

**Public Burden Statement:** The purpose of this information collection is to obtain information through the National Health Service Corps (NHSC) Loan Repayment Program (LRP), NHSC Substance Use Disorder (SUD) Workforce LRP, and the NHSC Rural Community LRP applications, which are used to assess an LRP applicant's eligibility and qualifications for the LRP and to obtain information for NHSC site applicants. Clinicians interested in participating in a NHSC LRP must submit an application to the NHSC to participate in one of the NHSC programs, and health care facilities must submit an NHSC Site Application and Site Recertification Application to determine the eligibility of sites to participate in the NHSC as an approved service site. 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 0915-0127 and it is valid until XX/XX/202X. This information collection is required to obtain or retain a benefit (Section 333 [254f] (a)(1) of the Public Health Service Act). Public reporting burden for this collection of information is estimated to average 0.5 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).

## APPLICATION CONTENT

### [00 Login and Create Account Page DRAFT docx](#)

#### LOAN REPAYMENT PROGRAM APPLICATION

##### Login

Please log in using the fields below:

Your Email \*

Your Password \*

[Forgot your password?](#)

##### Create an Account

Want to apply for the NHSC Loan Repayment Program, NHSC SUDWORKFORCE LRP or the NHSC Rural Community Loan Repayment Program?

[Create an NHSC LRP Application Account](#)

**Note:** If you have previously registered to apply to the NHSC LRP or any other BHW program in the current or past application cycles, or are a current NHSC Scholar, please use your existing account information to log in.

##### OMB Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0127 and the expiration date is **02/29/2020**. Public reporting burden for this collection is estimated to average 1.0 hour(s) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 Office, 5600 Fishers Lane, Room 10C-03, Rockville, Maryland.

**Commented [HO(1):** Do we need to update this to 2021?

**Commented [HM(2R1):** Has OMB date been confirmed?

**Commented [LM(3R1):** 60 day FRN was prepared. 30 FRN pending

Questions?

For more information or questions please:

- Refer to the [Portal FAQ](#)
- Contact the BHW Customer Care Center at **1-800-221-9393**
- Use TTY for hearing impaired: **1-877-897-9910**

Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or [Contact Us](#).

Create My Account

*\* required field*

This application serves three separate National Health Service Corps (NHSC) loan repayment programs; **NHSC Loan Repayment (LRP) 2-year, NHSC Substance Use Disorder (SUD) Workforce LRP and the NHSC Rural Community LRP** . Prior to creating an account, read the **2019** National Health Service Corps (NHSC) Application and Program Guidance (APG) for the **NHSC Loan Repayment Program (LRP), NHSC Rural Community LRP** and the **NHSC Substance Use Disorder (SUD) Workforce LRP** to determine your eligibility and to ensure you are applying to the appropriate program.

**Commented [MF4]:** This year will automatically be updated to 2020.

To be eligible to participate in the NHSC Programs you must be able to verify that you are:

- A U.S. Citizen or U.S. National
- Trained, certified, registered or licensed in an eligible primary care or mental health discipline
- Providing clinical services at an **NHSC-approved service site**
- Without outstanding service obligation(s)
- A current, full, permanent, unencumbered, unrestricted health professional with a license, certificate or registration in the discipline in which he/she is applying to serve

Complete the information below to register to apply. The NHSC will use the email address you provide and verify to communicate vital time-sensitive information regarding your application. Provide an email address that you can access from most anywhere. In many cases the communications include requests to take an action with a rigid deadline that cannot be extended. Missing a deadline may result in not being selected for an award.

First Name \*

Last Name \*

Middle Initial

Title

Suffix

Email \*

Confirm Email \*

Create Password \* Tooltip

Confirm Password \*

Security Question \*

Security Answer \*

[0-Home Page DRAFT](#)

Loan Repayment Program Application

2020 NATIONAL HEALTH SERVICE CORP (NHSC) LOAN REPAYMENT PROGRAM (LRP) APPLICATION

Hello Test,

Thank you for registering to apply to National Health Service Corps (NHSC). The NHSC is seeking applicants who are committed to providing primary care services to the nation's most vulnerable populations. To qualify, for a NHSC loan repayment program award, you must meet all NHSC program and practice requirements at the time you submit your application and before an award can be approved. The NHSC is currently accepting applications for the following programs through April 20, 2020, 7:30 pm ET.

**Commented [MF5]:** This year will automatically be updated to 2020.

**Commented [LM(6)]:** TBD

NHSC Programs	Years of Service	Full-time Award Amount	Half-time Award Amount
NHSC LRP (Traditional)	2-Years	\$50,000.00	\$25,000.00*
NHSC Substance Use Disorder workforce LRP	3- Years	\$75,000.00	\$37,500.00
NHSC Rural Community LRP	3- Years	\$100,000.00	\$50,000.00

**Commented [LM(7)]:** Hyperlink APGs

\*NOTE: The 2-year half-time maximum NHSC Loan Repayment Program award for any fraction of service at HPSA scores 13 and lower, is \$30,000.00.

To learn more about the 2020 National Health Service Corps (NHSC) Loan Repayment Programs, refer to the Application and Program Guidance (APG) for the NHSC Loan Repayment Program (LRP), NHSC Rural Community LRP and the NHSC Substance Use Disorder (SUD) Workforce LRP.

**Commented [MF8]:** This year will automatically be updated to 2020.

Certain applicants may be eligible for multiple National Health Service Corps Loan Repayment programs. The NHSC will review the information you submitted to determine your eligibility for multiple NHSC Loan Repayment Programs. If the NHSC determines that you are eligible for an award in more than one of the NHSC LRP programs, the NHSC will contact you to determine your preferred program. However, the NHSC cannot guarantee that you will be offered an award under the preferred NHSC program.

#### Before you get started

**Commented [AI(9)]:** Why are we eliminating this section?

For your reference, review and print the Application Checklist before beginning your application. The application checklist details the application section and supporting documents. Gather the materials in advance to decrease your application time. [Application Checklist](#).

**Commented [LM(10)]:** Hyperlink application check list

If you have technical, difficulties while completing the application please contact the Customer Care Center from 8:00 AM to 8:00 PM ET, at 1-800-221-9393.

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**Commented [MF11]:** Please make updates if OMB information has changed.

**Commented [LM(12R11)]:** Pending new number

### [1-Eligibility Page.docx DRAFT](#)

#### National Health Service Corps Eligibility

**Commented [LM(13)]:** New page name

Answers to the questions below will determine your basic eligibility for a National Health Service Corps Loan Repayment award.

