primary Work Phone (Phone)
- Work Email (Email)
- Status
 - Active An active POC has created, activated and logged into their account within the last 12 months.
 - o Inactive An inactive POC has created an account, but has not activated it or logged in.
 - Idle An idle POC has created and activated an account, but has not logged in 12 or more months.
 - *No Account* A POC with "No Account" has never created a Program Portal account.
- Roles
 - More information on POC roles and responsibilities can be found in <u>Appendix A</u>. These roles refer to the types of POCs the BHW is interested in at each site:
 - POCs who own, oversee, or manage a significant portion of their organization and have the ability to answer questions about organization policies and operating procedures.

- POCs who manage and can confirm employment status, work schedules, and/or absences of employees within their organization.
- POCs that hire and/or recruit new employees for the organization.

Adding a New POC

Select the "add another site POC" button (Add Another Site POC) to begin the process of adding another POC to the site. There are 3 methods available to add a new POC; the portal will walk you through each one of them in order:

Method 1: Add POC from Site Network

The first method is adding a POC from another site in your site's organization network. In order to add a POC in this way, your site must be part of a larger organization network, and the BHW must have other sites of this network identified.

Figure 18: Adding a POC from the Site's Network

| DD POC FROM SITE NETWORK | | |
|--|----------------------------|--|
| Please search for your Point Of Contact within | vour current site network. | |
| icace coaren for your rome of contact mithin | , | |

To add a POC from your site's network:

- 1. Select the POCs name in the dropdown.
- 2. Select the "add" button (Add) to add them to the current site.

If you do not see the POC you would like to add in the dropdown, select the checkbox next to "I do not

see my POC listed" to activate the "Search NHSC Database" button (Search NHSC Database). Once active (yellow), select the button to proceed to the next method of adding a POC.

Method 2: Add POC from the Database

The second method is adding a POC from the database. It is possible that the POC you are trying to add is already in the system. To search for and add a POC from the database:

Figure 19: Searching the C POC Database

| ADD POC FROM NHS | C DATABASE | | | | |
|--------------------------------|---------------------|---------------------------|----------------------------|-------------|--|
| To search for your Point Of Co | ntact in the NHSC d | latabase, please enter on | e or more of the following | g criteria. | |
| POC First Name | | | | | |
| POC Last Name | | | | | |
| POC Primary Email | | | | | |
| POC Primary Phone Number | (000)-000-0000 | | | | |

- 1. Provide information in at least one of the following fields:
 - a. POC First Name
 - b. POC Last Name
 - c. POC Primary Email
 - d. POC Primary Phone Number
- 2. Select the "search" button (Search) to view the results of your search.

Figure 20: POC Search Results

| Name | Address | Phone | Email | |
|------|-------------------------------------|------------|-------|---|
| - | 123 Anywhere St., Anytown, ID 83221 | 0000000000 | bbA | |
| - | 123 Anywhere St., Anytown, MI 48226 | 0000000000 | Add | • |
| - | 123 Anywhere St., Anytown, | 0000000000 | Add | |
| | 123 Anywhere St., Anytown, WA 98310 | 0000000000 | bbA | • |
| | 123 Anywhere St., Anytown, | | bbA | • |
| | 123 Anywhere St., Anytown, GA 30162 | 0000000000 | Add | • |
| | 123 Anywhere St., Anytown, MI 49047 | 0000000000 | bbA | |
| | 123 Anywhere St., Anytown, GA 30120 | 0000000000 | Add | • |
| | 123 Anywhere St., Anytown, UT 84321 | 0000000000 | Add | |
| | 123 Anywhere St., Anytown, OK 73114 | 0000000000 | Add | 0 |
| | 123 Anywhere St., Anytown, TX 78227 | 0000000000 | Add | |

3. Select the "Add" link at the right hand side of the row.

A POC adding from the database will need to confirm their assignment by selecting a link contained within an automatically generated email.

If you do not see your POC listed, select the checkbox next to "No, my POC is not listed in these

matches". This will activate the "enter new POC" button (Enter New POC). Select this button to proceed to the next method of adding a POC.

Method 3: Enter a New POC

The final method of adding a new POC is to create a new POC. When creating a new POC, please provide the following information. Fields marked with an asterisk (*) are required.

- Title*
- First Name*
- Last Name*
- Suffix
- Work Email*
- Primary Work Phone*
- Alternate Work Phone
- Work Fax Number
- Company Name*
- Work Address Line 1*
- Work Address Line 2
- Work City*
- Work State/Province/Region*
- Work Zip/Postal Code*

| Please enter the following in | formation regarding your new POC. | |
|-------------------------------|---|------|
| PERSONAL INFORM | TION | |
| Tkia * | Safart 🖕 | |
| First Name * | | |
| Last Native * | | |
| Suttix | Select 🚽 | |
| CONTACT INFORMAT | DN | |
| Primary Work Phone * | 0000 000 0000 | |
| Abercate Vilork Phone | 000300000000 | |
| Work Fax Number | 000000000000000000000000000000000000000 | |
| WORH LOCATION | | |
| Company Name* | | |
| Address Line 1 * | | |
| Address Line 2 | | |
| City * | | |
| State/Province/Region * | Select 👻 | |
| Zp/Postal Code * | | |
| | | |
| | | SAVE |

Figure 21: Adding a New POC

Once you have provided information in all required fields, select the "save" button (SAVE) to create the new POC.

Editing a POC

Select the POC's name from the site POC list to edit the information. Modify any of the information on

the page and select the "save" button (SAVE) to update the POC. Please note you cannot edit the work email of another POC, as this would modify their account settings and affect their ability to log into the portal.

