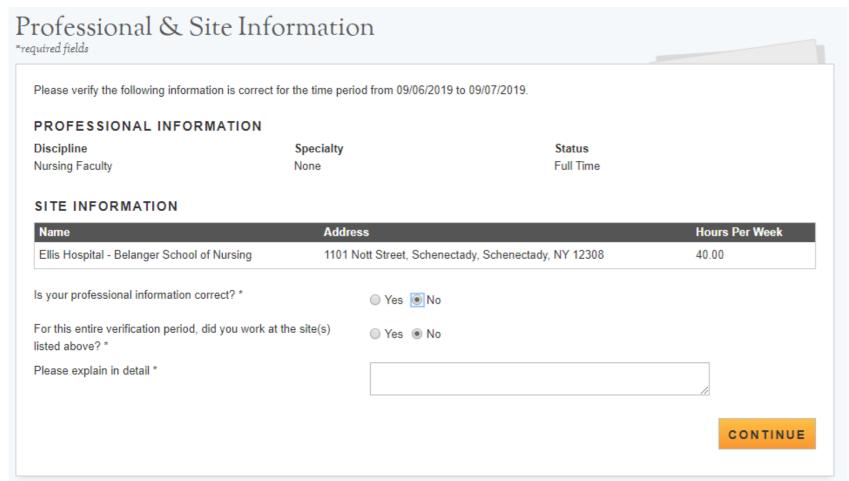
OMB No. 0915-0140 Expiration Date: 05/31/2021

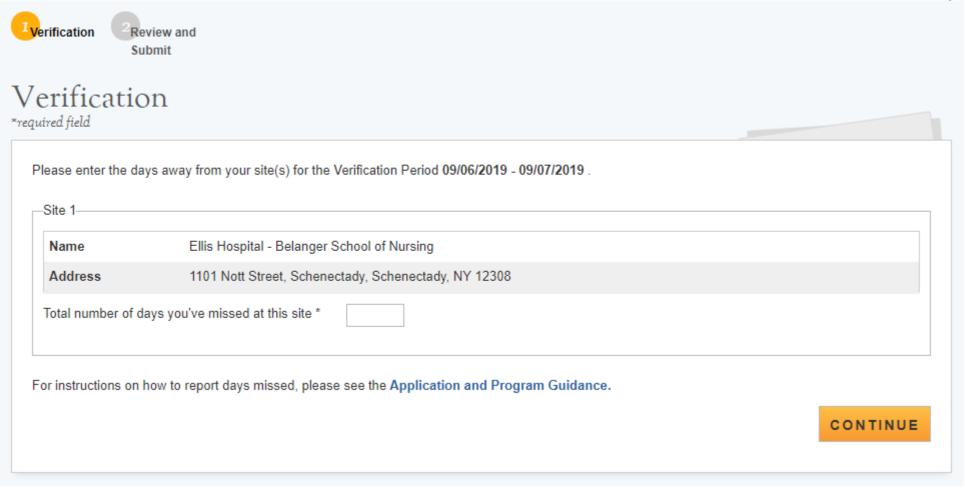


#### Public Burden Statement:

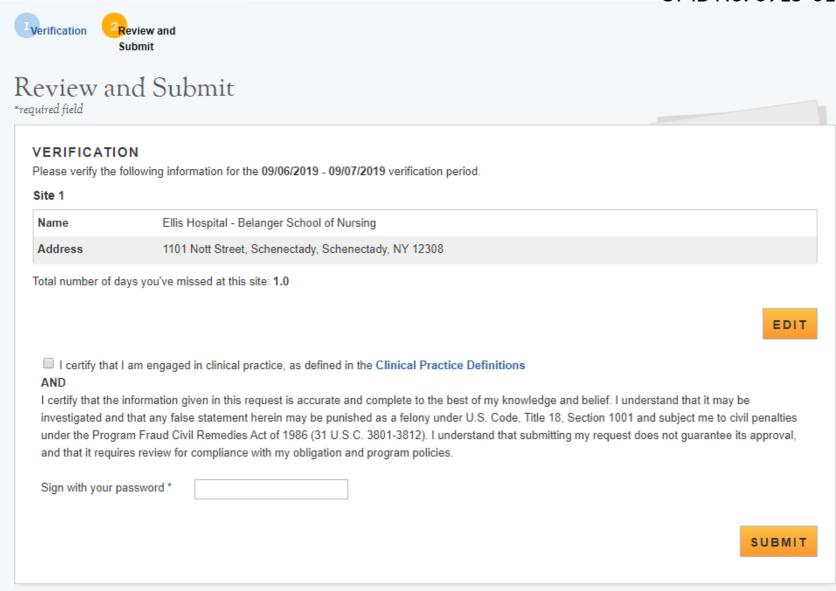
The purpose of the Nurse Corps Loan Repayment Program (NURSE CORPS LRP) is to assist in the recruitment and retention of professional Registered Nurses (RNs) dedicated to working in health care facilities with a critical shortage of nurses or working as nurse faculty in eligible schools of nursing, by 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 required to obtain or retain a benefit (Section 846 of the Public Health Service Act, as amended (42 U.S.C. 297n). 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.

Answering "No" to eitner question will cause the "Please explain in detail\*" statement and associated free text box to appear.

OMB No. 0915-0140 Expiration Date: 05/31/2021



OMB No. 0915-0140 Expiration Date: 05/31/2021



OMB No. 0915-0140 Expiration Date: 05/31/2021

### Verification Submitted

Thank you. Your Verification has been successfully submitted.

If there is more than one site associated with this In Service verification, all sites must approve the submitted information. Otherwise, it will need to be resubmitted.

If you have any immediate questions or concerns, Contact Us or call 1-800-221-9393 (TTY: 1-877-897-9910), Monday through Friday (except Federal holidays), 8:00 am to 8:00 pm EST

BACK TO HOMEPAGE

# NCLRP & NF Completed Site POC EV Screenshot

#### **Employment Verification**

OMB No. 0915-0140 Expiration Date: 05/31/2021

**APPLICANT** 

Phone Number

(000) 000-0000

Program Type Nurse Corps Loan Repayment Program SITE

Site Name Ellis Hospital - Belanger School of Nursing

Address 1101 Nott Street

Schenectady, NY 12308

currently working, or will work, at Ellis Hospital - Belanger School of Nursing?

Yes

Name

have a current, full, permanent, unencumbered, and unrestricted RN/APRN license to practice at this site? Does J

Yes

What is the expiration date of this clinician's professional license or certification?

5/31/2018

In which state or U.S. territory is this license or certification registered?

**New York** 

Please provide RN license number. 544444

#### EMPLOYMENT INFORMATION

Date applicant was employed as a licensed RN/licensed APRN at your facility 12/12/2016

Total hours worked per week at this site ( Program Requirements)

36.00

Current Base Annual Salary

\$85000.00

Critical Shortage Facility Type where applicant is employed ( Definitions)

Nonprofit, Non-Disproportionate Share Hospital

#### **VERIFICATIONS**

Is this site nonprofit or public/government owned?

Yes

#### NATIONAL PRACTITIONER DATA BANK (NPDB)

Has your facility reviewed the National Practitioner Data Bank (NPDB) for this employee?