*\* required field*

1. Do you or will you have a current, full, permanent, unencumbered, and unrestricted health professional license, certificate or registration in the discipline/specialty in the State in which you intend to practice under the NHSC Loan Repayment Program (LRP), the NHSC Substance Use Disorder Workforce LRP or the NHSC Rural Community LRP on or before July 18, 2019? \*

**Commented [MF14]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

Yes No

2. Are you a citizen or national of the United States?

You will be asked to provide a verifying document later in the application. Valid birth certificates, current passports or naturalization papers are accepted. \*

Yes No

3. Do you have another existing/remaining service obligation as a health professional, or any other service obligation, to the Federal government (e.g., an active duty military obligation, an NHSC Scholarship Program obligation or a NURSE Corps Loan Repayment Program obligation), to a State (e.g., a State Loan Repayment Program obligation), or to any other entity (e.g., any signed obligation that obligates you to remain employed at a certain geographical location)? \*

Tooltip

Yes No

4. Have you ever had a judgment lien against your property arising from a Federal debt? \*

Yes No

5. Have you defaulted on any Federal payment obligations, such as Health Education Assistance Loans, Nursing Student Loans, FHA or other Federal Mortgage Loans, Federal income tax liabilities, Federal student loans; OR, non-Federal payment obligations, such as court-ordered child support payments? \*

Yes No

6. Are you currently in breach of a health professional service obligation to the Federal, State, or Local government? \*

Yes No

7. Have you defaulted on a prior service obligation to a Federal, State, Local government, or other entity? \*

Yes No

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF15]:** Please make updates if OMB information has changed.

**Commented [LM(16R15):** Updated OMB is pending

## 2-Program Eligibility Page NHSC LRP and SUD DRAFT

### Program Eligibility

**Commented [LM(17)]:** New page for FY 2020

The answers you provide to the questions below will determine the National Health Service Corps (NHSC) Loan Repayment Program (LRP) you are eligible to apply for in the Application Information Section. Prior to responding to the questions below, read the NHSC LRP Application and Program Guidance(s) to determine the eligibility for the NHSC LRP, NHSC Substance Use Workforce (SUD) LRP and the NHSC Rural Community LRP.

**Commented [LM(18)]:** Hyperlink each APG

*\*Required fields*

\*1. Are you a Dental Provider?

- Yes
- No

\*2. Are you practicing as a Certified Nurse Anesthetist, Registered Nurse, Pharmacist or SUD Counselor?

**Commented [LM(19)]:** For DBO/Sapient, can an applicant select more than one responses?

- Certified Registered Nurse Anesthetist
- Registered Nurse
- Pharmacist
- SUD Counselor
- None of the above

\*3. Are you a SUD Counselor with masters level health profession degree?

- Yes
- No

\*4. If no, do you have a masters level SUD Certification? \*

- Yes
- No

### 3-Application Information Page. DRAFT

#### Application Information

You are eligible to submit an application for a loan repayment award under the program (s) displayed below.

Each Loan Repayment Program has a different eligibility criteria and service requirements based on your discipline and specialty. Review [the Application and Program Guidance](#) for each program before selecting your application type.

You will not be able to change your application type after [May 28, 2019](#), the application deadline.

Certain applicants may be eligible for multiple Loan Repayment programs. The NHSC will review the information you submitted to determine your eligibility for multiple Loan Repayment Programs and will contact you if you are eligible for an award in more than one program. If the NHSC determines that an applicant is eligible for multiple awards, the applicant will have an opportunity to accept an award in only one program. However, the NHSC cannot guarantee that you will be offered an award under the preferred NHSC program.

*\* required field*

#### APPLYING FOR

Application Type *	2 Year Full Time
	2 Year Half Time
	3 Year Full-Time (Rural Community)
	3 Year Half-Time (Rural Community)
	3 Year Full-Time (Substance Use Disorder Workforce)
	3 Year Half-Time (Substance Use Disorder Workforce)

1. Have you completed [a Primary Care Training Enhancement \(PCTE\): Training Primary Care Champions Fellowship?](#) (for physicians and physician assistant only)

Yes No

2. Will you complete a Primary Care Training Enhancement (PCTE): Training Primary Care Champions Fellowship by July 18, 2020? (For physicians and physician assistant only)

Yes No

3. Do you provide substance use disorder services (e.g. Buprenorphine treatment or substance use disorder counseling) at your site? \*

4. Are you licensed or certified in your state to provide substance use disorder services? If yes, please upload your credentials in the Supporting Documents section. \*

**Commented [LM(20)]:** Hyperlink to the NHSC Website where applicants can view the APGs

**Commented [MF21]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

**Commented [LM(22)]:** TBD

**Commented [LM(23)]:** Hyperlink to NHSC website for additional information



Yes No

5. Do you possess a DATA 2000 waiver? If yes, please upload your waiver in the Supporting Documents section. \*

6. Will you have substance use disorder training or certification completed by July 18, 2020? \*

Yes No

7. I am applying to work at a NHSC-approved site because of the: (Check all that apply) \*

Loan repayment incentive

Substance Use Disorder treatment incentive

Opportunity to work with an underserved population

Interest in working in an underserved area

Opportunity to serve in a rural area

Location relative to my home community

None of the above

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**Commented [MF24]:** Please make updates if OMB information has changed.

**Commented [LM(25R24):** New OMB # pending

**4-General Information Page.docx DRAFT**

General Information

*\* required field*

Note: If you have started a fiscal year 2019 application to other NHSC or NURSE Corps programs, the personal information you enter in this section, such as your name, address, date of birth, birth location, and Social Security number will overwrite the personal information you provided with the other applications when you select "Continue" at the end of this section.

**Commented [MF26]:** This year will automatically be updated to 2020.

FULL NAME

First Name \*

Last Name \*

thayer

Middle Initial

Title

Suffix

Former First Name

Former Last Name

PREFERRED MAILING ADDRESS

Address Line 1 \*

Address Line 2

Country \*

State/Province/Region/Territory \*

City \*

Zip/Postal Code \*

PHONE

My preferred phone is an international number

Preferred Phone \*

My alternate phone is an international number

Alternate Phone

SOCIAL SECURITY NUMBER

SSN Tooltip

PLACE OF BIRTH

Country \*

State/Province/Region/Territory \*

City \*

Date of Birth \*

DEMOGRAPHICS

*Award selection will not be determined by this section*

Gender Male

Female

Ethnicity Hispanic or Latino

Not Hispanic or Latino

Race American Indian or Alaskan Native

*You may multi-select* Asian

*different race values.* Black or African-American

Native Hawaiian or Other Pacific Islander

White

Other

DISADVANTAGED BACKGROUND TOOLTIP

Have you ever been certified as having come from a disadvantaged background making you eligible to participate in federal programs such as the Scholarships for Disadvantaged Students, Loans to Disadvantaged Students, or the Nursing Workforce Diversity Grant Program; or have you ever been the recipient of a scholarship for students of Exceptional Financial Need? \*

Yes No

U.S. PUBLIC HEALTH SERVICE

Are you a commissioned officer in the U.S. Public Health Service? \*

Yes No

NATIONAL PROVIDER IDENTIFIER

Do you have an individual NPI Number? \* \* Tooltip

Yes No

NPI Number:

Forgot Your NPI Number?

Find your NPI Number by visiting the NPI Registry

Enable pop-ups to open the link or access the NPI Registry online: <https://npiregistry.cms.hhs.gov/>

Commented [HM(27)]: Insert website link for DAB form

HOW DID YOU HEAR ABOUT NHSC LOAN REPAYMENT PROGRAM

How did you hear about the NHSC LRP? \*

SERVICE BEYOND YOUR NHSC OBLIGATION

Do you (and if applicable, your family) plan to remain in the community in which you will fulfill your NHSC service obligation, if you receive an award, beyond your service obligation? \*

Yes No

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Commented [MF28]: Please make updates if OMB information has changed.