Removing a POC

To remove a POC from a site, select the POC's name from the site POC list. On the bottom of the page, there are two options for altering the POCs relationship with the site:

Clearing POC Responsibilities

To remove all roles and responsibilities of the POC at the site, but leave the POC on the site's POC list,

select the "clear responsibilities" button (CLEAR RESPONSIBILITIES). This will remove all POC roles and responsibilities at this site only. The POC will be prompted to select new roles and responsibilities when they next log into the Program Portal.

Removing the POC from the Site

To completely remove the POC from the site (e.g. they no longer work there), select the "remove from site" button (REMOVE FROM SITE). This will remove the POC completely from the site, and they will no longer appear on the site POC list.

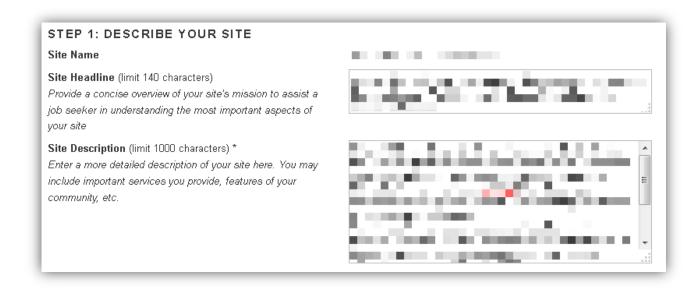
Managing the Site Profile

Select the "Manage Site Profile" link to update the information about your site that job seekers can review from the Job Center. Only POCs who indicate to hire or recruit new employees can manage a site's profile.

Step 1: Describe Your Site

Provide a site headline and a site description for your site. These will display on the homepage of your site profile. Only the site description is required.

Figure 22: Describing your Site



Step 2: Verify Points of Contact

Verify that the points of contact for the site are correct. If changes need to be made, reference the "Managing Points of Contact" section of this guide.

Step 3: Upload a Brochure for Your Site

You can upload a one-page flyer or marketing brochure that you use to promote your site. Those who view your site profile will be able to download this document. To upload a brochure select the "browse" button and select the file from your computer. Please note that only jpg, doc and pdf files will be accepted.

Step 4: Provide Site Details

Provide details in each of the four sections by selecting the check boxes next to each applicable item.

- Languages Spoken by Patients
- Services Provided
- Specialty Services Provided
- Other Benefits Provided

If you do not see a value in the list that you would like to indicate, you can enter the value in the field

provided before the list and select the "add it!" button (Add It!) to add the value to the list.

Figure 23: Insert a Custom Value

| Don't see what you're looking for? | |
|------------------------------------|---------|
| | Add It! |

Step 5: Provide Other Site Information

Provide details on the following information about your site. Required fields are marked with an asterisk (*).

- Number of Patients Served Annually*
- Days/Hours of Operation*
- Facility Size*
- Site Email Address*
- Official Website
- Site Phone Number*
- Site Fax Number
- DUNS Number

You can also provide any other relevant web links. To add a web link, enter a name and the link address

in the fields provided and select the "add it!" button (Add It!). To remove a web link, select the "delete" button (Delete) next to the link to remove it.

You can provide social media links: LinkedIn, Facebook, and Twitter.

At this point, you will need to agree to the terms and conditions of the Rules of Behavior before you can save your site profile. Select the checkbox next to the confirmation message to agree to the terms.

When saving your site profile, you have two options:

• To save and preview your profile, select the "save & view profile" button (

SAVE & VIEW PROFILE). A preview of your site profile will open in a pop-up in your browser. Please be sure you have pop-ups enabled for this website to preview your site profile.

• To save and continue (and not preview your profile), select the "save & continue" button (

SAVE & CONTINUE

Step 6: Managing Profile Images

You are able to upload images that will display alongside your site's profile on the Job Center. To upload an image:

- 1. Enter an image title.
- 2. Enter an image description.
- 3. Select the "browse" button and search your computer for your image.
- 4. Select the "upload image" button to upload the image to your profile.

Figure 24: Uploading Site Profile Images

| UPLOAD NEW IMAGE | |
|---------------------|----------------------|
| Image Title * | |
| Image Description * | |
| Upload Image | Browse No file selec |

Managing Existing Images

Below the image upload fields is a list of all existing images on the profile. You have the options to make the image the default profile image and to remove the image by selecting the "delete" button (

Delete

After you have completed with images, you can save you profile. When saving your final site profile, you have two options:

• To save and preview your profile, select the "save & view profile" button (

SAVE & VIEW PROFILE). A preview of your site profile will open in a pop-up in your browser. Please be sure you have pop-ups enabled for this website to preview your site profile.

To save and finish (and not preview your profile), select the "save & finish" button (•



Site Visits

Select the "Site Visits" link to view pending and past site visits for the site. Site visits apply only to NHSC approved sites and are conducted on a regular basis to ensure compliance with NHSC rules and regulation. For more information about visits, please see the <u>NHSC Site Reference Guide</u>.

| | Figure | 25: | Site | Visits |
|--|--------|-----|------|--------|
|--|--------|-----|------|--------|

| 00/40/2014 00:00 4M | | |
|---------------------|-----------|--|
| 08/18/2014 09:00 AM | Scheduled | |
| Date | Status | |
| | | |

Selecting the date of a past visit will open the site visit summary from the site.

Figure 26: A Site Visit Summary

| Visit Date | 01/22/2014 |
|----------------------|---|
| Visit Type | Routine |
| Status | Approved |
| Reviewer Comments | |
| Reviewer Name | in the second |

Part 6: Applying for a New Site

If you do not see your site listed in the "My Sites" list, and would like to become approved to support BHW programs, follow the instructions for the programs you are interested in below.

Applying for the NURSE Corps

If you are interested in your site becoming an approved site for NURSE Corps programs, you do not need to submit a site application. If you believe your facility may qualify as a Critical Shortage Facility or an eligible school of nursing, please contact the BHW directly.

