

# FY23 NHSC Site Application Relaunch Content

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## Site Application Process for Auto-Approved Site Types

NHSC Site Applications are submitted through the Site POC portal.

Once the Site POC is logged in, navigate to the My Sites tab and select the site for which you are applying.

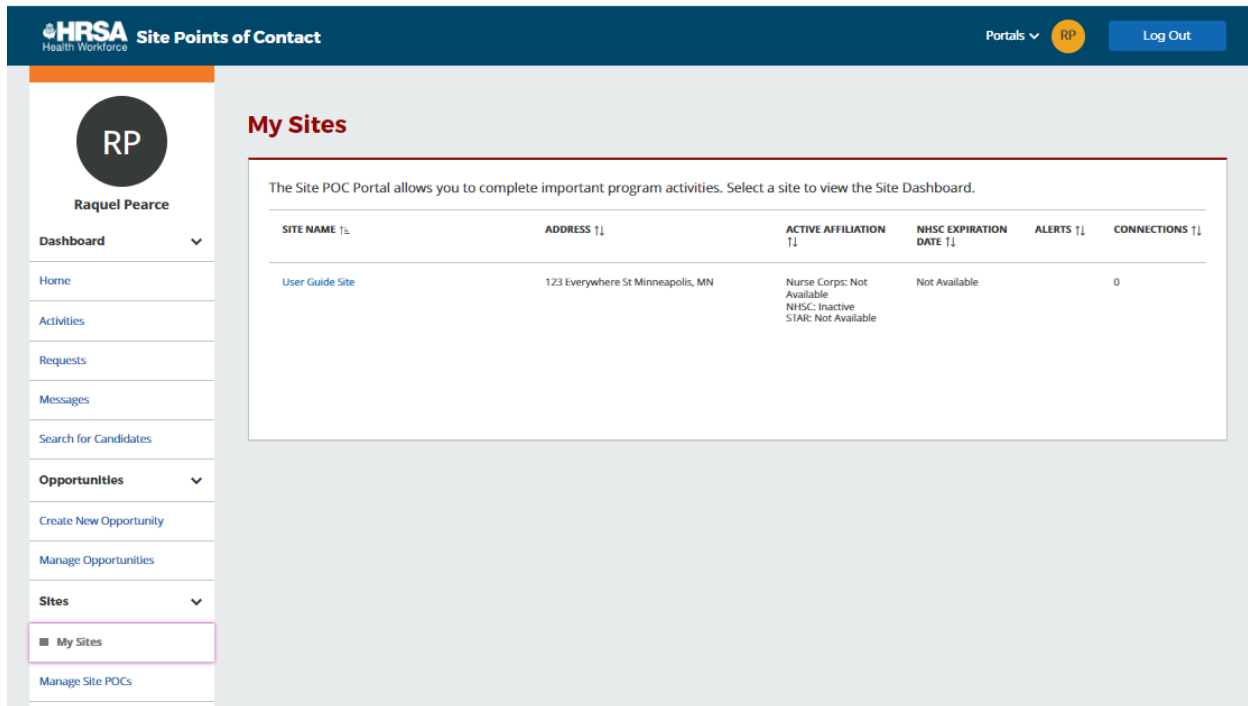


Figure 27 NHSC Site Application -- My Sites

The Site Dashboard banner will show the NHSC program information and a “Start a NHSC Site Application” button will populate. Click the button to start the application.

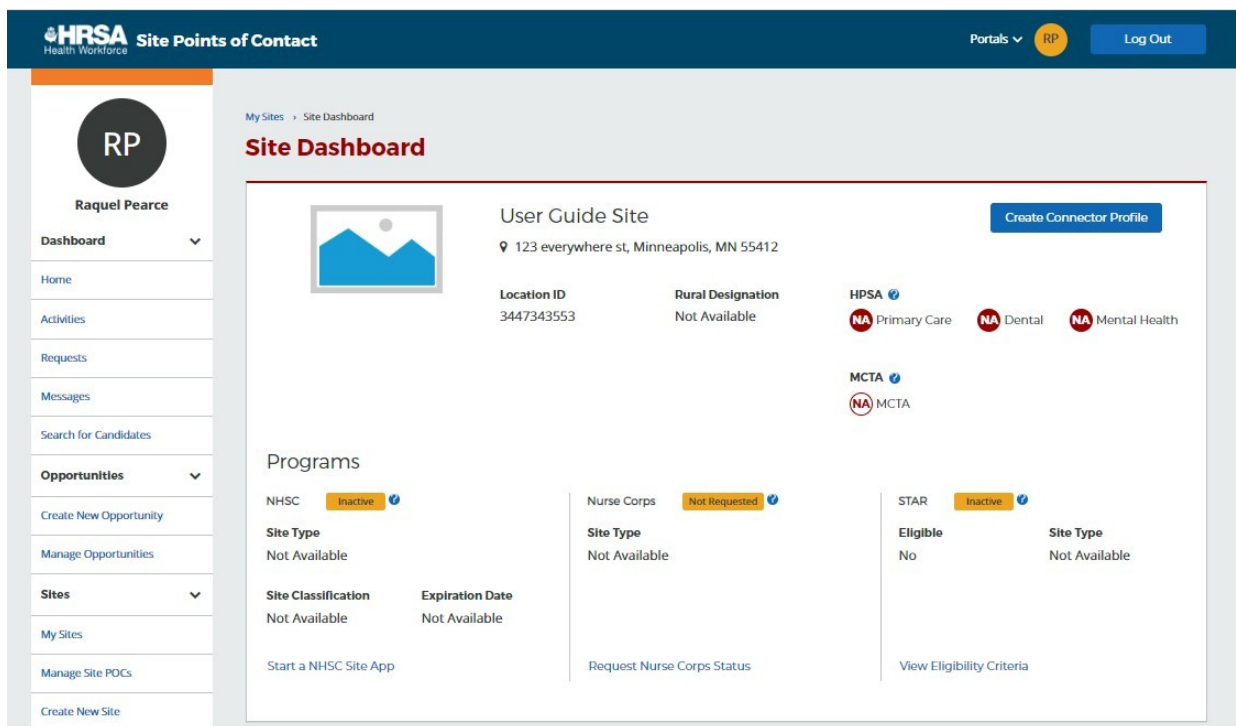


Figure 28 NHSC Site Application -- Start

## Section 1: Instructions and Check NHSC Eligibility

For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

The first pages 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 **SubType** as well. Please select the closest match to the site for which you are applying. Certain site types may need to provide additional information.

Auto-approved site types are can begin a Site Application regardless of the Site Application period.

**Check Eligibility**

All fields are required unless noted as optional.

**Type of Site** **Site Classification (Optional)**

Select Type Select Type

Figure 29 NHSC Site Application – Type of Site

If your site is eligible to continue, you will be presented with the **Confirm Site Details** page of the application. *Note: Eligibility to complete an application does not equate to NHSC approval.*

## Section 2: Confirm Site Details

For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

Review the site’s current address(es), contact information, and unique identifiers to ensure accuracy. After ensuring that the site’s physical address is correct, review the location of the **map pin** in the map inset. If the pin location is correct for your site, select **Yes**. If it does not accurately reflect your site’s physical location, select **No** and provide an explanation with details about where your site is physically located, including the correct Latitude and Longitude if available.

To make changes, please click on the **EDIT** icon in the top right corner and make the necessary changes. Once complete please select **SAVE AND CONTINUE**.

*Note: If the site is co-located in a building with other clinics, please ensure there is a suite or floor number to specify the location of the site.*

### Confirm Site Details ✎ Edit

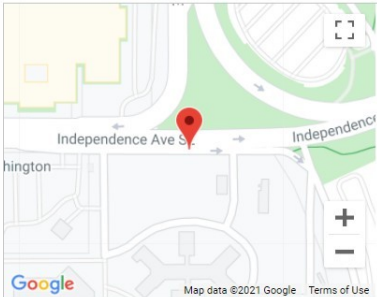
Please review the following site details to ensure accuracy. To make changes, please click on the edit icon in the top right corner and make the necessary changes. Once complete please select Save and Continue.

Note: If the site is co-located in a building with other clinics, please ensure there is a suite or floor number to specify the location of the site.

#### Physical Address

<b>Name</b>	<b>Also Known As</b>	
User Guide Site	Not Available	
<b>Address Line 1</b>		
10000 Independence Ave		
<b>Address Line 2</b>		
Not Available		
<b>City</b>	<b>State/Territory</b>	<b>ZIP Code</b>
Washington	District of Columbia	20000

#### Approximate Location



<b>Standardized Address</b>	<b>Latitude</b>	<b>Longitude</b>
Independence Ave, Washington, DC 20003	38.88751003	-76.97394185

**Is the map pin location accurate?**

Yes
  No

*Figure 30 NHSC Site App/Recert – Confirm address and location*

### Section 3: Check for Existing Sites

For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

After confirming the site information, 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, address, and certain unique identifiers provided will be run through the database to determine any exact or similar matches.