Commented [LM(29R28)]: New OMB # pending

[5-Discipline and Training Page.docx DRAFT](#)

Discipline, Training, and Certification

\* required field

In this section you will identify the discipline/specialty for which you are licensed to provide clinical services and your degree information. The options provided are specific to the current list of NHSC Loan Repayment Program approved disciplines and specialties. Please review the education, training and certifications requirements for your discipline/specialty as defined in the 2019 NHSC Loan Repayment Program (LRP) Application and Program Guidance, the 2020 NHSC Substance Use Disorder (SUD) Workforce LRP Application and Program Guidance or the 2020 NHSC Rural Community LRP Application and Program Guidance. You will certify the accuracy and truthfulness of your selections before you submit your complete application. If the NHSC cannot verify the information, you entered or if you have not obtained the appropriate training, certification and license for your discipline and specialty or will not begin meeting the NHSC Clinical Practice Requirements for the service type you selected prior to July 18, 2019, you do not qualify for an NHSC Loan Repayment Program contract.

Commented [MF30]: This year will automatically be updated to 2020.

Commented [LM(31)]: Hyperlink APGs

Commented [MF32]: This year will automatically be updated to 2020. Please update the month and day if necessary.

DISCIPLINE AND SPECIALTY

Discipline \*

Are you currently eligible to practice your profession independently without supervision? \*

Yes No

Commented [LM(33)]: The discipline and specialty options displayed here should be dynamic to the program the applicant is applying for.

Do you meet the degree, training and certification requirements for this discipline and specialty, as defined in the fiscal year 2019 NHSC LRP, NHSC Substance Use Disorder Workforce LRP or the NHSC Rural Community LRP Application and Program Guidance (s)? \*

Yes No

By selecting this discipline, you are certifying that you currently possess a master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency; and, successfully completed at least 2 years of post-graduate supervised clinical experience as an LPC.

**DEGREE**

When did you receive the health profession degree relevant to the above information selected? \*

Type of Degree or Certificate \*

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**6-Employment Page.docx 2 Year DRAFT**

\* required field

**National Health Service Corps (NHSC) Employment Requirement**

Applicants for the NHSC Loan Repayment Program must be employed at a NHSC-approved site that is located in federally designated Health Professional Shortage Area (HPSA). HPSAs are designated as having a shortage of primary medical care, mental health and dental healthcare professionals. NHSC use HPSA scores and statuses, along with the eligibility requirements, as detailed in the 2019 Application and Program Guidance (APG).

For the most up-to-date HPSA and NHSC-approved service sites across the Nation, please go to the **Health Workforce Connector**.

**Select your NHSC-approved service site(s).**

*Note: You may see multiple sites with the same name but, different addresses. Select the site(s) where you actually provide direct patient care and will meet the NHSC Clinical Practice Requirements for your discipline/specialty.*

State or Territory

City

**Check this box if your site is not listed in the search results.**

**If you are unable to select a site, please contact irpsites@hrsa.gov**

**Commented [MF34]:** This year will automatically be updated to 2020.

**Commented [LM(35):** Hyperlink APGs

**Commented [HM(36):** Program will need to review content for each discipline type.

**Commented [LM(37R36):** This is discipline specific

**Commented [MF38]:** Please make updates if OMB information has changed.

**Commented [LM(39):** NHSC 2-Year LRP Draft

**Commented [MF40]:** This year will automatically be updated to 2020.

**Commented [LM(41):** Hyperlink APG

**Commented [LM(42):** Hyperlink

**Commented [LM(43):** Site not found flagged for potential updated form

Have you listed each site where you work or will begin working? \*

Yes, all of my sites have been added.

No, some of my sites are not yet added. I will come back to this section and add them before submitting.

**Telehealth Services**

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

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

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF44]:** Please make updates if OMB information has changed.

**Commented [LM(45R44)]:** Pending updated number

## Employment

\* required field

### National Health Service Corps (NHSC) Employment Requirement

Applicants for the NHSC Rural Community Loan Repayment Program must be employed at an active rural NHSC-approved SUD treatment facilities located in federally designated Health Professional Shortage Area (HPSA). For purposes of the Rural Community LRP, HPSAs are designated as having a shortage of primary medical care and/or mental health professionals. The NHSC will review your employment information and eligibility requirements, as detailed in the 2019 NHSC Rural Community LRP (APG).

For the most up-to-date HPSA and NHSC-approved service sites across the Nation, please go to the Health Workforce Connector.

### Select your NHSC-approved service site(s).

Note: You may see multiple sites with the same name but different addresses. Select the site(s) where you actually provide direct patient care and will meet the NHSC Clinical Practice Requirements for your discipline/specialty.

If you are unable to add your preferred site(s) to your application, it may not have received the additional NHSC approval for substance use disorder treatment. If you apply to multiple sites, all of your selected sites must meet the Substance Use Disorder requirements

State or Territory

City

Check this box if your site is not listed in the search results.

If you are unable to select a site, please contact [lrpsites@hrsa.gov](mailto:lrpsites@hrsa.gov)

Have you listed each site where you work or will begin working? \*

Yes, all of my sites have been added.

No, some of my sites are not yet added. I will come back to this section and add them before submitting.

### Telehealth Services

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

Yes

No

Commented [LM(46)]: NHSC Rural Community LRP Draft

Commented [MF47]: This year will automatically be updated to 2020.

Commented [MF48]: Hyperlink APG

Commented [LM(49)]: Hyperlink

Commented [HO(50)]: Please review

Commented [LM(51)]: Flag for potential update to site not found form

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

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF52]:** Please make updates if OMB information has changed.

**Commented [LM(53R52)]:** Pending

### [6-Employment Page.docx SUD DRAFT](#)

Employment

*\* required field*

#### **National Health Service Corps (NHSC) Employment Requirement**

Applicants for a NHSC Substance Use Disorder (SUD) Workforce Loan Repayment Program (LRP) award must be employed and providing evidence-based clinical services at active NHSC-approved SUD, treatment facilities located in federally designated Health Professional Shortage Area (HPSA). For purposes of the SUD Workforce LRP, HPSAs are designated as having a shortage of primary medical care and/or mental health professionals. The NHSC will review your employment information and eligibility requirements, as detailed in the [2019 NHSC Substance Use Disorder \(SUD\) Workforce LRP \(APG\)](#), to determine who is selected for an LRP contract each year.

**Commented [MF54]:** This year will automatically be updated to 2020.

**Commented [MF55]:** Hyperlink APG

Applicants for the Substance Use Disorder Workforce LRP contract must be employed at an active NHSC-approved SUD treatment Facility.

For the most up-to-date HPSA and NHSC-approved service sites across the Nation, please go to the [Health Workforce Connector](#).

**Commented [LM(56)]:** Hyperlink



Select your NHSC-approved service site(s).