Applying for the NHSC

If you are interested in your site being an approved NHSC site, please submit an NHSC Site Application only if your site has never been approved by the NHSC. If your site was approved in the past, please submit an NHSC Site Recertification during the open recertification cycle by clicking on the site name and choosing the "Recertify" option. Visit the NHSC website for more information about becoming an NHSC approved site. Please be aware that the NHSC Site Application operates on an annual cycle and may not currently be open. Please check the <u>NHSC website</u> for the most accurate cycle dates.

To start a new site application, select the "Apply for a New NHSC Site" button (Apply For a New NHSC Site) in the "New Site Applications" section on the Program Portal landing page.

Only POCs who have indicated that they own, oversee or manage a significant portion of their organization and have the ability to answer questions about organization policies and operating procedures can submit a new site application.

Reapplying for the NHSC

If you previously started a site application but did not submit by the deadline, had your application denied, or otherwise canceled your previous application, you can reapply for the same site during an open NSHC Site Application cycle. In order to reapply, select the site from your "My Sites" list and under the "I need to…" section of the site page, look for the reapply link. The "Reapply" link will appear when all the conditions stated below are met.

| RECENTR | EQUESTS | | |
|------------|------------------|-------------------|----------|
| RequestID# | Request Type | Date Last Updated | Status |
| 51730 🕟 | Site Application | 8/6/2013 | Rejected |
| | | | |
| NEED TO | | | • |

Figure 27: The Reapply Link

In order to reapply the following conditions must be met:

- The NSHC Site Application cycle must be open
- The site must have a denied or canceled site application on file (if the site was ever previously approved, then it must submit a recertification during the separate recertification cycle, see below)
- The site must be eligible to submit an NHSC Site Application
- The site must not have a preexisting application in one of following statuses
 - o In progress
 - o Approved
 - o Pending site visit

A reapplication follows the same process steps at the NHSC Site Application. Please refer to "Applying for the NHSC" section detailed instructions.

Step 1: Instructions and Eligibility

The first page of the NHSC Site Application is the instructions and pre-screening page. Please read all the instructions prior to continuing with the site application. When you are ready to proceed, select the type of site you are applying for from the dropdown provided. Based on your selection, you may be asked to select a site sub-type as well. Please select the closest match to the site for which you are applying.

Figure 28: Starting an NHSC Site Application

| INSTRUCTIONS | |
|--|--|
| NHSC Site Agreement (lo must meet all requiremen | nline Site Application . Before you begin, carefully review the NHSC website , the NHSC Site Reference Guide 🔁 , and the cated in the appendix of the NHSC Reference Guide) to ensure your site meets all eligibility and program requirements. Sites ts listed in the NHSC Site Agreement at time of application. If you have questions about the general application process or ntact your State Primary Care Office . For technical issues in completing the application contact the NHSC Call Center at 1-800- 'sa.gov . |
| a separate application an credit for time spent at ar | alf of multiple clinical site locations, please complete the main/administrative site application first. Each site location must submit d meet the same eligibility criteria in order to be approved by the NHSC. In order for NHSC obligated clinicians to receive service y clinical service site location, each clinical service site must obtain written approval from the NHSC. Please note that approval of te does not indicate approval for affiliated satellite sites. |
| Type of Site * 🕡 | Select |

The application will determine if your site is eligible to continue the application based on the site type indicated. For a complete listing of NHSC eligible and ineligible site types, please refer to the <u>NHSC Site</u> <u>Reference Guide</u>.

If your site type is eligible to continue with the application, you will be presented with a list of NHSC Site Eligibility Questions. These seven "yes or no" questions will help to determine if your site's operating policies and procedures are in line with NHSC requirements. Please answer each of the questions honestly for you site.

OMB No. 0915-0230 Expiration Date: 08/31/2017

Figure 29: NHSC Site Eligibility Questions

| NHSC SITE ELIGIBILITY QUESTIONS |
|--|
| As an official representative of the applying site, please answer each of the following questions. For more information on NHSC member site eligibility requirements, please visit the NHSC Sites website. |
| As an official representative of the applying site, have you read the NHSC Site Reference Guide 🔁 and do you understand the program requirements as listed in the NHSC Site Agreement included at the end of the Reference Guide? |
| ⊖ Yes ⊖ No |
| Is your site physically located in and does it serve the population of a Health Professional Shortage Area (HPSA) which corresponds to the services provided at the site? |
| ⊖ Yes ⊖ No |
| Is your site a Primary Care Outpatient Facility, as defined below, or a CMS-certified Critical Access Hospital? 🕡 |
| ⊖Yes ⊖No |
| Does your site utilize a qualified discounted/sliding fee schedule and has it been in place for at least 6 months? |
| ⊖Yes ⊖No |
| Does your site deny services to an individual based on inability to pay or enrollment in Medicare, Medicaid or your state's Children's Health Insurance Program (CHIP)? |
| ⊖Yes ⊖No |
| Does your site utilize a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB)? |
| ⊖Yes ⊖No |
| Does your site prominently display a statement in common areas (and on site's Web site if applicable) that explicitly states that 1) no one will be denied access to services due to inability to pay and 2) there is a discounted/sliding fee schedule available? <i>Examples of acceptable sign and website language are located in the Downloadable Resources section of the NHSC</i> website under "Site Policy Poster". |
| ⊖Yes ⊖No |
| CONTINUE |

Once you have provided an answer to each of the NHSC Site Eligibility Questions, select the "continue"

button (**CONTINUE**). The "continue" button will not be active unless all the NHSC Site Eligibility Questions have been answered. When selected, , the application will review your answers to determine if your site's policies and procedures are eligible for the NHSC.

If your site is deemed ineligible, a message will display informing you site ineligibility for the NHSC, and you will not be able to continue with the application.