Review the list of sites to ensure you are not applying using a duplicate site.

### Similar Site(s) Found

We have identified one or more sites that are similar to the site information you have entered. Please review the list of sites below to ensure you are not creating a duplicate site.

To view additional information on the location, click on the site name. If one of the sites in the list is your site, please select the radio button next to it; if not, select "site is not listed" and continue.

SELECT	LOCATION NAME ^	ADDRESS ↕	PROGRAM STATUS
<input type="radio"/>	<a href="#">CHILDRENS PEDIATRIC AMB CARE CTR</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Inactive Nurse Corps Status: Not Requested
<input type="radio"/>	<a href="#">DC GENERAL AMBULATORY CARE CTR</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	<a href="#">DC GENERAL PHARMACY</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	<a href="#">District of Columbia Department of Health - TB Control and Chest Clinic</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Inactive Nurse Corps Status: Active
<input type="radio"/>	<a href="#">INTEGRATED CARE CENTER</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	<a href="#">SOUTHEAST STD CLINIC</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	<a href="#">United Planning Organization Comprehensive Treatment Center</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Active Nurse Corps Status: Active
<input type="radio"/>	<a href="#">Unity Health Care- DC General</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	<a href="#">WIC @ DC GENERAL</a>	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	Site Is Not Listed		

Figure 31 NHSC Site App/Recert – Similar sites found

Click on the site name to view the site's profile on the Health Workforce Connector. Select a site's row in the table for information about how to become affiliated with the site.

**⚠** You have identified the site below as a match for the site information you entered. If this is correct, you should cancel the NHSC Site Application and reach out to this site's POCs to be added. ✕

---

Also Known As	Physical Address	NHSC	Nurse Corps	HPSA Scores
	Washington, DC 20003	Active	Active	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: red; border-radius: 50%; margin-right: 5px; display: flex; align-items: center; justify-content: center; color: white; font-size: 8px;">IB</div> <span>Primary Care</span> </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: red; border-radius: 50%; margin-right: 5px; display: flex; align-items: center; justify-content: center; color: white; font-size: 8px;">N/A</div> <span>Dental</span> </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: red; border-radius: 50%; margin-right: 5px; display: flex; align-items: center; justify-content: center; color: white; font-size: 8px;">N/A</div> <span>Mental Health</span> </div> </div>

Once you have been added as a POC at this site, the site will appear in your "My Sites" list on the portal homepage. If you are unable to reach any of the listed POCs at your site or the site information is incorrect, please contact your [BHW Division of Regional Operations \(DRO\) state lead](#).

NAME	PHONE NUMBER	EMAIL
	(000) 000-0000	AF34F3A224AD4C3316@EXAMPLE.com
	(000) 000-0000	

Figure 32 NHSC Site App/Recert – Existing site selected

If one of the sites in the list is your site, consider which site record should be used to apply to NHSC. If not, select **Site Is Not Listed** and then **SAVE AND CONTINUE**.

## Section 4: Services and Staffing

For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

### Services and Staffing

All fields are required unless noted as optional.

#### Services Provided

Select the type of comprehensive primary medical, mental/behavioral health and/or dental health care services provided onsite by checking all that apply.

Primary Medical Care	Primary Mental/Behavioral Health Care	Primary Dental Care
<input type="checkbox"/> General Primary Care	<input type="checkbox"/> General Mental Health Care	<input type="checkbox"/> General Dentistry
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> General Substance Use Disorder Treatment	<input type="checkbox"/> Pediatric Dentistry
<input type="checkbox"/> General Internal Medicine	<input type="checkbox"/> Medication Assisted Treatment (MAT) Program	
<input type="checkbox"/> General Pediatrics	<input type="checkbox"/> Opioid Treatment Program (OTP)	
<input type="checkbox"/> Geriatrics		
<input type="checkbox"/> Obstetrics/Gynecology		
<input type="checkbox"/> Women's Health		

Figure 33 NHSC Site App/Recert – Services Provided

Continue by selecting [SAVE AND CONTINUE](#).



## Section 5: Telehealth

For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

Please specify whether your site provides telehealth services at your site. Continue by selecting **SAVE AND CONTINUE**.

### Telehealth Questions

All fields are required unless noted as optional.

Does your site utilize telehealth for the provision of comprehensive primary care (including medical, dental, or behavioral health)? [?](#)

Yes  x

If so, please specify which one(s) from the following

Medical

Dental

Behavioral

**Required field**

If your site utilizes telehealth, is it a distant or an originating site? [?](#)

Distant and Originating  x

If your site is a distant site, which site serves as an originating site (i.e. name of site and address)?

If your site is an originating site, which site serves as the distant site (i.e. name of site and address)?

Figure 34 NHSC Site App/Recert - Telehealth

## Section 6: Identify POCs

For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

The **Current Points of Contact** displays the Site POCs currently affiliated with the site. Any issues with the current POCs at your site can be addressed using the Manage POCs page, including the assignment of roles or invitation of new POCs.

The **Proposed Points of Contact**, if any are added, will have a request to become affiliated with the site sent only if the Site Application is approved.

The **Additional Information** text box can be used to pose questions or make requests to the NHSC program reviewer.

*Note: You may only edit information for a site point of contact after they have confirmed their association with your site.*

Continue by selecting [SAVE AND CONTINUE](#).

## Identify POCs

We expect each service site to provide a minimum of two points of contact. At least one of these contacts must serve as a "Recruiter". If approved as a site, the "Recruiter" will be listed on the [Health Workforce Connector](#).

**Please note:** You may only edit information for a site point of contact after they have confirmed their association with your site.

### Current Points of Contact

NAME ^	ROLES	PROGRAM AFFILIATION	EMAIL ↕	STATUS ↕
Ann Kruger	Administrator Personnel Verifier Recruiter	NHSC Nurse Corps	AF2BAD4A76E519509B@EXAMPLE.com	Active

### Update Site Points of Contact

Use the [Manage Site POCs](#) page to add or remove POCs to sites and to edit the Roles and Program Affiliations of your sites' POCs. Changes made there will be immediate, while proposing a POC below will only take effect if the Site Application is approved by NHSC.

### Proposed Points of Contact

[+ Add POC](#)

NAME ^	ROLES	PROGRAM AFFILIATION	EMAIL ↕	STATUS ↕	ACTIONS
No Points of Contact Have Been Added Yet					

#### Additional Information (Optional)

Provide any comments, questions, or requests you have about your Site's POCs.

Enter additional information here

Figure 35 NHSC Site App/Recert - Identify POCs

## Section 7: Review HPSAs

For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

The **Identified HPSAs** table displays the HPSA designations that matched based on the site's location and geocoded address and/or based on any unique identifier(s) (e.g., BCHMIS, CCN, ASUFAC) provided in the site details section of the application.

You may optionally **Recommend Additional HPSAs** if you believe that the site is eligible for any HPSAs that are not identified above. To add a HPSA suggestion:

1. Use the [HPSA Find Tool](#) to location HPSAs for your site
2. Enter or copy the HPSA ID into the field provided
3. Select the **Add** button to add the HPSA suggestion.

If you have questions about HPSAs, please contact your State Primary Care Office. Continue by selecting **SAVE AND CONTINUE**.

### Enter HPSA Information

#### Identified HPSAs

Below are the HPSA designations identified for this site based on the site's location and geocoded address and/or based on any unique identifier(s) (e.g., BCHMIS, CCN, ASUFAC) provided in the site details section of the application.

HPSA ID	HPSA NAME	AUTO-HPSA	SCORE	HPSA DISCIPLINE	STATUS
1116249808	Low Income-Brentwood	No	18	PRIMARY_CARE	Designated

#### Recommend Additional HPSAs

You may recommend additional Health Professional Shortage Area (HPSA) IDs that were not identified above and are applicable to your site based on verified information found using the HRSA Data Warehouse HPSA Find tool. This field is not required for submission of the NHSC Site Application. NHSC and State Primary Care Office staff will verify this information and add all applicable HPSA IDs to the application during the review process. If a HPSA does not exist for the physical location of the applying site, the site application will be denied. For additional assistance in identifying HPSA IDs, contact your State Primary Care Office.

Enter the HPSA ID

If this field does not recognize one of your proposed HPSAs, please continue with the application. The proposed HPSAs will be reviewed by a DRO representative and verified for use.