*Note: You may see multiple sites with the same name but, different addresses. Select the site(s) where you actually provide direct patient care and will meet the NHSC Clinical Practice Requirements for your discipline/specialty.*

*Note: You may see multiple sites with the same name but different addresses. Select the site(s) where you actually provide direct patient care and will meet the NHSC Clinical Practice Requirements for your discipline/specialty.*

State or Territory

City

**Check this box if your site is not listed in the search results.**

**If you are unable to select a site, please contact [irpsites@hrsa.gov](mailto:irpsites@hrsa.gov)**

Have you listed each site where you work or will begin working? \*

Yes, all of my sites have been added.

No, some of my sites are not yet added. I will come back to this section and add them before submitting.

### Telehealth Services

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

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

**Commented [LM(57):** Potential updates to employment not found form

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

<10%

10-24%

25-49%

50%>

I don't know

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF58]:** Please make updates if OMB information has changed.

**Commented [LM(59R58)]:** Pending

### [7-Employment Verification Page.docx DRAFT](#)

#### Employment Verification

To begin the Employment Verification (EV) process, select "Initiate" next to the site(s) listed below. The NHSC POC(s) will receive an email instructing them to verify your employment by logging into the Program Portal for Site POCs. For detailed information about the site including the POC(s) on file, click on the site name below. You are responsible for ensuring that your site POC has submitted the employment verification form on your behalf by the May 28, 2019, application deadline! Once you have submitted your application you will have the ability to review the responses made by your employer. Instructions for viewing your application and the EV responses are provided once you submit your application. For additional information regarding the employment verification process see the NHSC Employment Verification FAQs.

**Commented [MF60]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

#### CURRENT REQUESTS

Site Name	Verification Type	Date Created	Status	Action
SouthEast Alaska Regional Health Consortium	Application	12/31/2018	Complete	View
Mt. Edgecumbe Hospital (CAH)				

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**Commented [MF61]:** Please make updates if OMB information has changed.

**Commented [LM(62R61)]:** Pending

## [8-Loans Pages.docx DRAFT](#)

### Loan Information

In this section, you will be required to add the loans that you want approved for repayment under the NHSC Loan Repayment Program.

To expedite this process, you may import your federal student loan(s) from the U.S. Department of Education's National Student Loan Data System (NSLDS) directly into the online application. For loans imported from the NSLDS, no supporting documents are required.

To Access Your Federal Student Loan(s) use the "Access your Loans" button below. You will be directed to the Department of Education's Federal Student Aid login page and required to log in using your Federal Student Aid ID (FSA ID). If you have any questions about your FSA ID, please visit: <https://www.nsls.ed.gov/npas/pub/faq.htm>

After successfully logging in to FSA, you will be automatically directed back to your application with your loans displayed below. Once your loans have been imported, please ensure all loans you wish to submit are listed. You may also select the 'Return to Source' button from the FSA ID Login screen at any time.

For additional loans that are not covered in the NSLDS and may be private education loans, you can still manually enter the loans along with supporting documents. Any loans that do not appear in your NSLDS account must be added to your application manually. If you attempt to add a loan that you believe is NOT a federal student loan(s), but receive an error message, please check the loan data and try again. It is possible that the loan is a duplicate to one that you have added electronically.

*Important Note: If you experience any technical difficulties, please contact the Bureau of Health Workforce's Customer Care Center at 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) from 8:00 AM to 8:00 PM ET or email us. If you are unable to resolve your technical difficulties or concerns in time to submit your complete application prior to May 28, 2019, the application deadline, please enter your loans manually. The period for submitting applications will not be extended due to difficulties with submitting your loans.*

To manually add Loans click the "Need Help?" link to manually add loans you wish to submit for loan repayment.

When entering your loan information manually, you must enter loan information and supporting documentation for each servicing lender that you wish to be considered for repayment. The following documents will be required:

- Account Statement (Both Private and Federal) - Most recent statement from your lender/servicer that has your name, current loan balance and interest rate. This may be the official paper version, or a printed web version, that is scanned, uploaded, and not older than 30 days from the date you will submit your application.
- NSLDS Aid Summary Report (Federal Loans) - Most recent summary report taken from your National Student Loan Data Systems (NSLDS) account. This may be the official paper version, or a printed web version, that is scanned and uploaded. Note: This is the summary report only,

**Commented [MF63]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

which lists your federal student loans in one document and is available at <http://www.nsls.ed.gov>.

- Disbursement Report or Promissory Note (Non-Federal Loans) - A copy of the document provided by your lender/servicer that outlines the details of your loan agreement, including your name, the date the loan was obtained, the purpose of the loan, account numbers, and the loans included in a consolidation (if applicable).

If you have a consolidated loan, you must enter in all of the information in the table. All of the information must coincide with the information in the loan documents. If they do not coincide, the loan will be deemed ineligible.

LOG INTO YOUR NATIONAL STUDENT LOAN DATA SYSTEM ACCOUNT

NEED HELP?

Don't have a Federal Student Aid ID or want to enter loans manually?

MANUALLY ADDED LOANS

]

Name	Account #	Balance	Interest Rate	Submitted	All Required	Docs ?	Action
FedLoan Servicing	5012836983	\$139,523.59	6.630%	Yes			Edit

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF64]:** Please make updates if OMB information has changed.

**Commented [LM(65R64):** Pending

Loan Details

*\* required field*

**Back to Loan Information**

You have elected to add your qualifying education loans to your application manually. This method is required for adding ALL loans that are NOT federal student loan(s). If you have elected to add your federal student loan(s) using this method you must not attempt to add them using the electronic import method, or you will receive an error message and put you at risk of missing the application deadline. You are strongly encouraged to print and read the **NHSC Loan Module Detailed Instructions before adding your loans**

Include all qualifying education loans, even if they exceed the maximum award amount. Please exclude letters, special characters (i.e. \$, %), and commas when entering outstanding loan balances and interest rates. If you have multiple loans with the same servicer/lender, you must enter each loan separately.

To add your loans successfully and to ensure that your loans have the best chance to qualify for repayment when reviewed, you must retrieve, scan and upload the current account statements from your loan servicers and the Aid Summary Report from your NSLDS online account (federal student loan(s)) or a disbursement report for any private loans, for each loan.

For each field completed below, the supporting documents must verify the information you have entered.

Name of current servicing lender \*

Loan account number \*

Original date of the loan \* Tooltip

Original amount of the loan \*

Current balance (Principal & accrued Interest) \*

Type of loan \* Tooltip

Is this loan in default? \* Is this loan in default? \*

Yes No

Is this loan under federal court judgment? \*

Yes No

Purpose of loan \*

Is this a consolidated loan? \*

Yes No

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF66]:** Please make updates if OMB information has changed.

Supporting Documents

### Back to Loan Information

The following loan documents are required to assess whether your loans qualify for repayment under the NHSC Loan Repayment Program. Each document should only be uploaded to the loan that it reflects. Each document should show clear verification that it is official and comes from the Servicer/Lender. In most cases, the required information can be obtained from official web-accounts or found on paper documents that you have received from the servicer or lender. They can be printed, scanned, and uploaded to your application in this section.

The account statements should only be obtained directly from the lender/servicer. Documents can be printed, scanned, and uploaded to your application in this section.

A description of the required information for each document type can be found below. If a required document does not contain the required information or is not legible enough to review the loan profile, it will be deemed "incomplete" and the loan itself will not qualify for repayment.