Figure 30: Your Site is Ineligible



If your site passes the NHSC Site Eligibility questions, you will be presented with the General Information page of the application.

Note: Eligibility to complete an application does not equate to NHSC approval.

Step 2: Providing General Information

Provide the general information for the site by providing the following information in the fields provided. All fields marked with an asterisk (*) Figure 31: General Information Page

are required.

- Site Name* (Please use the full, legal • name of the site)
- Also Known as/Doing Business as Alias •
- Address Line 1* •
- Address Line 2 •
- City* •
- State/Province/Region* •
- Zip/Postal Code* •
- County* (The dropdown is filtered by state selection)
- Site Phone Number* •
- Site Fax Number
- Site E-Mail Address*
- Site Web Address
- Site Classification*
- Mailing Address
 - Select the checkbox if the 0 physical address and mailing address are the same. If different, please enter the mailing address in the fields provided.

| | ical site where NHSC clinicians will serve. Orga service site where NHSC clinicians may practic | nizations with more than one site location (i.e. satellites) must 9. |
|--|--|---|
| PRACTICE SITE NAME AND LOC | ATION (Where the NHSC clinician will se | rve their obligation) |
| Ste Name * 0 | | |
| Also Known ws/Doing Business as Alias 0 | | |
| Address Line 1 * | | |
| Address Line 2 | | |
| City * | | |
| State/Province/Region * | Select | |
| Zp/Postal Code * | | |
| County * | Select • | |
| Site Phone Number* | | |
| Ste Fax Number | | |
| Ste E-mail Address * | | |
| Site Web Address 🔮 | | |
| Site Classification * | Select | |
| Mailing Address | | |
| Mailing Address is Same as Site Location | 1 | |
| Address Line 1* | | |
| Address Line 2 | | |
| City* | | |
| State * | Select | |
| Zp/Pestal Code * | | |

When you have completed filling out the General Information for you site, select the "continue" button (**CONTINUE**) to proceed to the next part of the application. At any time during the application, you may select the "save for later" button (**SAVE FOR LATER**) to save all the information entered and return to the Program Portal.

Site Duplication Check

Once general information has been entered, the system needs to ensure that the applying site is not a duplicate of a site that already exists in the BHW Management Information System Solution. The name and address provided will be run through the database to determine any exact or similar matches.

An exact match is found if the name and address you have provided match, character for character, a site already in the data base. If this happens, a screen will be presented showing that an exact duplicate has been identified. The application will be canceled and you will be notified to contact an existing site point of contact. If there are no site points of contact, or they are otherwise unreachable, please contact the Division of Regional Operations using the information provided. A portal message is also generated with the duplicate site information for your future reference.

Figure 32: A site match has been identified

| | entified as a match for the site information you entered on the site application. Because the site already exists in our system, anceled. Below is the site information we have in our records: |
|---|--|
| ABC Medical Center 5600 Fishers Lane Rockville, MD 20852 | |
| | sting BHW Point of Contact (POC) at your site to be added as an additional POC. Once you have been added as a POC at this your "My Sites" list on the portal homepage. Below is a list of identified POCs at your site: |
| | |
| Name | your wy sites inst on the portal homepage. Derow is a list of identified POCs at your site. Email idee.samplepoc@example.com |
| Name Jane Doe | Email |
| Name Jane Doe John Smith | Email jdoe.samplepoc@example.com jsmith.samplepoc@example.com ny of the listed POCs at your site or the site information displayed in incorrect, please contact your BHW Division of Regiona |

A "similar" match is founds if the provided site information meets any of the following criteria with one or more sites in the database:

- Within a 1/4 mile of another site
- Within 5 miles of another site and has a similar name
- Within the same state as another site and has a similar name

When a "similar" match is identified, you will be presented with a list of similar matches in a pop-up window. If one of the sites in the list is the site you are completing an application for, select the "this is my site" button (This is My Site). The system will display the match screen and cancel the application as if an exact match was determined (see Figure 31above). If your site is not listed, select the "my site is not

listed" button (_______) to continue with the application.

| Aatching Sites Site Name | Address | |
|--|--|-----------------|
| | 5600 Fishers Lane, Rockville, MD 20857-0001 | This is My Site |
| | 5600 Fishers Lane, Rockville, MD 20857-0001 | This is My Site |
| | 5600 FISHERS LANE, ROCKVILLE, MD 20857 | This is My Site |
| | 5600 Fishers Lane, Washington, DC 20009 | This is My Site |
| | 5600 fishers lane, Rockville, MD 20857 | This is My Site |
| States of Concession, Name | 200 Hospital Drive, Glen Burnie, MD 21061 | This is My Site |
| And States of Concession, Name of States of St | 164 Kinman Ave. Suite A, Santa Barbara, CA 93117 | This is My Site |
| the second design of the secon | 1540 Florida Avenue, Modesto, CA 95350 | This is My Site |
| ABC Medical Center | 5600 Fishers Lane, Rockville, MD 20852 | This is My Site |

Figure 33: Displaying similar site matches

Step 3: Identifying Points of Contact

On this page, please identify all points of contact for your site. All sites which are not solo private practices must identify a minimum of two POCs for each site. For more information about POC requirements reference <u>Appendix B</u> of this guide.

Figure 34: Add and Edit Site POCs

| | | | nation | | |
|------|----------------|-------------------------------|---------------------------------|--|----------------------|
| | | | | practices). At least one of these cont | acts must serve as a |
| | | | tact" will be listed on the NHS | | |
| | | on for a site point of contac | ct aπer they have confirmed th | neir association with your site. | |
| | nts of Contact | Dhana | Eil | P4=4 | Deles |
| Name | Address | Phone | Email | Status Active | Roles |
| | | | | | |
| | | | | A bbA | nother Site POC |
| | | | | Add A | nother site POC |
| | | | | | |
| | | | | SAVE FOR LATER | CONTINUE |

To add additional POCs select the "Add Additional Site POC" button (Add Another Site POC) and complete the steps as presented. For more information about managing POCs at your site, reference the "Managing Points of Contact" section of this guide.

