

**Public Burden Statement:**

The purpose of the Nurse Corps Loan Repayment Program (NURSE CORPS LRP) is to assist in the recruitment and retention of professional Registered Nurses (RNs) dedicated to working in health care facilities with a critical shortage of nurses or working as nurse faculty in eligible schools of nursing, by decreasing the economic barriers associated with pursuing careers at such critical shortage facilities or in academic nursing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0140 and it is valid until XX/XX/202X. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

**Nurse Corps Loan Repayment Program – Application Form Updates**

This document includes the changes from the existing application form, which is documented in the current Application User Guide (see included in the OMB clearance package).

Multiple Sites

Figure 1: Employment Search Results

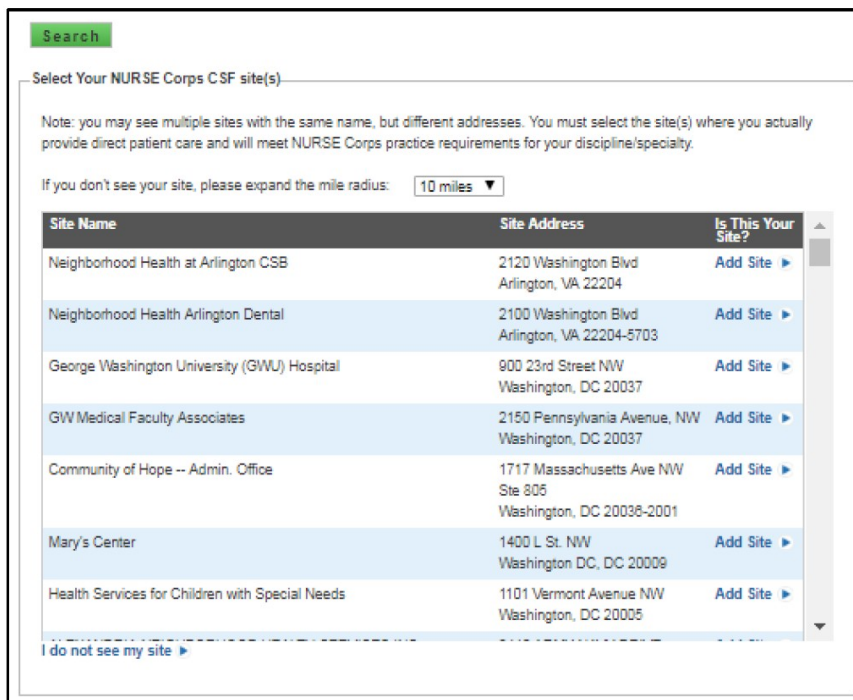


Figure 2: CSF sites table and sites verification

NHSC LRP - Test 5600 Fishers Lane Add Site ▶  
Washington, DC 20009

[I do not see my site ▶](#)

My selected NURSE Corps CSF site(s)

Site Name	Site Address	Is this your site?
Neighborhood Health at Arlington CSB	2120 Washington Blvd Arlington, VA 22204	<a href="#">Remove Site ▶</a>
GW Medical Faculty Associates	2150 Pennsylvania Avenue, NW Washington, DC 20037	<a href="#">Remove Site ▶</a>

You must list each site where you work or will begin working before your application can be submitted \*

Yes, all of my sites have been added.  
 No, some of my sites are not yet added.

[SAVE & CONTINUE](#)

### Telehealth Questions

Figure 1 - Telehealth Questions on Application

**Telehealth Services**

Do you or will you personally provide some form of telehealth in your clinical practice? ⓘ

Yes  
 No  
 I don't know

When providing telehealth:

I am the clinician at the originating site whose patient is receiving the consult/care  
 I am the clinician at the distant site providing the consult/care  
 I don't know  
 Other

What percentage of your clinical practice is/will be spent providing telehealth services?

<10%  
 10-24%  
 25-49%  
 50%>  
 I don't know

**Figure 2 - Telehealth Questions on Applicant Profile**

Application Information	
Submitted Date	
Status	In Progress
Reason	None
Discipline	Nurse Practitioner
Specialty	Clinical
NPI	
Task Owner	None
Telehealth	<i>Provides services? Yes</i> <i>Telehealth site? Originating</i> <i>Percent of services? I don't know</i>

Psychiatric Nurse Practitioner

Figure 1: Additional Specialty for Psychiatric Nurse Practitioner drop down menu