#### ACCOUNT STATEMENTS

#### LOAN ORIGATION AND DISBURSEMENT REPORTS

#### CONSOLIDATED EDUCATIONAL LOANS

Please note: The following file types are not suitable for being uploaded: jpg, doc, xls & tif. Password protected files are not acceptable and will disqualify the loan. Loan documents must be official and obtained directly from the lender/servicer. Copies of website versions are acceptable.

#### UPLOADED DOCUMENTS

Document Title	Document File	Status	Action
Account Statement		Received	Remove
NSLDS/Aid Summary Report		Received	Remove
Consolidated Loan Supporting Document		Received	Remove

#### UPLOAD DOCUMENT

Account Statement

NSLDS/Aid Summary Report

Consolidated Loan Supporting Document

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF67]:** Please make updates if OMB information has changed.

#### [8-Supporting Documents Page.docx DRAFT](#)

Supporting Documents

*\* required field*

You are encouraged to save your documents as .PDF files before uploading to your application. You should not attempt to upload documents larger than 5MB, or files formatted as .TIFF, .JPEG, .PNG and .TXT. In addition, the NHSC must be able to review the details of your application documents clearly. Submitting pictures, password protected, and incomplete or illegible documents will disqualify your

application from consideration. All information provided in the supporting documents and online application must match exactly. Any disparities will cause your application to be deemed ineligible.

**PROPER USE OF AWARD**

*For use by Former NHSC Loan Repayment Program Participants ONLY!*

If you are a former NHSC Loan Repayment Program participant, you are required to upload official documentation that will verify your use of the entire amount award you received with your most recent contract, to pay down the education loans that were approved for repayment with your most recent award.

*Example: If you were disbursed \$50,000 in 2002 and completed your service in 2004, you are required to upload documentation verifying that you paid \$50,000 to the loans that were approved for repayment within that contract obligation period.*

If you are not able to provide documentation at the time you submit your application that clearly verifies that you paid the entire amount within that contract period to the loans that were approved, your application will be disqualified during review and you will not be eligible for participation in NHSC programs indefinitely. Please provide the following required documents:

- Proof of Payment History for Prior NHSC LRP Service - Mandatory for Previous NHSC LRP Participants.
- Proof of U.S. Citizenship or U.S. National - Current passport, birth certificate, or nationalized citizenship certificate.
- Substance Use Disorder License or Certification (if applicable) - certificate of completion or diploma from a Substance Use Disorder or Addiction medicine training program(s).

**ADDITIONAL DOCUMENTS**

- Proof of Payment History for Prior NHSC LRP Service
- [Verification of Disadvantaged Background](#)

**Commented [LM(68):** Hyperlink to updated document

**UPLOAD DOCUMENTS**

Document Title	Document File	Status	Delete
DATA 2000 Waiver		Not Received	
Proof of Payment History for Prior NHSC LRP Service		Not Received	
Proof of U.S. Citizenship or U.S. National		Received	delete
Substance Use Disorder Licensure or Certification		Received	delete

Additional Supporting Document Not Received

LOAN DOCUMENTS

Servicing Lender & Account #	Document Title	Document File	Status
FedLoan Servicing 5012836983	NSLDS/Aid Summary Report		Received
FedLoan Servicing 5012836983	Account Statement		Received
FedLoan Servicing 5012836983	Consolidated Loan Supporting Document		

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF69]:** Please make updates if OMB information has changed.

**Commented [LM(70R69):** Pending

[10-Self Certification Page.docx DRAFT](#)

Self-Certification

*\* required field*

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

- Pursuant to 2 CFR 180.335 (2006) as implemented by 2 CFR 376.10 (2007), an applicant applying to enter into a covered transaction (which includes an application to participate in the NHSC LRP) is required to notify the Federal agency office if the applicant knows that he or she:
- Is presently debarred, suspended, excluded, or disqualified from participation in covered transactions by any Federal agency or department;
- Within the 3-year period preceding the application, has been convicted of, or had a civil judgment rendered against him or her for any of the following offenses:
  - Commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or a contract under a public transaction;
  - Violation of Federal or State antitrust statutes;
  - Commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, receiving stolen property, making false claims, or obstruction of justice; or
  - Commission of any other offense indicating a lack of business integrity or business honesty that seriously and directly affects his/her present responsibility



- Is presently indicated or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses set forth above; or
- Within a 3-year period preceding the application, has had any public transaction (Federal, State, or local) terminated for cause or default.

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

## 2. AUTHORIZATION FOR DISCLOSURE OF FINANCIAL INFORMATION

Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404), having read the statement of my RFPA rights, I hereby authorize the government or financial institution named in item 1 on each Loan Details page to release financial records relating to educational loans(s) identified on the Loan Details page to the HHS for the purpose of assessing and verifying the amount and eligibility of the educational loan for payment under the HHS. This authorization is valid for 3 months from the date of my signature, and may be revoked in writing at any time before my records are disclosed. \*

## 3. CERTIFY BY CHECKING THE BOX NEXT TO THE STATEMENTS BELOW:

I certify that I have read and understood the appropriate Application and Program Guidance (s) for the program to which I am applying for a FY 2020 contract [NHSC LRP](#), [NHSC Substance Use Disorder \(SUD\) Workforce LRP](#) or [NHSC Rural Community \(RC\) LRP](#).

I certify that I have a master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency, and have at least 2 years of post-graduate supervised counseling experience.

I certify to one of the statements below:

- **LPCs With a License in State of Practice:** I certify that I have a current full, permanent, unencumbered, unrestricted health professional license, certificate, or registration to practice independently and unsupervised as an LPC in the State in which I intend to practice as an NHSC Loan Repayment Program participant.
- **LPCs Without a License in State of Practice:** I certify that licensure as an LPC is not available in the State in which I intend to practice as an NHSC Loan Repayment Program participant, and that I have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration to practice independently and unsupervised as an LPC in a State.

I certify that all of the information that I have provided in this application and required supplemental documents is true.

OMB No. 0915-0127 Expiration Date: 02/29/2020

**Commented [MF71]:** This year will automatically be updated to 2020.

**Commented [MF72]:** This year will automatically be updated to 2020.

**Commented [LM73]:** Hyperlink each program

**Commented [LM74]:** For DBO/Sapient is this discipline specific?

**Commented [MF75]:** Please make updates if OMB information has changed.

**Commented [LM76R75]:** Pending

**APPLICATION PAGES**

**COI Pages**

**1-Accept or Decline Award Page 2 Year DRAFT**

Loan Repayment Program Application

Congratulations! You are being considered for the FY 2020 National Health Service Corps (NHSC) Loan Repayment Program (LRP). Your overall Application Status is: Finalist for Award. Please note that while you have been considered for the LRP, this is NOT a guarantee of an award, as all NHSC awards are subject to the availability of funds.

**Commented [MF77]:** This year will automatically be updated to 2020.

**Commented [AI(78):** Suggest rephrasing the term "selected" in the sentence. See my update.

View your submitted application.