Step 4: Providing NHSC Information

This step of the NHSC Site Application asks for information specifically related to your site and the NHSC. A response in each of the following sections is required.

 Primary Care Services Provided – Please select all the primary care

> services your site provides. You must indicate that your site provides at least one service to continue and submit your application.

- Nominal Fee Please provide the nominal fee charged per your site's discounted/sliding fee schedule. For more information on discounted/sliding fee schedules, please see the reference material here.
- Medicare Acceptance Please indicate if your site accepts Medicare. If your site accepts Medicare, please provide your Medicare number in the space provided. If your site does not accept Medicare, please indicate the reasons in the space provided.

| Figure | 35: | NSHC | Informa | tion | Page |
|--------|-----|------|---------|------|------|
| | | | | | |

| Please enter information pertaining to the clinical site w womit an NH8C application for each clinical service sit Primary Care Service: Provided (oheok all that ap | e where NHSC clinicians may practic | panizations with more than one site location (i.e. satellites) must loce. |
|--|--|--|
| ubmit an NHBC application for each clinical service sit | e where NHSC clinicians may practic | |
| | | |
| | | |
| | | e services provided by the site by checking all services below |
| provided at the applying site. In order to be approved | through NHSC, the site must be loca | ated in a primary care, mental health, or dental Health |
| Professional Shortage Area (HPSA) which correspondences | ands to the services provided by the | site. |
| | Primary Dental Care | Primary Behavioral Health Care |
| General Primary Care | General Dentistry | General Mental Health Care |
| Family Medicine | Pediatric Dentistry | |
| General Internal Medicine | | |
| General Pediatrics | | |
| Geriatrics | | |
| Obstetrics/Gynecology | | |
| Women's Health | | |
| | io, what is the nominal fee (maximum | m |
| emount charged to a qualifying patient who is at 100%. | of poverty)? * 🕖 | m |
| loes your site accept Medicare d? * | | m |
| | of poverty)? * 🕖 | m |
| loes your site accept Medicare & ? * fedicare Number * | of poverty)? * 🕖 | m |
| loes your site accept Middloare & ? * Iedicare Number * Ioes your site accept Middloald d! ? * | ef poverty)? * 🕖 🖲 Yes 🔾 No | m |
| loes your site accept Mediaare \mathcal{G} ? * Iedicare Number * Ioses your site accept Mediaald dP ? * Iedicald Number * | ef poverty)? • 0 @ Yes () No @ Yes () No | m |
| ires your site accept Mediaser & 7 * Hadicate Number * Ires your site accept Mediasid (* 7 * Hadicald Number * Ires your site accept the state's Children's Health | ef poverty)? * 🕖 🖲 Yes 🔾 No | m |
| Ires your tite accept Mediaare & 7 * Hedicate Number * Ires your site accept Medicaid & 7 * Hedicaid Number * Hedicaid Number * Hedicaid Number * | ef povertij)? • • • • • • • • • • • • • • • • • • • | m |
| loes your site accept Medicare d? * | ef povertij)? • • • • • • • • • • • • • • • • • • • | m |
| Ires your tite accept Mediaare & 7 * Hedicate Number * Ires your site accept Medicaid & 7 * Hedicaid Number * Hedicaid Number * Hedicaid Number * | ef yoverty)?* 0 • Yes () No • Yes () No · · · · · · · · · · · · · · · · · · | m |
| Inters your site accept Mediaters (2 7 * fedicate Number * testicate Number * fedicate Number * fedicated Number * fedica | et sovertij? • @ • Yes O No • Yes O No • O Yes No • O Yes No • O Yes O No | m |
| Inter your site accept Mediaters (2 7 * Medicate Number * Inter your alle accept Mediated (4 7 * Medicati Number * Solar your alle accept Mediated Children's Health Insurance Program (2 (CHIP) * Leason for Not Accepting any of the Above Programs * Solar De Not Accepting any of the Above Programs * Solar De Not Accepting any of the Above Programs * Solar De Not Accepting any of the Above Programs * Solar De Not Accepting any of the Above Programs * | | m |
| Inters your site accept Mediaters (2 7 * fedicate Number * testicate Number * fedicate Number * fedicated Number * fedica | | m |
| Inters your title accept Modilasme & 7 * Hadicare Number * Inters your site accept Modilasid 47 * Hadicald Number * Inters your site accept the state's Childreen's Health Insurance Program & (PCHIP) * leason for Not Accepting any of the Above Programs * Inters the accyling site have a current allinear reported int reference plane plane and available for NHBO revi pon request * * @ | | m |
| Des your site accept Mediaars (2 7 * edicare Number * Des your site accept Mediaaid (7 7 * edicati Number * Des your site accept the state's Children's Health summoe Program (2 (CHIP) * eason for Not Accepting any of the Above Programs * Des the applying site have a Current olinities reporting of reflection plane on the and evaluable for NHBO revi pon request? * (2) | | save for later Continue |

4. *Medicaid Acceptance* - Please

indicate if your site accepts Medicaid. If your site accepts Medicaid, please provide your Medicaid number in the space provided. If your site does not accept Medicaid, please indicate the reasons in the space provided.

- Children's Health Insurance Program Acceptance Please indicate if your site accepts your state's Children's Health Insurance Program (CHIP). If your site accepts CHIP, please provide your CHIP number. If your site does not accept CHIP, please indicate the reasons in the space provided.
- 6. *Recruitment and Retention Plan* Please indicate if your site has a current recruitment and retention plan on file.
- 7. You may also provide any additional comments that you would like the NHSC to take into consideration when reviewing your application.