Figure 36 NHSC Site App/Recert - HPSAs

## Section 8: Upload Documents

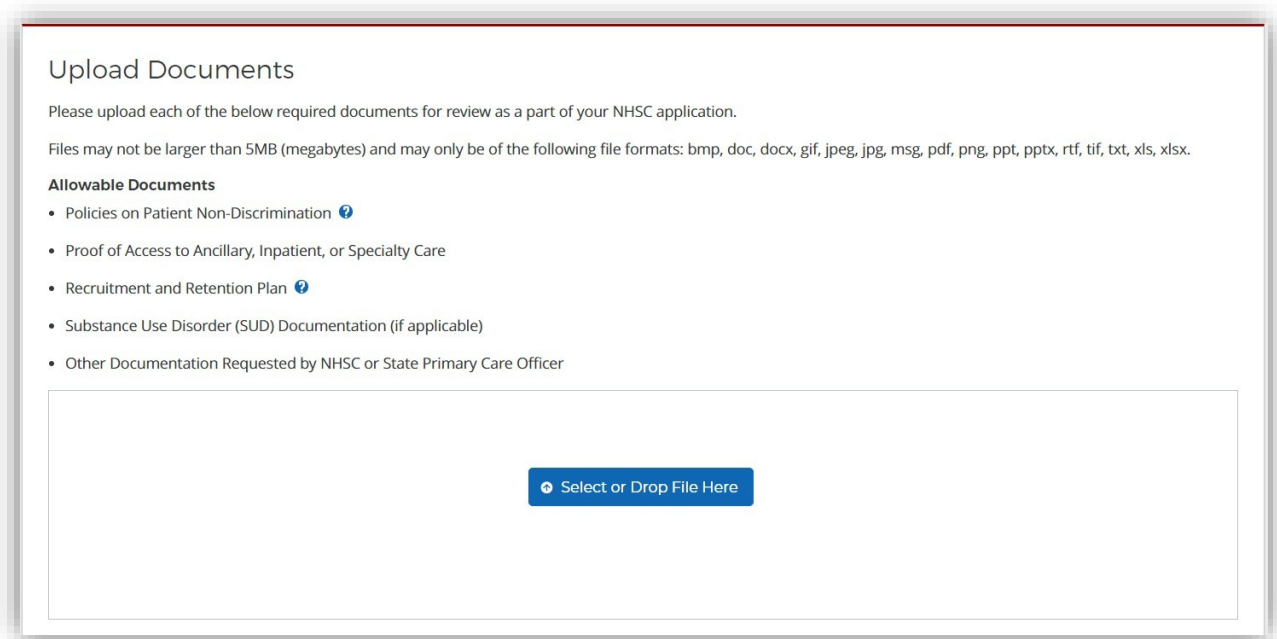
For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

Sites that are auto-approved do not have any documentation requirements.

Documents can be added by drag-and-dropping them onto the designated area of the screen or by clicking the **SELECT OR DROP FILE HERE** button and selecting the file from your computer.

- Documents that have been uploaded can be removed only until the Site Application is submitted
- Maximum file size: 5MB
- Acceptable file types or extensions: bmp, doc, docx, gif, jpeg, jpg, msg, pdf, png, ppt, pptx, rtf, tif, txt, xls, xlsx

Continue by selecting **SAVE AND CONTINUE**.



The screenshot shows a web interface titled "Upload Documents". Below the title, there is a paragraph: "Please upload each of the below required documents for review as a part of your NHSC application." This is followed by another paragraph: "Files may not be larger than 5MB (megabytes) and may only be of the following file formats: bmp, doc, docx, gif, jpeg, jpg, msg, pdf, png, ppt, pptx, rtf, tif, txt, xls, xlsx." Below this is a section titled "Allowable Documents" with a list of five items: "Policies on Patient Non-Discrimination", "Proof of Access to Ancillary, Inpatient, or Specialty Care", "Recruitment and Retention Plan", "Substance Use Disorder (SUD) Documentation (if applicable)", and "Other Documentation Requested by NHSC or State Primary Care Officer". At the bottom of the form area is a blue button with a white plus icon and the text "Select or Drop File Here".

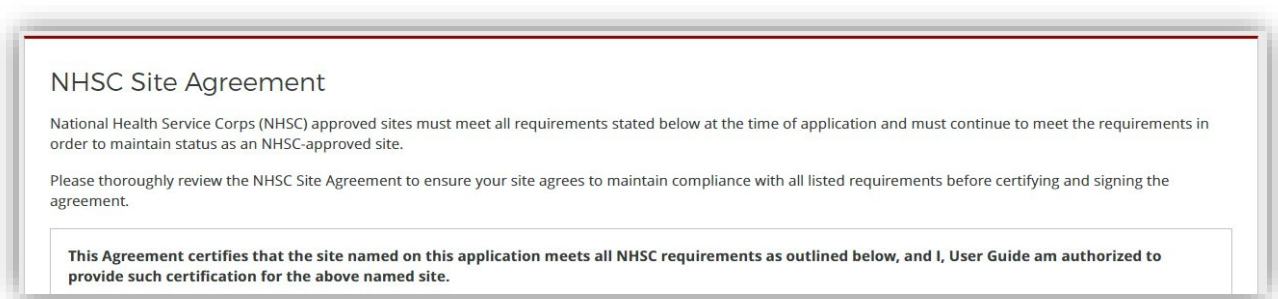
Figure 37 NHSC Site App/Recert – Upload Documents

## Section 9: Review and Submit

For all steps in the NHSC Site Application, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

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.



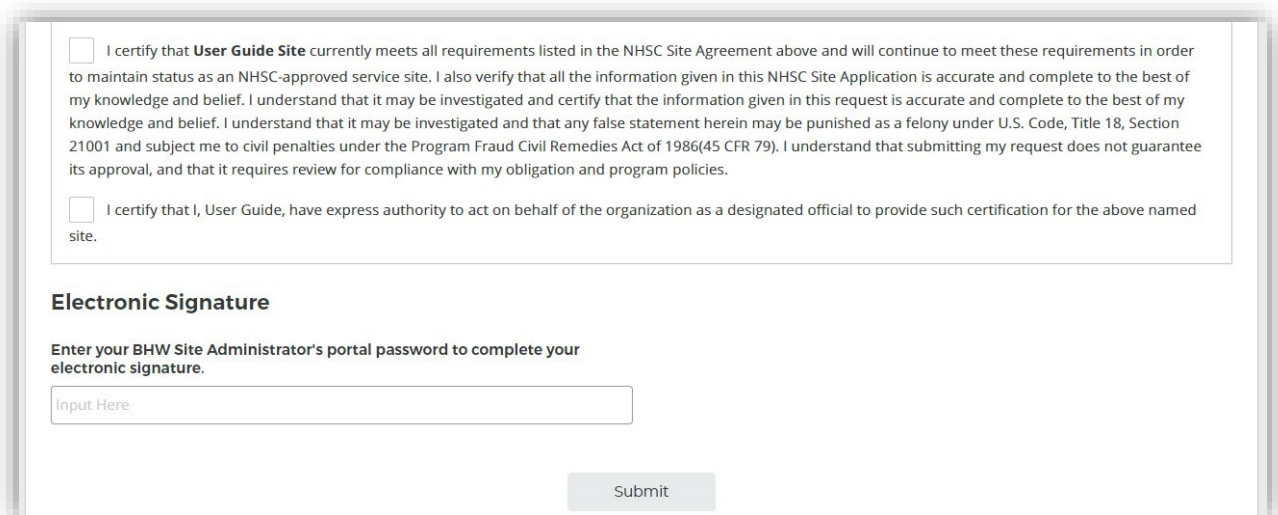
**NHSC Site Agreement**

National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.

Please thoroughly review the NHSC Site Agreement to ensure your site agrees to maintain compliance with all listed requirements before certifying and signing the agreement.

**This Agreement certifies that the site named on this application meets all NHSC requirements as outlined below, and I, User Guide am authorized to provide such certification for the above named site.**

Figure 38 NHSC Site App/Recert – Site Agreement part one



I certify that **User Guide Site** currently meets all requirements listed in the NHSC Site Agreement above and will continue to meet these requirements in order to maintain status as an NHSC-approved service site. I also verify that all the information given in this NHSC Site Application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and 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 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986(45 CFR 79). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.

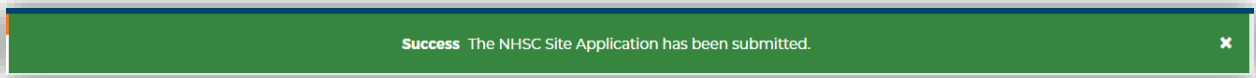
I certify that I, User Guide, have express authority to act on behalf of the organization as a designated official to provide such certification for the above named site.