To confirm your intent to accept an award, please complete the following steps by the end of the day on April 19, 2019. You should base your decision to accept or decline an award on your understanding of, and ability to adhere to, the NHSC Loan Repayment Program guidelines and service requirements. Before indicating your choice below, please review and understand the program guidelines and service requirements as outlined in the FY 2020 NHSC LRP Application and Program Guidance.

**Commented [MF79]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

**Commented [LM(80):** Hyperlink APG

If you have questions or want to dispute the information we have verified before confirming your continued interest, please contact the NHSC LRP at 1-800-221-9393.

Please complete the following steps:

Step 1 Review and verify the contact information we have for you in our records by clicking on the account settings page. Applicants with inaccurate contact information risk not receiving crucial award and program information.

Step 2

Review the results of our verification of the loans that you submitted with your application. Participants with eligible debt that exceeds the maximum award will receive the maximum award. See the table below for NHSC award amounts.

Program	Years of Contract	Full-time Service	Half-time Service
NHSC LRP	2	\$50,000.00	\$25,000.00

Note: Loans that are not eligible for the LRP will read \$0.00 in the Eligible Amount column.

**NHSC Verified Loans**

Account / Loan Number	Loan Type	Servicer	Current Balance	Eligible Amount
7656208306	Manual	MOHELA	\$6,950.31	\$6,950.31
7656208306	Manual	MOHELA	\$22,980.00	\$22,980.00

7656208306	Manual	MOHELA	\$608.95	\$608.95
7656208306	Manual	MOHELA	\$6,683.10	\$6,683.10
7656208306	Manual	MOHELA	\$11,125.02	\$11,125.02
7656208306	Manual	MOHELA	\$1,000.71	\$1,000.71
9249	Manual	Navient	\$1,994.57	\$1,994.57
7656208306	Manual	MOHELA	\$12,506.67	\$12,506.67
Total Approved \$63,849.33		Projected Award	\$64,757.33	
For Repayment:		Disbursement:		

Step 3 Review and verify the name and address of the NHSC-approved service site(s) that were verified and approved for your service.

Site Information

Site Name	Site Address	NHSC Status
Western Wayne Family Health Center-Inkster Inkster, Michigan 48141-2348	2700 Hamlin Dr.	ACTIVE

Are you currently working at the NHSC verified and approved service site(s) listed above and are meeting the NHSC's definition of full-time clinical practice and will to the best of your knowledge continue to meet that definition?

Yes No

**Commented [LM81]:** This should be automatically updated based on the contract type, full-time vs. part-time

Step 4 Once you confirm or decline your interest in receiving an award, the NHSC Loan Repayment Program will proceed without further notice based on the option you have selected. \*\* If you do not respond by April 19, 2019, indicating that you still wish to be considered for an award, your application may be removed from consideration.

ACCEPT the FY 2020 NHSC Loan Repayment Program award.

**Commented [MF82]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

DECLINE the FY 2020 NHSC Loan Repayment Program award.

**Commented [MF83]:** This year will automatically be updated to 2020.

I understand that I will no longer be considered for a FY 2020 NHSC LRP (2 –year) award.

**Commented [MF84]:** This year will automatically be updated to 2020.

**Commented [LM85]:** Should be dynamic based on program

**Commented [LM86]:** Should be dynamic based on program

Step 5 Please enter your banking information for the account in which your NHSC Loan Repayment Program funds should be deposited. Note: Release of your award funds is contingent on a fully executed NHSC Loan Repayment Program contract (i.e., signed by both parties) and your satisfactory performance of at least 90 days of NHSC service.

Bank Name \*

Account Type \*

Routing Number \* Tooltip

Re-enter Routing Number \*

Account Number \* Tooltip

Re-enter Account Number \*

Decline Offer of the NHSC LRP Award

*\* required field*

Back

You have selected to decline the offer to receive a NHSC Loan Repayment Program award and you no longer wish to be considered during the current award period. This action cannot be reversed.

Please indicate your reason for declining the NHSC Loan Repayment Program award. \*

[If you choose to apply in the future, you must submit an application during one of our "open" application cycles for new participants and compete with other providers based on program requirements at that time.](#)

[1-Accept or Decline Award Page RC LRP DRAFT](#)

## Rural Community Loan Repayment Program Application

Congratulations! You are being considered for the FY 2020 National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP). Your overall Application Status is: Finalist for Award. Please note that while you have been considered for the LRP, this is NOT a guarantee of an award, as all NHSC awards are subject to the availability of funds. View your submitted application.

**View your submitted application.**

**Commented [MF87]:** This year will automatically be updated to 2020.

**Commented [AI(88):** Suggest rephrasing the term "selected" in the sentence. See my update.

To confirm your intent to accept an award, please complete the following steps by the end of the day on **April 19, 2019**. You should base your decision to accept or decline an award on your understanding of, and ability to adhere to the NHSC Rural Community LRP Program guidelines and service requirements. **Before indicating your choice below, please review and understand the program guidelines and service requirements as outlined in the [FY 2020 Rural Community LRP Application and Program Guidance](#).**

**Commented [MF89]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

**Commented [LM(90):** Hyperlink APG

If you have questions or want to dispute the information we have verified **before confirming your continued interest**, please contact the NHSC LLRP at 1-800-221-9393.

Please complete the following steps:

- Step 1** Review and verify the contact information by clicking on the [account settings](#) page. Applicants with inaccurate contact information risk not receiving crucial award and program information.
- Step 2** Review the results of our verification of the loans that you submitted with your application. Participants with eligible debt that exceeds the maximum award will receive the maximum award. See the table below for NHSC award amounts.

Program	Years of Contract	Full-time Service	Half-time Service
NHSC Rural Community LRP	3	\$100,000.00	\$50,000.00

**Note:** Loans that are not eligible for the LRP will read \$0.00 in the Eligible Amount column.

**NHSC Verified Loans**

Account / Loan Number	Loan Type	Servicer	Current Balance	Eligible Amount
7656208306	Manual	MOHELA	\$6,950.31	\$6,950.31
7656208306	Manual	MOHELA	\$22,980.00	\$22,980.00
7656208306	Manual	MOHELA	\$608.95	\$608.95
7656208306	Manual	MOHELA	\$6,683.10	\$6,683.10
7656208306	Manual	MOHELA	\$11,125.02	\$11,125.02
7656208306	Manual	MOHELA	\$1,000.71	\$1,000.71
9249	Manual	Navient	\$1,994.57	\$1,994.57
7656208306	Manual	MOHELA	\$12,506.67	\$12,506.67
Total Approved For Repayment:		Projected Award Disbursement:	\$63,849.33	\$64,757.33

- Step 3** Review and verify the name and address of the NHSC-approved service site(s) that were verified and approved for your service.

**Site Information**

Site Name	Site Address	NHSC Status
Western Wayne Family Health Center-Inkster	2700 Hamlin Dr. Inkster, Michigan 48141-2348	ACTIVE

Are you currently working at the NHSC verified and approved service site(s) listed above and are meeting the NHSC's definition of full-time clinical practice and will to the best of your knowledge continue to meet that definition?