When you have provided all the NHSC information required, select the "continue" button (
) to proceed.

Step 5: Suggesting HPSA Scores

This step is entirely optional and may be skipped without penalty on the NHSC Site Application.

This step allows you to suggest which Health Professional Shortage Areas (HPSAs) you believe are applicable for your site. To add a HPSA suggestion:

- 1. Use the <u>HPSA Find Tool</u> to location HPSAs for your site
- 2. Enter or copy the HPSA ID into the field provided
- 3. Select the "add" button (Add) to add the HPSA suggestion.

If you have questions about HPSAs, please contact your <u>State Primary Care Office</u>.

Figure 36: Suggesting HPSAs

| SUGGEST A | HPSA | | | | | |
|---|--|---|--|---|---|--|
| Find tool. The HPS required for submit to the application of assistance in ident | SA score must correspond to ssion of the NHSC Site Appli during the review process. If r tifying the HPSA ID, contact y | Area (HPSA) IDs which are a the services (primary care, mo cation. NHSC and State Prima to HPSA exists for the physica your State Primary Care Offic | ental health, iry Care Offic I location of | and/or dental) provide ce staff will verify this i | ed at this site location. Th information and add all a | iis field is not pplicable HPSA IDs |
| Note: The NHSC s please continue w requirements. | system updates HPSA scores th the application. The applic | annually on January 1st. If thi ation will be held and process | | 이는 것이 것 같아? 가슴 것 같아? 귀엽 | | |
| Note: The NHSC s please continue w requirements. | system updates HPSA scores th the application. The applic | | | 이는 것이 것 같아? 가슴 것 같아? 귀엽 | | |
| Note: The NHSC s please continue w requirements. HPSAs Suggest | system updates HPSA scores th the application. The applic red by the Site | ation will be held and process | ed after the . | January 1st HPSA upo | date if the application me | |
| Note: The NHSC s please continue w requirements. | system updates HPSA scores th the application. The applic red by the Site | ation will be held and process Auto-HPSA | ed after the Score | January 1st HPSA upo HPSA Discipline | date if the application mee | ets all other |
| please continue wi requirements. HPSAs Suggest | system updates HPSA scores th the application. The applic red by the Site | ation will be held and process Auto-HPSA No | ed after the Score 18 | January 1st HPSA upo HPSA Discipline Primary Care | date if the application med Status Designated | Delete |

Step 6: Uploading Documents

This step requires you to upload supporting documentation to support the information provided on the NSHC site application. Please expand and read the "Document Instructions" by selecting the expand section button (+).

To upload a document to your NHSC Site Application:

- 1. Select one or more document types from the list. A single upload may satisfy one or more document types.
- 2. Select the "browse" button (Browse...)) and select a file from your computer. The file name will appear in the field to the left of the browse button.
- 3. Select the "upload document" button (Upload Document) to upload the document to the application.

| lore information about required d | ocuments, including samples or templates can be found on the Ni | HSC Sites and Communities Page. |
|--|--|---------------------------------|
| elect document type(s): | | |
| Policies on Non-Discriminatio | n* | |
| Discounted/Sliding Fee Sche | dule* | |
| Patient Application for the Dis | scounted/Sliding Fee Schedule* | |
| Discounted/Sliding Fee Sche | dule Policies* | |
| Photograph of Posted Signage | je* | |
| Proof of Access to Ancillary, | npatient, or Specialty Care* | |
| NHSC Site Data Tables* | | |
| Other Documentation Reque | sted by NHSC or State Primary Care Office | |
| omment | | |
| ote: Please submit all documents listed to HSC is requesting all document types to er | Asiliate an efficient review of your application. Although you might have submitted sor nsure your alte records remain current. Browse Upload Document | _ |
| | | |
| IPLOADED DOCUMENT | S | |
| IPLOADED DOCUMENT | S Document Types | Comments |
| | Document Types Discounted/Sliding Fee Schedule | Comments |
| File Name | Document Types | |

When all the required documents have been uploaded to the application, select the "continue" button (

Figure 37: Uploading Documents

Step 7: Reviewing the NHSC Site Agreement

The final step in the NSHC Site Application process asks you to review the NHSC Site Agreement in full. Please read through the agreement and select the boxes certifying the information in the application is correct and that you represent your site.

To complete the application, sign the application by entering your password in the space provided and

select the "submit" button (

Figure 38: Reviewing the NHSC Site Agreement

| | MENT | |
|---|--|--------------|
| | Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must uirements in order to maintain status as an NHSC-approved site. | |
| | hat the site named on this application meets all NHSC requirements as outlined below, and I, Lari Gooding am authorized n for the above named site. | |
| 1. Is located in and tre | eats patients from a federally-designated Health Professional Shortage Area (HPSA). | |
| those services wou individual's race, co <i>Service Facilities,</i> 1 a. Uses a schedul | ate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for Id be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the olor, sex, national origin, disability, religion, age, or sexual orientation. [May or may not be applicable to Indian Health Fribally-Operated 638 Health Programs, and Urban Indian Health Programs (ITUs)]. e of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's ts of operation. (May or may not be applicable to ITUs, free clinics, or prisons.) | |
| | nted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services. This system full discount to individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines | , |
| order to maintain status as a to the best of my knowledge to the best of my knowledge Code, Title 18, Section 2100 submitting my request does | e currently meets all requirements listed in the NHSC Site Agreement above and will continue to meet these requirements in NHSC-approved service site. I also verify that all the information given in this NHSC Site Application is accurate and com and belief. I understand that it may be investigated and certify that the information given in this request is accurate and con and belief. I understand that it may be investigated and that any false statement herein may be punished as a felony under 1 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79). I understand that it requires review for compliance with my obligation and program policies. ial representative of Sample Site. | plet nple |
| | | |

What Happens Next?

