

# NCLRP & NF Participant ISV Screenshot page 1

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

## Professional & Site Information

*\*required fields*

Please verify the following information is correct for the time period from 09/06/2019 to 09/07/2019.

### PROFESSIONAL INFORMATION

<b>Discipline</b>	<b>Specialty</b>	<b>Status</b>
Nursing Faculty	None	Full Time

### SITE INFORMATION

Name	Address	Hours Per Week
Ellis Hospital - Belanger School of Nursing	1101 Nott Street, Schenectady, Schenectady, NY 12308	40.00

Is your professional information correct? \*  Yes  No

For this entire verification period, did you work at the site(s) listed above? \*  Yes  No

Please explain in detail \*

**CONTINUE**

### 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](mailto:paperwork@hrsa.gov).

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

# NCLRP & NF Participant ISV Screenshot page 2

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Verification



Review and  
Submit

## Verification

*\*required field*

Please enter the days away from your site(s) for the Verification Period 09/06/2019 - 09/07/2019 .

Site 1

Name	Ellis Hospital - Belanger School of Nursing
Address	1101 Nott Street, Schenectady, Schenectady, NY 12308

Total number of days you've missed at this site \*

For instructions on how to report days missed, please see the [Application and Program Guidance](#).

CONTINUE

# NCLRP & NF Participant ISV Screenshot page 3

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1 Verification 2 Review and Submit

## Review and Submit

\*required field

### VERIFICATION

Please verify the following information for the 09/06/2019 - 09/07/2019 verification period.

#### Site 1

Name	Ellis Hospital - Belanger School of Nursing
Address	1101 Nott Street, Schenectady, Schenectady, NY 12308

Total number of days you've missed at this site: 1.0

EDIT

I certify that I am engaged in clinical practice, as defined in the [Clinical Practice Definitions](#)

#### AND

I certify that the information given in this request is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801-3812). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.

Sign with your password \*

SUBMIT

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## 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

### APPLICANT

Name [REDACTED]  
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

Is [REDACTED] currently working, or will work, at Ellis Hospital - Belanger School of Nursing?  
Yes

Does [REDACTED] have a current, full, permanent, unencumbered, and unrestricted RN/APRN license to practice at this site?  
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 [REDACTED] 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?  
No