**Electronic Signature**

Enter your BHW Site Administrator's portal password to complete your electronic signature.

Figure 39 NHSC Site App/Recert – Site Agreement part two

Upon submission, you will be returned to the **Site Dashboard** with a confirmation banner. The submitted Site Application information can be found by clicking [VIEW NSHC SITE APP](#).



*Figure 40 NHSC Site App/Recert - Successful submission*

## Site Application and Recertification Process for All Other Site Types

NHSC Site Applications/Recertifications are submitted through the Site POC portal.

Once the Site POC is logged in, navigate to the My Sites tab and select the site for which you are applying.

The screenshot shows the HRSA Site Points of Contact interface. The top navigation bar includes the HRSA logo, the text 'Site Points of Contact', and user information 'Portals' and 'RP' with a 'Log Out' button. The left sidebar lists navigation options: Dashboard, Home, Activities, Requests, Messages, Search for Candidates, Opportunities, and Sites. The 'My Sites' option under the 'Sites' category is highlighted. The main content area is titled 'My Sites' and contains a banner with the text: 'The Site POC Portal allows you to complete important program activities. Select a site to view the Site Dashboard.' Below the banner is a table with the following data:

SITE NAME	ADDRESS	ACTIVE AFFILIATION	NHSC EXPIRATION DATE	ALERTS	CONNECTIONS
User Guide Site	123 Everywhere St Minneapolis, MN	Nurse Corps: Not Available NHSC: Inactive STAR: Not Available	Not Available		0

Figure 41 NHSC Site App/Recert -- My Sites

The Site Dashboard banner will show the NHSC program information and a “Start a NHSC Site Application/Recertification” button will populate. Click the button to start the application.



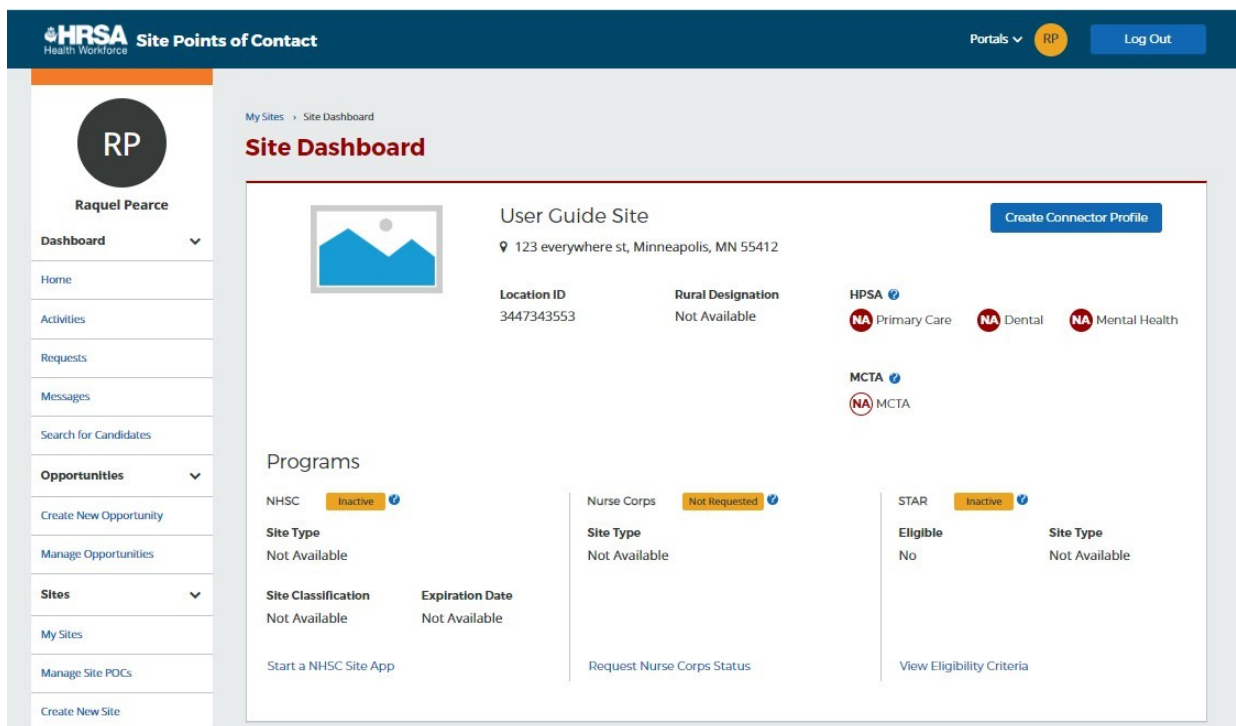


Figure 42 NHSC Site App/Recert – Site Dashboard Start

## Section 1: Instructions and Check NHSC Eligibility

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

The first pages of the NHSC Site Application and Recertification 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 **SubType** as well. Please select the closest match to the site for which you are applying. Certain site types may need to provide additional information.

As part of a Recertification, the Site Type and related information for the site will be pre-selected and can be updated.

Most sites must apply during the NHSC Site Application or Recertification cycle. See the NHSC website for information about the annual cycles. If the annual cycle is open, 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.

## Check Eligibility

All fields are required unless noted as optional.

**Type of Site** **Site Classification** (Optional)

Select Type Select Type

Figure 43 NHSC Site Application – Type of Site

## Check Eligibility

All fields are required unless noted as optional.

**Type of Site** **Site Subtype**

Community Outpatient Facility Non Hospital Affiliated

### 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 reference the [NHSC Site Reference Guide](#).

- 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 comprehensive primary care outpatient facility, CMS Certified Critical Access Hospital or IHS 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 website 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? Examples of acceptable signage and website language are located in the Downloadable Resources section of the [NHSC website](#) under "Site Policy Poster"?
 

Yes  No

Figure 44 NHSC Site App/Recert – Eligibility questions

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

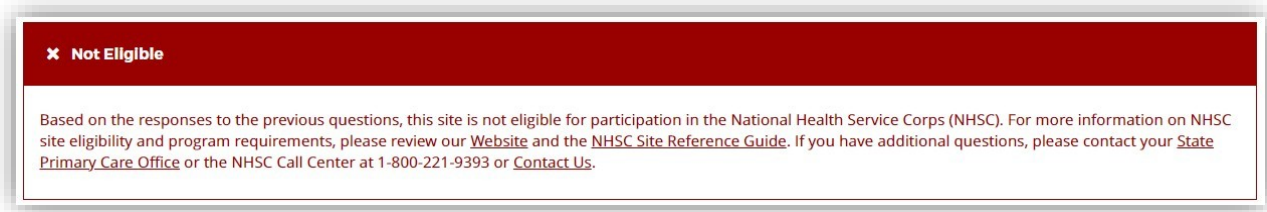


Figure 45 NHSC Site App/Recert – Not eligible message

If your site is eligible to continue, you will be presented with the **Confirm Site Details** page of the application. *Note: Eligibility to complete an application does not equate to NHSC approval.*

## Section 2: Confirm Site Details

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

Review the site's current address(es), contact information, and unique identifiers to ensure accuracy. After ensuring that the site's physical address is correct, review the location of the **map pin** in the map inset. If the pin location is correct for your site, select **Yes**. If it does not accurately reflect your site's physical location, select **No** and provide an explanation with details about where your site is physically located, including the correct Latitude and Longitude if available.

To make changes, please click on the **EDIT** icon in the top right corner and make the necessary changes. Once complete please select **SAVE AND CONTINUE**.

*Note: If the site is co-located in a building with other clinics, please ensure there is a suite or floor number to specify the location of the site.*

### Confirm Site Details ✎ Edit

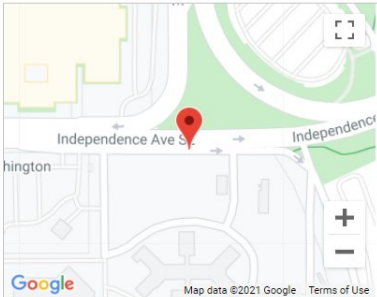
Please review the following site details to ensure accuracy. To make changes, please click on the edit icon in the top right corner and make the necessary changes. Once complete please select Save and Continue.

Note: If the site is co-located in a building with other clinics, please ensure there is a suite or floor number to specify the location of the site.