Yes No

**Commented [LM91]:** This should be automatically updated based on the contract type, full-time vs. part-time

**Step 4**

Once you confirm or decline your interest in receiving an award, the NHSC Rural Community LRP will proceed without further notice based on the option you have selected. **\*\* If you do not respond by April 19, 2019, indicating that you still wish to be considered for an award, your application may be removed from consideration.**

I ACCEPT the FY 2020 NHSC Rural Community LRP award.

I DECLINE the FY 2020 NHSC Rural Community LRP award. I understand that I will no longer be considered for a FY 2020 NHSC Rural Community LRP award.

**Commented [MF92]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

**Commented [LM93]:** Should be dynamic based on program

**Step 5**

Please enter your banking information for the account in which your NHSC Rural Community LRP funds should be deposited. **Note:** Release of your award funds is contingent on a fully executed NHSC Rural Community LRP contract (i.e., signed by both parties) and your satisfactory performance of at least 90 days of NHSC service.

Bank Name \*

Account Type \*

Routing Number \* Tooltip

Re-enter Routing Number \*

Account Number \* Tooltip

Re-enter Account Number \*

**Decline Offer of the NHSC Rural Community LRP Award**

*\* required field*

[Back](#)

You have selected to decline the offer to receive a NHSC Loan Repayment Program award and you no longer wish to be considered during the current award period. This action cannot be reversed.

Please indicate your reason for declining the NHSC Loan Repayment Program award. \*

If you choose to apply in the future, you must submit an application during one of our "open" application cycles for new participants and compete with other providers based on program requirements at that time.

See screenshots of first COI page below:

### [1-Accept or Decline Award Page SUD DRAFT](#)

Substance Use Disorder Workforce Loan Repayment Program Application

Congratulations! You are being considered for the FY 2020 National Health Service Corps (NHSC) Substance Use Disorder (SUD) Loan Repayment Program (LRP). Your overall Application Status is: Finalist for Award. Please note that while you have been considered for the LRP, this is NOT a guarantee of an award, as all NHSC awards are subject to the availability of funds. View your submitted application.

View your submitted application.

To confirm your intent to accept an award, please complete the following steps by the end of the day on April 19, 2019. You should base your decision to accept or decline an award on your understanding of, and ability to adhere to, the NHSC SUD Workforce LRP Program guidelines and service requirements. Before indicating your choice below, please review and understand the program guidelines and service requirements as outlined in the FY 2020 SUD Workforce LRP Application and Program Guidance.

If you have questions or want to dispute the information we have verified before confirming your continued interest, please contact the NHSC LLRP at 1-800-221-9393.

Please complete the following steps:

Step 1 Review and verify the contact information we have for you in our records by clicking on the account settings page. Applicants with inaccurate contact information risk not receiving crucial award and program information.

Step 2 Review the results of our verification of the loans that you submitted with your application. Participants with eligible debt that exceeds the maximum award will receive the maximum award. See the table below for NHSC award amounts.

Program	Years of Contract	Full-time Service	Half-time Service
---------	-------------------	-------------------	-------------------

**Commented [MF94]:** This year will automatically be updated to 2020.

**Commented [AI(95):** Suggest rephrasing the term "selected" in the sentence. See my update.

**Commented [MF96]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

**Commented [LM(97):** Hyperlink APG

NHSC SUD Workforce LRP	3	\$75,000.00	\$37,500.00
------------------------	---	-------------	-------------

Note: Loans that are not eligible for the LRP will read \$0.00 in the Eligible Amount column.

NHSC Verified Loans

Account / Loan Number	Loan Type	Servicer	Current Balance	Eligible Amount
7656208306	Manual	MOHELA	\$6,950.31	\$6,950.31
7656208306	Manual	MOHELA	\$22,980.00	\$22,980.00
7656208306	Manual	MOHELA	\$608.95	\$608.95
7656208306	Manual	MOHELA	\$6,683.10	\$6,683.10
7656208306	Manual	MOHELA	\$11,125.02	\$11,125.02
7656208306	Manual	MOHELA	\$1,000.71	\$1,000.71
9249	Manual	Navient	\$1,994.57	\$1,994.57
7656208306	Manual	MOHELA	\$12,506.67	\$12,506.67
Total Approved		\$63,849.33	Projected Award	\$64,757.33

For Repayment:

Disbursement:

Step 3 Review and verify the name and address of the NHSC-approved service site(s) that were verified and approved for your service.

Site Information

Site Name	Site Address	NHSC Status
Western Wayne Family Health Center-Inkster	2700 Hamlin Dr.	ACTIVE
Inkster, Michigan 48141-2348		

Are you currently working at the NHSC verified and approved service site (s) and meeting the NHSC's definition of full-time clinical practice and will to the best of your knowledge continue to meet that definition at the NHSC-approved service site(s) listed above? *Please verify that the address(es) match your current work location(s).* \*

Yes No

**Commented [LM(98):** This should be automatically updated based on the contract type. Full-time vs Part-time



Step 4 Once you confirm or decline your interest in receiving an award, the NHSC SUD Workforce LRP will proceed without further notice based on the option you have selected. \*\* If you do not respond by April 19, 2019, indicating that you still wish to be considered for an award, your application may be removed from consideration.

**Commented [MF99]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

I ACCEPT the FY 2020 NHSC SUD Workforce Loan Repayment Program award.

I DECLINE the 2020 NHSC SUD Workforce LRP award. I understand that I will no longer be considered for a FY 2020 NHSC SUD workforce LRP award.

**Commented [MF100]:** This year will automatically be updated to 2020.

Step 5 Please enter your banking information for the account in which your NHSC SUD Workforce LRP funds should be deposited. Note: Release of your award funds is contingent on a fully executed NHSC SUD Workforce LRP contract (i.e., signed by both parties) and your satisfactory performance of at least 90 days of NHSC service.

**Commented [LM(101):** Should be dynamic based on program

Bank Name \*

Account Type \*

Routing Number \* Tooltip

Re-enter Routing Number \*

Account Number \* Tooltip

Re-enter Account Number \*

Decline Offer of the NHSC SUD Workforce LRP Award

*\* required field*

Back

You have selected to decline the offer to receive a NHSC Loan Repayment Program award and you no longer wish to be considered during the current award period. This action cannot be reversed.

Please indicate your reason for declining the NHSC Loan Repayment Program award. \*

[If you choose to apply in the future, you must submit an application during one of our "open" application cycles for new participants and compete with other providers based on program requirements at that time.](#)

[2-Sign Electronic Contract Page.docx DRAFT](#)

Sign your Electronic Contract

*\* required field*

Back

This NHSC Loan Repayment Program, NHSC Rural Community Loan Repayment Program or NHSC Substance Use Disorder Workforce Loan Repayment Program contract is not binding until countersigned by the Secretary of the Department of Health and Human Services or his/her designee.

View a printable version of the NHSC Loan Repayment Program, NHSC Rural Community Loan Repayment Program or NHSC Substance Use Disorder Workforce Loan Repayment Program contract

CONTRACT

CERTIFICATION

I certify that I have read the above contract in its entirety and my electronic signature on this contract is intended to be the legally binding equivalent of my handwritten signature.