After your application is submitted, both your State Primary Care Office and the NHSC will review your application to determine your eligibility. The complete review process generally takes one to two months to complete. You will be notified through the Program Portal when a decision on your application is reached.

Approval Period and Recertification

Your approved NHSC Site Application is good for three years from the date of its approval. At the end of three years, your site's approval with NSHC will expire and your site will no longer be able to support NHSC programs. To prevent this from happening, submit a NHSC Site Recertification prior to your site's expiration. (Recertifications may also be submitted for sites that have already expired). To submit a Recertification, select the site from the "My Sites" list and in the "I Need To..." section select "Recertify".

Only POCs who have indicated that they own, oversee, or manage a significant portion of their organization and have the ability to answer questions about organization policies and operating procedures can submit a new site application.

The NHSC Site Recertification follows the same process steps at the NHSC Site Application. Please refer to "Applying for the NHSC" section detailed instructions.

Part 7: Messages and Activities

Portal Messages

Portal messages are the primary means by which the BHW will communicate with Site Points of Contact. Messages may be about changes to your site, upcoming important dates, task notifications or application updates. Messages are delivered through the portal in the "My Messages" section. A generic email notifying you of a new message is also sent to your work email address.

When a new message is received on the portal, you will be notified in two ways:

- 1. An exclamation symbol will appear next to the "My Messages" section (¹), and number of unread messages will appear.
- 2. A notification box will appear on the top of the home page showing the subject of the most recent message.

Figure 39: You Have a New Message

| PROGRAM | for SITE POINTS OF CONTACT | 🕖 My Messages 1 | Account Settings Log Out |
|----------------------|----------------------------|-----------------|--------------------------|
| | | | |
| Employment Verificat | tion Initiated for | | |
| | | | View All Messages 🕨 |

Viewing Your Messages

To view your Portal messages, select the "My Messages" link at the top of the Program Portal Landing page. This will open the "My Messages" page which shows all your messages in a paginated list. The newest messages are on the top of the list, and unread messages are marked with an exclamation point

symbol ($\overset{\bigcirc}{}$). To read a message, select the name of the message to view the message.

Figure 40: The "My Messages" Page

| Status | Subject | Date |
|--------|--|------------|
| 0 | Employment Verification Initiated for | 08/11/2014 |
| | Site Application Approved for | 07/23/2014 |
| | Site Visit Completed - Site Approved for | 07/11/2014 |
| | Site Application Approved for | 07/03/2014 |
| | Site Application Approved for | 07/03/2014 |
| | Site Visit Completed - Site Approved for | 06/26/2014 |
| | Site Visit Completed - Site Approved for | 06/26/2014 |
| | Site Application Submitted for | 06/13/2014 |
| | Site Application Submitted for | 06/13/2014 |
| | Site Application Submitted for | 06/13/2014 |
| | Welcome to the BCRS Portal | 05/19/2014 |

Viewing and Completing Your Activities

As a POC, you will periodically be asked to perform certain tasks to help verify that your site and the clinicians serving in BHW programs are in compliance. Activities that become available for completion will appear in the "My Activities" section of the portal. This section is divided into two tables:

- 1. *Portal Activities* This section displays tasks that are pending completion. This list is a combination of all the tasks from all of your sites.
- 2. *Recently Completed Portal Activities* This section displays tasks that were recently completed by any of your sites. To view a complete list of tasks, select the "View all Activities" link below the table.

| PORTAL ACTIVIT | IES | | | | | | |
|---------------------------------|-----------|---------------------------------|------------------------|------------|-------------------|------------------------------------|---------------|
| Activity Type | Site Name | | Activity Description | | | Status | Due Date |
| Site Visits Pending Re | sponse | | Response for site vis | it on 2014 | -08-11 09:00:00.0 | . Issues Identifi | ed 09/10/2014 |
| In Service Verification | · | | Verification submittee | d by | | Submitted | 08/31/2014 |
| Employment Verificat | ion | | Employment Verifica | tion for | | Initiated | |
| Suspension Date Verification | 100 | Confirming susp | ension request dates | | | 08/11/2014 | |
| | Site Name | Activity Descrip | | | | Date Last Updated 08/11/2014 | Completed By |
| Site Visits Pending | 1000 | Response for sit | e visit on 2014-08-11 | | Issues | 08/11/2014 | |
| Response | | 09:00:00.0. | | | Identified | | |
| In Service Verification | | Verification of | Comp | leted by | Completed | 06/18/2014 | |
| In Service Verification | | Verification of Completed by | | | Completed | 06/16/2014 | - |
| Employment Verification | | Employment Ver | ification for | | Complete | 06/09/2014 | |

Figure 41: Viewing Your Activities

The "My Activities" table contains the following information about your activities:

Portal Activities

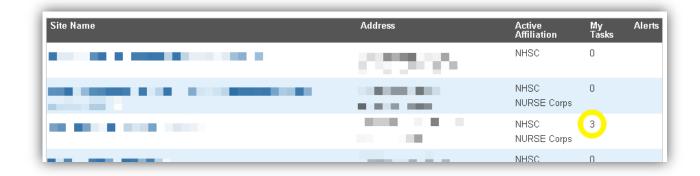
- *Activity Type* The type of activity that is pending completion.
- *Site Name* The name of the site the activity is for.
- *Activity Description* A short description about the activity to help differentiate activities of the same type.
- *Status* The status of the activity which varies by activity type.
- *Due Date* The date the activity needs to be completed by. Not all activities have due dates.

Recently Completed Portal Activities

- *Activity Type* The type of activity that is pending completion.
- Site Name The name of the site the activity is for.
- Activity Description A short description about the activity to help differentiate activities of the same type.
- *Status* The status of the activity which varies by activity type.
- Date Last Updated The last date an action was taken on this activity.
- *Completed by* The name of the individual who completed the activity.