#### Physical Address

<b>Name</b>	<b>Also Known As</b>	
User Guide Site	Not Available	
<b>Address Line 1</b>		
10000 Independence Ave		
<b>Address Line 2</b>		
Not Available		
<b>City</b>	<b>State/Territory</b>	<b>ZIP Code</b>
Washington	District of Columbia	20000

#### Approximate Location



<b>Standardized Address</b>	<b>Latitude</b>	<b>Longitude</b>
Independence Ave, Washington, DC 20003	38.88751003	-76.97394185
<b>Is the map pin location accurate?</b>		
<input type="radio"/> Yes <input type="radio"/> No		

*Figure 46 NHSC Site App/Recert – Confirm address and location*

### Section 3: Check for Existing Sites

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

*Note: The NHSC Site Recertification does not include a check for existing sites.*

After confirming the site information, 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, address, and certain unique identifiers provided will be run through the database to determine any exact or similar matches.

Review the list of sites to ensure you are not applying using a duplicate site.

## Similar Site(s) Found

We have identified one or more sites that are similar to the site information you have entered. Please review the list of sites below to ensure you are not creating a duplicate site.

To view additional information on the location, click on the site name. If one of the sites in the list is your site, please select the radio button next to it; if not, select "site is not listed" and continue.

SELECT	LOCATION NAME ^	ADDRESS ↕	PROGRAM STATUS
<input type="radio"/>	CHILDRENS PEDIATRIC AMB CARE CTR	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Inactive Nurse Corps Status: Not Requested
<input type="radio"/>	DC GENERAL AMBULATORY CARE CTR	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	DC GENERAL PHARMACY	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	District of Columbia Department of Health - TB Control and Chest Clinic	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Inactive Nurse Corps Status: Active
<input type="radio"/>	INTEGRATED CARE CENTER	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	SOUTHEAST STD CLINIC	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	United Planning Organization Comprehensive Treatment Center	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Active Nurse Corps Status: Active
<input type="radio"/>	Unity Health Care- DC General	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	WIC @ DC GENERAL	1900 Massachusetts Ave SE, Washington, DC 20003	NHSC Status: Terminated Nurse Corps Status: Not Requested
<input type="radio"/>	Site Is Not Listed		

Figure 47 NHSC Site App/Recert – Similar sites found

Click on the site name to view the site's profile on the Health Workforce Connector. Select a site's row in the table for information about how to become affiliated with the site.

**⚠** You have identified the site below as a match for the site information you entered. If this is correct, you should cancel the NHSC Site Application and reach out to this site's POCs to be added. ✕

---

Also Known As	Physical Address	NHSC	Nurse Corps	HPSA Scores
	Washington, DC 20003	Active	Active	<div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px;">IB</span> <span>Primary Care</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px;">N/A</span> <span>Dental</span> </div> <div style="display: flex; align-items: center;"> <span style="background-color: red; color: white; border-radius: 50%; padding: 2px 5px;">N/A</span> <span>Mental Health</span> </div> </div>

Once you have been added as a POC at this site, the site will appear in your "My Sites" list on the portal homepage. If you are unable to reach any of the listed POCs at your site or the site information is incorrect, please contact your [BHW Division of Regional Operations \(DRO\) state lead](#).

NAME	PHONE NUMBER	EMAIL
	(000) 000-0000	AF34F3A224AD4C3316@EXAMPLE.com
	(000) 000-0000	

Figure 48 NHSC Site App/Recert – Existing site selected

If one of the sites in the list is your site, consider which site record should be used to apply to NHSC. If not, select **Site Is Not Listed** and then **SAVE AND CONTINUE**.

## Section 4: Services and Staffing

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

All sites must identify the set of **Services Provided** at the site. As part of a Recertification, the Services currently approved at the site will be pre-selected and can be updated.

Selecting **Primary Mental/Behavioral Health Care** services may require additional data and/or documentation to confirm the site's eligibility.

### Services and Staffing

All fields are required unless noted as optional.

#### Services Provided

Select the type of comprehensive primary medical, mental/behavioral health and/or dental health care services provided onsite by checking all that apply.

Primary Medical Care	Primary Mental/Behavioral Health Care	Primary Dental Care
<input type="checkbox"/> General Primary Care	<input type="checkbox"/> General Mental Health Care	<input type="checkbox"/> General Dentistry
<input type="checkbox"/> Family Medicine	<input type="checkbox"/> General Substance Use Disorder Treatment	<input type="checkbox"/> Pediatric Dentistry
<input type="checkbox"/> General Internal Medicine	<input type="checkbox"/> Medication Assisted Treatment (MAT) Program	
<input type="checkbox"/> General Pediatrics	<input type="checkbox"/> Opioid Treatment Program (OTP)	
<input type="checkbox"/> Geriatrics		
<input type="checkbox"/> Obstetrics/Gynecology		
<input type="checkbox"/> Women's Health		

Figure 49 NHSC Site App/Recert – Services Provided

## Staffing

Enter the number of full time equivalents (FTEs) staff for each of the services below.

### MEDICAL SERVICES

#### PHYSICIANS

TYPE	FTEs
Family Practitioners	<input type="text" value="# of FTEs"/>
General Practitioners	<input type="text" value="# of FTEs"/>
Internists	<input type="text" value="# of FTEs"/>
Obstetricians/Gynecologists	<input type="text" value="# of FTEs"/>
Pediatricians	<input type="text" value="# of FTEs"/>
Psychiatrists	<input type="text" value="# of FTEs"/>
Other Physician Specialists	<input type="text" value="# of FTEs"/>
<b>Total Physicians</b>	<b>0.000</b>

#### MEDICAL SUPPORT PERSONNEL

TYPE	FTEs
Nurse Practitioners/Physician Assistants	<input type="text" value="# of FTEs"/>
Certified Nurse Midwives	<input type="text" value="# of FTEs"/>
Nurses	<input type="text" value="# of FTEs"/>
Other Medical Support Personnel	<input type="text" value="# of FTEs"/>
<b>Total Medical Support Personnel</b>	<b>0.000</b>

**TOTAL MEDICAL SERVICES FTEs**

**0.000**

Figure 50 NHSC Site App/Recert – Staffing part one



ANCILLARY SERVICES		DENTAL SERVICES	
TYPE	FTEs	TYPE	FTEs
Laboratory Services Personnel	<input type="text" value="# of FTEs"/>	Dentists	<input type="text" value="# of FTEs"/>
Pharmacy Personnel	<input type="text" value="# of FTEs"/>	Dental Hygienists	<input type="text" value="# of FTEs"/>
X-Ray Services Personnel	<input type="text" value="# of FTEs"/>	Dental Assistants, Aides, Technicians, and Support	<input type="text" value="# of FTEs"/>
<b>TOTAL ANCILLARY SERVICES FTEs</b>	<b>0.000</b>	<b>TOTAL DENTAL SERVICES FTEs</b>	<b>0.000</b>
MENTAL AND BEHAVIORAL HEALTH SERVICES			
TYPE	FTEs		
Mental Health & Behavioral Health Specialists	<input type="text" value="# of FTEs"/>		
Mental Health & Behavioral Health Support Personnel	<input type="text" value="# of FTEs"/>		
<b>TOTAL MH &amp; BH SERVICES FTEs</b>	<b>0.000</b>		
<b>TOTAL OF ALL SERVICE STAFFING</b>			<b>0.000</b>
<b>Notes (Optional)</b>			
<input type="text" value="Enter any relevant information"/>			

Figure 51 NHSC Site App/Recert - Staffing part two

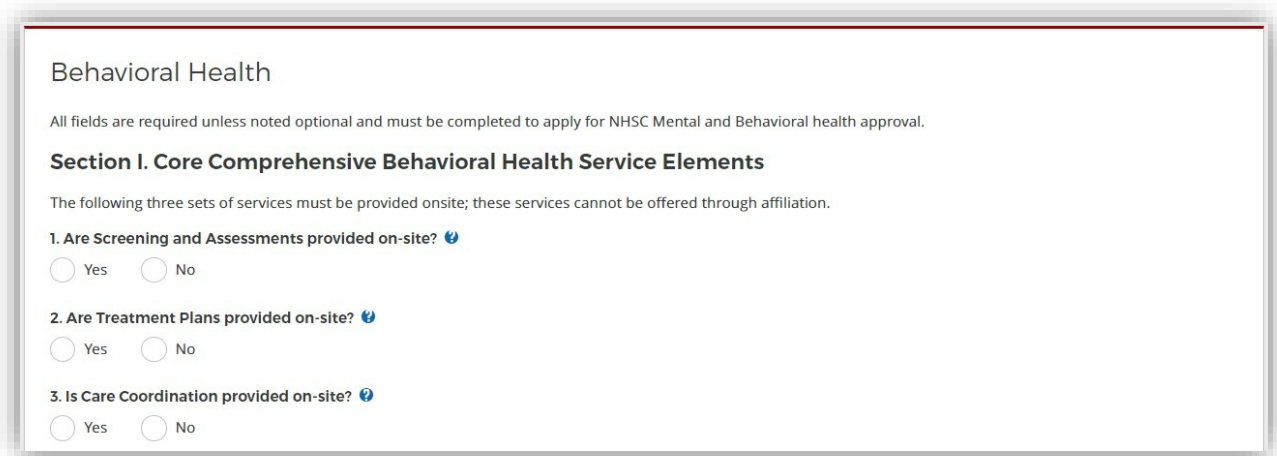
Continue by selecting **SAVE AND CONTINUE**. You may continue without completing all of the data entry, but will not be able to submit the Site Application or Recertification until all Data Table information is entered.