Yes No

ENTER SIGNATURE INFORMATION

SSN \* Tooltip

Confirm SSN \*

What is the street number of the house you grew up in? \* Tooltip

Password \*

[3-Submitted Landing Page. DRAFT docx](#)

Loan Repayment Program Application

Hello Cheryl,

You have confirmed your intent to accept the 2019 National Health Service Corps (NHSC) Loan Repayment Program (LRP), NHSC Rural Community Loan Repayment Program or NHSC Substance Use Disorder Workforce Loan Repayment Program (LRP) award. You are not guaranteed an award at this time.

The NHSC uses your primary email address to communicate application status changes and requests for additional information regarding your application. Please ensure that we always have the most accurate contact information.

Commented [LM(102):

Commented [LM(103): Should be dynamic per program

Commented [LM(104): Should Be dynamic per program

Commented [MF105]: This year will automatically be updated to 2020.

Commented [LM(106): Should be dynamic based on program

All awards will be made by September 30th 2019.  
 Your overall application status is: Accepted Award - Under Final Review  
 Your application ID is: 453593

**Commented [MF107]:** This year will automatically be updated to 2020. Please update the month and day if necessary.

VIEW YOUR SUBMITTED APPLICATION

Your National Health Service Corps Loan Repayment Program signed contract

**Commented [LM(108):** Should be dynamic based on program

EMPLOYMENT VERIFICATIONS

Site Name	Initiation Date	Response Date	Status
Western Wayne Family Health Center-Inkster	01/20/2019	01/20/2019	Complete

GENERAL SUPPORTING DOCUMENTS

Document Title	Document Name	Status
DATA 2000 Waiver	data waiver.pdf	Received
Eligible Health Professional Degree	EMU degree.pdf	Received
Proof of Payment History for Prior NHSC LRP Service		Not Received
Proof of U.S. Citizenship or U.S. National	Passport.pdf	Received
Substance Use Disorder Licensure or Certification	24 hour bup training.pdf	Received
Additional Supporting Document	8 hour Bup training.pdf	Received
Additional Supporting Document	AANP cert.pdf	Received
Additional Supporting Document	ANCC certification.pdf	Received
Additional Supporting Document	NP license.pdf	Received
Additional Supporting Document	MyStudentData.txt	Received
Additional Supporting Document		Not Received

LOAN SUPPORTING DOCUMENTS

Servicing Lender & Account #	Document Title	Document File	Status
MOHELA 7656208306	Account Statement	Loan Report-mohela.pdf	Received
MOHELA 7656208306	NSLDS/Aid Summary Report	MyStudentData (2).txt	Received

MOHELA 7656208306	NSLDS/Aid Summary Report	MyStudentData (2).txt	Received
MOHELA 7656208306	Account Statement	Loan Report-mohela.pdf	Received
MOHELA 7656208306	Account Statement	Loan Report-mohela.pdf	Received
MOHELA 7656208306	NSLDS/Aid Summary Report	MyStudentData (2).txt	Received
MOHELA 7656208306	Account Statement	Loan Report-mohela.pdf	Received
MOHELA 7656208306	NSLDS/Aid Summary Report	MyStudentData (2).txt	Received
MOHELA 7656208306	Account Statement	Loan Report-mohela.pdf	Received
MOHELA 7656208306	NSLDS/Aid Summary Report	MyStudentData (2).txt	Received
MOHELA 7656208306	Account Statement	Loan Report-mohela.pdf	Received
MOHELA 7656208306	NSLDS/Aid Summary Report	MyStudentData (2).txt	Received
Navient 9249	Account Statement	Navient_ Loan Details.pdf	Received
Navient 9249	NSLDS/Aid Summary Report	MyStudentData (2).txt	Received
MOHELA 7656208306	Account Statement	Loan Report-mohela.pdf	Received
MOHELA 7656208306	NSLDS/Aid Summary Report	MyStudentData (2).txt	Received

**Participant Portal Pages**

[My Service Information Page.docx DRAFT](#)

My Service Information

Award Date 04/09/2019

Available For Service 04/09/2019

Recent Verification

**Commented [MF109]:** This year will automatically be update to 2020.

**NHSC LOAN REPAYMENT PROGRAM WELCOME KIT - 2019**

Important documents related to your NHSC Loan Repayment Program award can be found here. You may refer to or print them at any time. Please take time to review your contract.

- Customer Service Portal Activation Instructions
- NHSC LRP Application Program Guidance
- 2019 NHSC LRP New Participant Award Notification
- 2019 NHSC LRP New Award Payment Authorization Worksheet

**Commented [LM(110):** Document should be dynamic based on program type

**Commented [MF111]:** This year will automatically be update to 2020.

- 2019 NHSC LRP Site Award Notification 453593 0530900

- Your 2019 Submitted Application

- NHSC LRP Contract

**Commented [HO(112)]:** Need to update the year to 2020.

- Customer Service Portal Activation Instructions

- NHSC SUD LRP Application Program Guidance

- 2019 NHSC SUD Workforce LRP Award Notification

- 2019 NHSC SUD Workforce LRP Payment Authorization Worksheet

- 2019 NHSC SUD Workforce LRP Site Award Notification 453593 0530900

- Your 2019 Submitted Application

- NHSC SUD Workforce LRP Contract

**Commented [HO(113)]:** Need to update the year to 2020.

Customer Service Portal Activation Instructions

- NHSC Rural Community LRP Application Program Guidance

- 2019 NHSC Rural Community LRP New Participant Award Notification

- 2019 NHSC Rural Community LRP Payment Authorization Worksheet

- 2019 NHSC Rural Community Site Award Notification 453593 0530900

- Your 2019 Submitted Application

- NHSC Rural Community LRP Contract

**Commented [HO(114)]:** Need to update the year to 2020.

### [Welcome Portal Message.docx DRAFT](#)

Welcome to the National Health Service Corps Loan Repayment Program!

**This message was sent on 04/09/2019.**

**Commented [MF115]:** This year will automatically be updated to 2020.

Congratulations and welcome to the National Health Service Corps (NHSC) Loan Repayment Program! You have successfully logged into the BHW Customer Service Portal as a NHSC Loan Repayment Program participant.

Through the portal, you will be able to view your personal information to ensure it is up-to-date and accurate, make banking information updates, access your NHSC Loan Repayment Program Welcome Kit, ask questions, and request support on a myriad of program concerns. To access these documents, visit the "My Service Information" section on the right of the portal homepage and click "View Documents and Details."

If you see errors in your data or profile information, please submit an inquiry through the BHW Customer Service Portal or contact the Customer Care Center at 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) from 8:00 a.m. to 8:00 p.m. ET.

#### **APPLICATION DOCUMENTS**

[Application Discipline Section NHSC RC LRP DRAFT](#)

[FY 20 NHSC and SUD LRP Application Checklist DRAFT](#)

[FY 20 NHSC LRP Disadvantaged Background Verification Form](#)

[FY 20 NHSC LRP Full-Time Clinical Practice Requirements DRAFT](#)

[FY 20 NHSC LRP Half-Time Clinical Practice Requirements DRAFT](#)

[FY 20 NHSC LRP Loan Module Detailed Instruction DRAFT](#)

[FY 20 NHSC LRP Participant Salary Reference Guide DRAFT](#)

[FY 20 NHSC LRP Proof of Payment DRAFT](#)