The "My Sites" table on the top of the Program Portal homepage will also display the number of tasks that are ready to be completed for each of your sites.

Figure 42: There are Some Tasks Ready for You



Selecting the name of the site to open the site page will allow you to view the activities available specifically for that site.

| Activity Type | Site Name | Activity Description | Status | Due Date |
|------------------------------------|--------------|--|----------------------|------------|
| In Service Verification | | Verification submitted by | Submitted | 08/31/2014 |
| Employment Verification | | Employment Verification for | Initiated | |
| Site Visits Pending Response | | Response for site visit on 2014-08-11 09:00:00.0. | lssues Identified | 09/10/2014 |

Figure 43: Portal Activities on the Site Page

This section briefly covers the three most common activities seen on the Portal.

Employment Verifications

When a clinician applies to become part of a BHW program, transfers to a new location or changes work hours, an Employment Verification form is required. The BHW utilizes online forms only to verify employment.

POCs who indicated that they manage and can confirm employment status, work schedules, and/or absences of employees within their organization serve as the primary POCs for the completion of employment verification forms. POCs who serve managers and/or site administrators serve as a backup if needed.

To complete an employment verification form, select the activity from the activity list and complete the following steps:

- 1. Review the instructions, site information and the participant information.
- 2. Answer the questions about the participant's current (or future, pending) employment and license to practice.

- a. You may indicate that the participant does not currently have a license to practice due to the pending completion of a residency or other similar program. This is only available if the participant's discipline and specialty allow are eligible for a residency program.
- b. If you indicate that the participant does not work at your site or does not have (or will not have) a license to practice, the verification activity will be completed when you attempt to continue.
- 3. Complete the employment information for the participant.
- 4. Complete any additional verification questions for the participant.
- 5. Provide any additional credentialing information for the participant.
- 6. Indicate whether you performed a National Practitioner Databank search for this participant, and if so, what the results were.

After providing all of the above information, select the "continue" button (**CONTINUE**) to proceed to the next page.

Review all the verification information entered, confirm the verification request and sign the online form

by entering you r password. Select the "submit" button (**SUBMIT**) to submit the form to the BHW.

Selecting the "cancel" button (CANCEL) will cancel the request and no progress will be saved.

In-Service Verifications

For every six months of a clinician's service, the BHW requires that the clinician report of the number of days absent from the site to determine if the participant is in compliance. The BHW utilizes only online forms to perform this verification.

Only POCs who indicated that they manage and can confirm employment status, work schedules and/or absences of employees within their organization can complete employment verification forms.

The BHW relies on the site POCs to verify that the number of days absent reported by the participant is accurate.

To complete an in-service verification, select the task from the list, and perform the following steps:

- 1. Review the participant information.
- 2. Review the number of days missed reported by the participant.
- 3. Indicate whether the number of days missed is accurate.
 - a. If the participant's report is incorrect, please provide an explanation for the participant.
- 4. Sign the form by entering your password.
- 5. Select the "submit" button () to submit the form to the BHW.

If you indicate that the number of days missed is not correct, the participant will receive a task to update their report.

Site Visit Pending Reponses

BHW.

When a site visit is performed and issues are identified for correction at the site, an activity is sent to the site to collect information on the actions taken to correct the issues. To complete the site visit response activity, select the activity from the list and perform the following steps:

- 1. Review the site visit summary and the site visit issues.
- 2. Provide a detailed response on the actions taken to correct the issues identified.
- 3. Upload any supporting documents as required to verify the corrective actions taken.
 - a. Select the "browse" button and select the file from your computer.
 - b. Enter a document description.
 - c. Select the "upload" button.

4. Select the "submit response" button (

SUBMIT RESPONSE

) to send your response back to the

Appendix A: Site POC Roles and Responsibilities

The BHW is interested in POCs who perform the following duties at their sites:

- Own, oversee, or manage a significant portion of their organization and have the ability to answer questions about organization policies and operating procedures.
- Manage and can confirm employment status, work schedules and/or absences of employees within their organization.
- Hire and/or recruit new employees for the organization.

When creating an account, you will self-select the duties you perform at your site from the options above, and the duties that you indicate will determine the roles and permissions granted at your site. A single POC can have multiple roles at a site and different roles at different sites. In addition to roles, each POC will also be associated with one or more BHW programs. The roles are the same regardless of program affiliation.

Administrator – If you indicate that you own, oversee or manage a significant portion of their organization and have the ability to answer questions about organization policies and operating procedures then you will be granted the administrator role. You will be responsible for ensuring your site's eligibility with NHSC programs, submitting applications and recertifications and answering any questions about your site's policies and procedures.

Personnel Verifier – If you indicate that you manage and can confirm employment status, work schedules, and/or absences of employees within their organization you are granted the personnel verifier role. You will be responsible for verifying participant's employment status, work schedules and days away from the site by completing employment and in-service verifications.

Recruiter – If you indicate that you hire and/or recruit new employees for the organization you will be granted the recruiter role. You will be responsible for maintaining open positions and the site's profile for the Job Center.

Appendix B: BHW Program Point of Contact Requirements

Each BHW program has its own requirements on the number and types of POCs that are needed to fully support the participants at their sites. Currently the Program Portal for Site Points of Contact supports the following programs:

- National Health Service Corps
- NURSE Corps

The following table shows the POC requirements for each program.

| Program | Minimum Number of Physical POCs | Administrator Role Required? | Personnel Verifier Role Required? | Recruiter Role Required? |
|-------------|------------------------------------|---------------------------------|--------------------------------------|-----------------------------|
| NHSC | 2 | YES | YES | YES |
| NURSE Corps | 1 | YES | YES | NO |

Warning messages are shown on the program portal if your site does not meet the minimum POC requirements for the BHW programs it is associated with.