## Section 5: Behavioral Health

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

Information about the **Primary Mental/Behavioral Health Care** services at the sites is necessary for NHSC to confirm the eligibility of those services at the site. Failure to complete the section thoroughly may lead to NHSC approving the site for other services, but not these.

Continue by selecting [SAVE AND CONTINUE](#).



The screenshot shows a web form titled "Behavioral Health". Below the title is a note: "All fields are required unless noted optional and must be completed to apply for NHSC Mental and Behavioral health approval." The section is titled "Section I. Core Comprehensive Behavioral Health Service Elements". A sub-note states: "The following three sets of services must be provided onsite; these services cannot be offered through affiliation." There are three numbered questions, each with "Yes" and "No" radio button options:

- 1. Are Screening and Assessments provided on-site?  Yes  No
- 2. Are Treatment Plans provided on-site?  Yes  No
- 3. Is Care Coordination provided on-site?  Yes  No

Figure 52 NHSC Site App/Recert – Behavioral Health section one

## Section II. Additional Comprehensive Behavioral Health Service Elements

The following five sets of services may be provided onsite or through formal affiliation. For services not provided directly, the site must demonstrate a formal affiliation agreement with a facility to provide these services. Affiliation agreements must be active and signed by both parties. See Sections IV and V for instructions.

1. Will this location provide Diagnosis? 

Yes  No

2. Will this location provide Therapeutic Services for: 

2a. Psychiatric Medication Prescribing and Management

Yes  No

2b. Substance Use Disorder Treatment

Yes  No

2c. Short/Long-Term Hospitalization

Yes  No

Custom Service (Optional)

Add

3. Will this location provide Crisis/Emergency Services? 

Yes  No

4. Will this location provide Consultative Services? 

Yes  No


5. Will this location provide Case Management? 

Yes  No

Figure 53 NHSC Site App/Recert - Behavioral Health section two

## Section III. Certification of Compliance with Behavioral Health Clinical Practice Requirements

Certify that the behavioral health site adheres to the clinical practice requirements for behavioral health providers under the NHSC and supports NHSC participants in meeting their obligation related to the clinical practice requirements.

1. This location offers employment opportunities that are Full-Time? 

Yes  No

2. This location offers employment opportunities that are Part-Time? 

Yes  No

## Section IV. Additional Comprehensive Behavioral Health Service Elements

For each of the services under Section II provided off-site, identify the affiliated entity that provides the off-site service(s).

AFFILIATED ENTITIES

Add Affiliated Entity

NAME	ADDRESS	SERVICES COVERED	REGARDLESS OF PAYMENT?	AFFILIATION DATE
------	---------	------------------	------------------------	------------------

Figure 54 NHSC Site App/Recert - Behavioral Health sections three and four

Figure 55 NHSC Site App/Recert – Behavioral Health affiliate entry

Documents can be added by drag-and-dropping them onto the designated area of the screen or by clicking the [SELECT OR DROP FILE HERE](#) button and selecting the file from your computer.

- Documents that have been uploaded can be removed only until the Site Application is submitted
- Maximum file size: 5MB
- Acceptable file types or extensions: bmp, doc, docx, gif, jpeg, jpg, msg, pdf, png, ppt, pptx, rtf, tif, txt, xls, xlsx

Figure 56 NHSC Site App/Recert – Behavioral Health section five

## Section 6: Payments and Insurance

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

### Payments and Insurance

All fields are required unless noted as optional.

#### Coverage Types Accepted

<b>Medicare</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Medicare Number</b> <input type="text" value="Input Here"/>
<b>Medicaid</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Medicaid Number</b> <input type="text" value="Input Here"/>
<b>Children's Health Insurance Program (CHIP)</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>CHIP Number</b> <input type="text" value="Input Here"/>

#### General Payment Information

According to the site's Sliding Fee Discount Program, what is the nominal fee (which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100% of the Federal Poverty Guideline (FPG)). [🔗](#)

Does the applying site have a current [clinical recruitment and retention plan](#) on file and available for NHSC review upon request? [🔗](#)

Yes  No

**Additional Information** (Optional)

Provide additional information you feel would be useful in the review of your application.

Figure 57 NHSC Site App/Recert - Payments and Insurance part one

### Patient and Visits by Primary Insurance Type

The following data tables are required and must be completed with the most recent six months of reporting data. Please reference [the NHSC Site Reference Guide, Appendix D](#) for detailed instructions on completing all of the below data tables.

#### 6 Month Reporting Period

Today  to Today

#### PATIENTS BY PRIMARY INSURANCE TYPE

INSURANCE	MEDICARE	MEDICAID	OTHER PUBLIC	PRIVATE	SFS	SELF PAY	TOTAL
# OF PATIENTS	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>
%	%	%	%	%	%	%	-
CALCULATED TOTAL							

#### PATIENT VISITS BY PRIMARY INSURANCE TYPE

INSURANCE	MEDICARE	MEDICAID	OTHER PUBLIC	PRIVATE	SFS	SELF PAY	TOTAL
# OF VISITS	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>	<input type="text" value="Input"/>
%	%	%	%	%	%	%	-
CALCULATED TOTAL							

Figure 58 NHSC Site App/Recert – Payments and Insurance part two

### Patient Service Charges, Collections, and Adjustments

PAYMENT SOURCE	FULL CHARGES (A)	AMOUNT COLLECTED (B)
MEDICARE	<input type="text" value="Input Here"/>	<input type="text" value="Input Here"/>
MEDICAID	<input type="text" value="Input Here"/>	<input type="text" value="Input Here"/>
OTHER PUBLIC	<input type="text" value="Input Here"/>	<input type="text" value="Input Here"/>
PRIVATE INSURANCE	<input type="text" value="Input Here"/>	<input type="text" value="Input Here"/>
SELF PAY	<input type="text" value="Input Here"/>	<input type="text" value="Input Here"/>
TOTAL	\$0	\$0

Figure 59 NHSC Site App/Recert – Payments and Insurance part three

Self-Pay Adjustments	
TYPES	ADJUSTMENTS (C)
SELF-PAY SLIDING FEE ADJUSTMENTS	<input type="text" value="Input Here"/>
OTHER SELF-PAY ADJUSTMENTS (i.e. Self-Pay Bad Debt)	<input type="text" value="Input Here"/>
TOTAL	-

Patient Applications for Sliding Fee Schedules (SFS)	
TYPES	NUMBER OF APPLICANTS
SFS APPLICATIONS APPROVED	<input type="text" value="Input Here"/>
SFS APPLICATIONS NOT APPROVED	<input type="text" value="Input Here"/>
TOTAL	-

Figure 60 NHSC Site App/Recert – Payments and Insurance part four

Documents can be added by drag-and-dropping them onto the designated area of the screen or by clicking the [SELECT OR DROP FILE HERE](#) button and selecting the file from your computer.

- Documents that have been uploaded can be removed only until the Site Application is submitted
- Maximum file size: 5MB
- Acceptable file types or extensions: bmp, doc, docx, gif, jpeg, jpg, msg, pdf, png, ppt, pptx, rtf, tif, txt, xls, xlsx

### Upload Documents

Upload all current required sliding fee discount program documents. Please note all documents must use most recent Federal Poverty Guidelines. Please see the most recent NHSC Site Reference Guide for details about NHSC's SFS program requirements.

**Required Documents**

- Discounted/Sliding Fee Schedule (SFS)
- Discounted/Sliding Fee Schedule Policies
- Patient Application for the Discounted/Sliding Fee Schedule
- Schedule of Fees

Figure 61 NHSC Site App/Recert – Payments and Insurance part five

Continue by selecting [SAVE AND CONTINUE](#). You may continue without completing all of the data entry, but will not be able to submit the Site Application or Recertification until all Data Table information is entered.

## Section 7: Telehealth

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

Please specify whether your site provides telehealth services at your site. Continue by selecting **SAVE AND CONTINUE**.

### Telehealth Questions

All fields are required unless noted as optional.

Does your site utilize telehealth for the provision of comprehensive primary care (including medical, dental, or behavioral health)? [?](#)

Yes  x

If so, please specify which one(s) from the following

Medical

Dental

Behavioral

**Required field**

If your site utilizes telehealth, is it a distant or an originating site? [?](#)

Distant and Originating  x

If your site is a distant site, which site serves as an originating site (i.e. name of site and address)?

If your site is an originating site, which site serves as the distant site (i.e. name of site and address)?

Figure 62 NHSC Site App/Recert - Telehealth



## Section 8: Identify POCs

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

The **Current Points of Contact** displays the Site POCs currently affiliated with the site. Any issues with the current POCs at your site can be addressed using the Manage POCs page, including the assignment of roles or invitation of new POCs.

The **Proposed Points of Contact**, if any are added, will have a request to become affiliated with the site sent only if the Site Application is approved.

The **Additional Information** text box can be used to pose questions or make requests to the NHSC program reviewer.

*Note: You may only edit information for a site point of contact after they have confirmed their association with your site.*

Continue by selecting [SAVE AND CONTINUE](#).

## Identify POCs

We expect each service site to provide a minimum of two points of contact. At least one of these contacts must serve as a "Recruiter". If approved as a site, the "Recruiter" will be listed on the [Health Workforce Connector](#).

**Please note:** You may only edit information for a site point of contact after they have confirmed their association with your site.

### Current Points of Contact

NAME ^	ROLES	PROGRAM AFFILIATION	EMAIL ↕	STATUS ↕
Ann Kruger	Administrator Personnel Verifier Recruiter	NHSC Nurse Corps	AF2BAD4A76E519509B@EXAMPLE.com	Active

### Update Site Points of Contact

Use the [Manage Site POCs](#) page to add or remove POCs to sites and to edit the Roles and Program Affiliations of your sites' POCs. Changes made there will be immediate, while proposing a POC below will only take effect if the Site Application is approved by NHSC.

### Proposed Points of Contact

[+ Add POC](#)

NAME ^	ROLES	PROGRAM AFFILIATION	EMAIL ↕	STATUS ↕	ACTIONS
No Points of Contact Have Been Added Yet					

#### Additional Information (Optional)

Provide any comments, questions, or requests you have about your Site's POCs.

Enter additional information here

Figure 63 NHSC Site App/Recert - Identify POCs

## Section 9: Review HPSAs

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

The **Identified HPSAs** table displays the HPSA designations that matched based on the site's location and geocoded address and/or based on any unique identifier(s) (e.g., BCHMIS, CCN, ASUFAC) provided in the site details section of the application.

You may optionally **Recommend Additional HPSAs** if you believe that the site is eligible for any HPSAs that are not identified above. To add a HPSA suggestion:

4. Use the [HPSA Find Tool](#) to location HPSAs for your site
5. Enter or copy the HPSA ID into the field provided
6. Select the **Add** button to add the HPSA suggestion.

If you have questions about HPSAs, please contact your State Primary Care Office. Continue by selecting **SAVE AND CONTINUE**.

### Enter HPSA Information

#### Identified HPSAs

Below are the HPSA designations identified for this site based on the site's location and geocoded address and/or based on any unique identifier(s) (e.g., BCHMIS, CCN, ASUFAC) provided in the site details section of the application.

HPSA ID ↕	HPSA NAME ^	AUTO-HPSA ↕	SCORE ↕	HPSA DISCIPLINE ↕	STATUS ↕
1116249808	Low Income-Brentwood	No	18	PRIMARY_CARE	Designated

#### Recommend Additional HPSAs

You may recommend additional Health Professional Shortage Area (HPSA) IDs that were not identified above and are applicable to your site based on verified information found using the HRSA Data Warehouse HPSA Find tool. This field is not required for submission of the NHSC Site Application. NHSC and State Primary Care Office staff will verify this information and add all applicable HPSA IDs to the application during the review process. If a HPSA does not exist for the physical location of the applying site, the site application will be denied. For additional assistance in identifying HPSA IDs, contact your State Primary Care Office.

Enter the HPSA ID

If this field does not recognize one of your proposed HPSAs, please continue with the application. The proposed HPSAs will be reviewed by a DRO representative and verified for use.

Figure 64 NHSC Site App/Recert - HPSAs

## Section 10: Upload Documents

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

Site must provide all of the required supporting documentation.

A single upload may satisfy one or more document types, but documentation may be easier to compile and review if separated into different files for each document purpose.

Documents can be added by drag-and-dropping them onto the designated area of the screen or by clicking the [SELECT OR DROP FILE HERE](#) button and selecting the file from your computer.

- Documents that have been uploaded can be removed only until the Site Application is submitted
- Maximum file size: 5MB
- Acceptable file types or extensions: bmp, doc, docx, gif, jpeg, jpg, msg, pdf, png, ppt, pptx, rtf, tif, txt, xls, xlsx

Continue by selecting [SAVE AND CONTINUE](#).

Upload Documents

Please upload each of the below required documents for review as a part of your NHSC application.

Files may not be larger than 5MB (megabytes) and may only be of the following file formats: bmp, doc, docx, gif, jpeg, jpg, msg, pdf, png, ppt, pptx, rtf, tif, txt, xls, xlsx.

**Allowable Documents**

- Policies on Patient Non-Discrimination ⓘ
- Proof of Access to Ancillary, Inpatient, or Specialty Care
- Recruitment and Retention Plan ⓘ
- Substance Use Disorder (SUD) Documentation (if applicable)
- Other Documentation Requested by NHSC or State Primary Care Officer

Select or Drop File Here

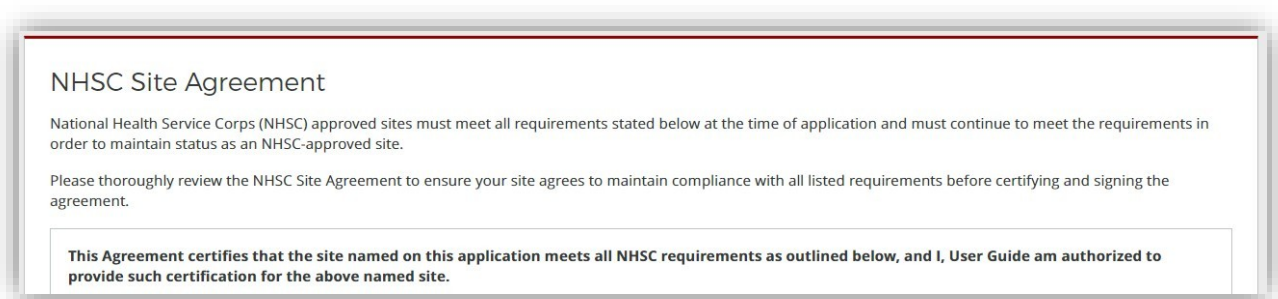
Figure 65 NHSC Site App/Recert – Upload Documents

## Section 11: Review and Submit

For all steps in the NHSC Site Application and Recertification, refer to the [NHSC Site Reference Guide](#) for additional guidance on eligibility and required documentation.

The final step in the NSHC Site Application and Recertification 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.



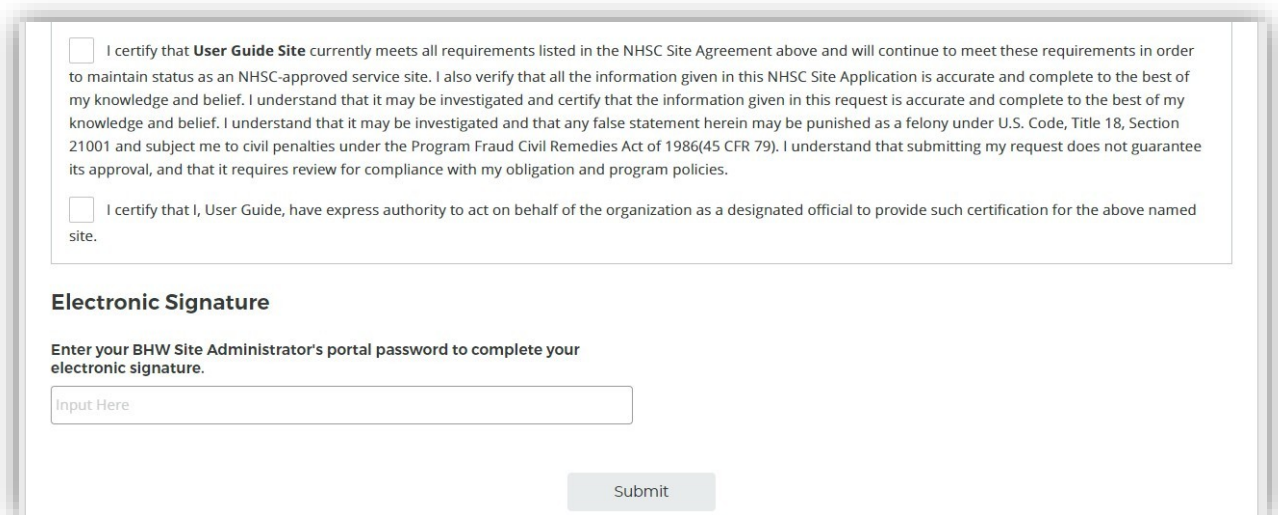
**NHSC Site Agreement**

National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.

Please thoroughly review the NHSC Site Agreement to ensure your site agrees to maintain compliance with all listed requirements before certifying and signing the agreement.

**This Agreement certifies that the site named on this application meets all NHSC requirements as outlined below, and I, User Guide am authorized to provide such certification for the above named site.**

Figure 66 NHSC Site App/Recert – Site Agreement part one



I certify that **User Guide Site** currently meets all requirements listed in the NHSC Site Agreement above and will continue to meet these requirements in order to maintain status as an NHSC-approved service site. I also verify that all the information given in this NHSC Site Application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and 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 21001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986(45 CFR 79). I understand that submitting my request does not guarantee its approval, and that it requires review for compliance with my obligation and program policies.

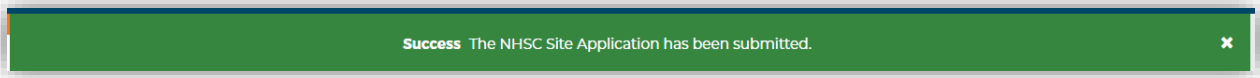
I certify that I, User Guide, have express authority to act on behalf of the organization as a designated official to provide such certification for the above named site.

**Electronic Signature**

Enter your BHW Site Administrator's portal password to complete your electronic signature.

Figure 67 NHSC Site App/Recert – Site Agreement part two

Upon submission, you will be returned to the **Site Dashboard** with a confirmation banner. The submitted Site Application information can be found by clicking [VIEW NSHC SITE APP](#).



*Figure 68 NHSC Site App/Recert – Successful submission*



**National Health Service Corps**

**SITE AGREEMENT**

**National Health Service Corps (NHSC) approved sites must meet all requirements stated below at the time of application and must continue to meet the requirements in order to maintain status as an NHSC-approved site.**

1. Is an eligible site type for NHSC approval, and is located in and treats patients from a federally designated [Health Professional Shortage Area \(HPSA\)](#).
2. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay; (ii) because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or (iii) based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. *[May or may not be applicable to Indian Health Service, Tribal or Urban Indian Health Clinics (ITUs), free clinics, or correctional facilities].*
  - a. Uses a schedule of fees or payments for services consistent with locally prevailing rates or charges and designed to cover the site's reasonable costs of operation. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
  - b. Uses a [discounted/sliding fee schedule](#) to ensure that no one who is unable to pay will be denied access to services, and the discount must be applicable to all individuals and families with annual incomes at or below 200 percent of the most current Federal Poverty Guidelines (FPG). The sliding fee schedule must also provide a full discount for individuals and families with annual incomes at or below 100 percent of the FPG, with allowance for a nominal charge only, consistent with site's policy; Must adjust fees (partial sliding fee discount), reflecting nominal charges, based solely on family size and income and no other factors for individuals and families with incomes above 100 percent and at or below 200 percent of the FPG. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*

- c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
  - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable state agency for Medicaid and CHIP beneficiaries. *(May or may not be applicable to ITUs, free clinics, or correctional facilities.)*
  - e. Prominently displays a statement in common areas and on site's official website and social media platforms (if one exists) that explicitly states that (i) no one will be denied access to services due to inability to pay; and (ii) there is a discounted/sliding fee schedule available based on family size and income. When applicable, this statement should be translated into the appropriate language/dialect. *(May or may not be applicable to free clinics, or correctional facilities.)*
3. Provides culturally competent, comprehensive primary care services (medical, dental, and/or behavioral), which correspond to the designated HPSA type. For a detailed description of culturally and linguistically appropriate services in health, visit the [Office of Minority Health](#) website.
  4. Uses a credentialing process that, at a minimum, includes reference review, licensure verification, and a query of the [National Practitioner Data Bank \(NPDB\)](#) of those clinicians for whom the NPDB maintains data.
  5. Functions as part of a system of care that either offers or ensures access to ancillary, inpatient, and specialty referrals.
  6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
  7. Maintains a clinician recruitment and retention plan, keeps a current copy of the plan on-site for review, and adopts recruitment policies to maintain appropriate clinical staffing levels needed to serve the community.
  8. Does not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
  9. Allows NHSC clinicians to maintain a primary care clinical practice (full-time or half-time) as indicated in their contract with NHSC and described in part below. **The site administrator must review and know the clinician's specific NHSC service requirements.** Time spent on call will not count toward a clinician's NHSC work hours. Participants do not receive service credit hours worked over the required hours per week, and excess hours cannot be applied to any other work week. Clinicians must apply for a suspension of their service obligation if their absences per year are greater than those allowed by NHSC. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly. For a more detailed explanation of the full-time and half-time clinical practice requirements, including requirements for participants working in CAHs and IHS Hospitals, refer to the [NHSC website](#) and review the respective NHSC Loan Repayment Programs (LRP, SUD Workforce LRP, Rural Community LRP),



Students to Service Loan Repayment Program and/or Scholarship Program Application and Program Guidance.

10. Communicates to the NHSC any change in site or clinician employment status for full-time and half-time, including moving an NHSC clinician to a satellite site for any or all of their hour work week, termination, etc.
11. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC-sponsored meetings, webinars, and other continuing education programs.
12. Maintains and makes available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation that contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
13. Completes and submits [NHSC Site Data Tables](#) (requires up-to-date data for the preceding six months) to NHSC at the time of the site application, recertification, and NHSC site visits. The following eligible Auto-Approved NHSC Sites ARE NOT required to submit the NHSC Site Data Tables: 1) Federally Qualified Health Centers, and 2) Federally Qualified Health Center Look-Alikes. The standard Health Resources and Services Administration/Bureau of Primary Health Care Uniform Data System (UDS) report will be reviewed in place of the data tables. The following eligible NHSC sites must provide NHSC Site Data Tables upon request if HRSA needs them to determine NHSC site eligibility: 1) ITUs, 2) Federal Prisons, 3) State Prisons, and 4) Immigration and Customs Enforcement Health Service Corps sites. All other eligible NHSC site types must submit NHSC Site Data Tables at the time of site application, recertification, and NHSC Site Visit.
14. Complies with requests for a site visit from NHSC or the state Primary Care Office with adherence to all NHSC requirements.

By signing below, you hereby affirm your compliance with the NHSC Site Agreement, and that the information submitted is true and accurate. You further understand that this information is subject to verification by the NHSC.

Name of Site (Print): \_\_\_\_\_

Site Official's Name (Print): \_\_\_\_\_

Site Official's Name (Signature): \_\_\_\_\_

Site Official's Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix II: NHSC Site Types

Auto-Approved Sites	Other Eligible Sites
<p>Site types listed below must submit an NHSC site application for new sites, at any point during the year, and are not required to recertify.*</p>	<p>Site types listed below must submit an NHSC site application during open application cycles and recertify every three (3) years.</p>
<ol style="list-style-type: none"> <li>1) Federally Qualified Health Centers (FQHCs)</li> <li>2) FQHC Look-Alikes (LALs)</li> <li>3) Indian Health Service (IHS) Facilities, Tribally Operated 638 Health Programs; Urban Indian Health Programs and Indian Health Hospitals (referred to collectively as ITUs),</li> <li>4) Federal Prisons</li> <li>5) Immigration and Customs Enforcement (ICE) Health Service Corps Facilities</li> </ol>	<ol style="list-style-type: none"> <li>1) State Prisons</li> <li>2) CMS Certified Rural Health Clinics (RHCs)</li> <li>3) Critical Access Hospitals (CAHs)</li> <li>4) Community Mental Health Centers (CMHCs)</li> <li>5) State or Local Health Departments</li> <li>6) Community Outpatient Facilities</li> <li>7) Private Practices</li> <li>8) School-Based Clinics (<i>that are not affiliated with an FQHC/LAL</i>)</li> <li>9) Mobile Units (<i>that are not affiliated with an FQHC/LAL</i>)</li> <li>10) Free Clinics</li> <li>11) Substance Use Disorder (SUD) Treatment Facilities</li> </ol>

\* NHSC auto-approval is not guaranteed, and comprehensive primary care sites seeking auto-approval must submit an NHSC site application to receive a final determination of their eligibility as an auto-approved site.

OMB Number: 0915-0127  
Expiration Date: xx/xx/xxxx

**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/xxxx. 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).