Employment Verification Form

STAR LOAN REPAYMENT PROGRAM
U.S. Department of Health & Human Services
Health Resources and Services Administration

OMB #: 0906-0058
Expiration Date: xx/xx/xxxx

INSTRUCTIONS

As the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP) Point of Contact (POC), your assistance is needed to verify the employment and scope of practice for the applicant. Your responses must be based on the clinician's current employment and clinical services provided at the specific STAR LRP-approved facility.

If the applicant provides clinical services at multiple STAR LRP-approved facilities, a separate Employment Verification (EV) request will be initiated and must be submitted for each location. Your accurate and timely completion of this EV impacts this clinician's eligibility for initial and/or continued program support and benefits. For additional information regarding the employment verification process see the Substance Use Disorder Treatment and Recovery Loan Repayment Program Employment Verification FAQs.

If you require further assistance with completing the EV, or if you are not the STAR LRP POC, please contact the Bureau of Health Workforce (BHW) Customer Care Center, at 1-800-221-9393 (TTY: 1-877-897-9910), Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET.

Participant Name: _____ **Discipline and Specialty** _____

STAR Facility Name: Click or tap here to enter text.	**STAR Facility Name:** Click or tap here to enter text.
Street Address: Click or tap here to enter text.	**Street Address:** Click or tap here to enter text.
City: Click or tap here to enter text.	**City:** Click or tap here to enter text.
State, Zip code: Click or tap here to enter text.	**State, Zip code:** Click or tap here to enter text.

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State, Zip code: Click or tap here to enter text.	**State, Zip code:** Click or tap here to enter text.

APPLICANT INFORMATION

Is the (Insert Applicant Name) currently working, or will work as a (Insert Applicant Discipline) at (Insert Facility Name) STAR-LRP approved service Facility (s) you have listed above? Choose an item.

Does (Insert Applicant Name) have a current, full, permanent, unencumbered, and unrestricted license to practice at this Facility? Choose an item.

EMPLOYMENT INFORMATION

When did (Insert Applicant Name) begin to practice and meet the STAR LRP service requirements at (Insert Facility)? Click or tap to enter a date.

Does/will (Insert Name) meet the STAR LRP Clinical Practice Requirements for full-time participants? Choose an item.

Total hours (Insert Name) work per week at the Facility(s) per the **STAR LRP Clinical Practice Requirements.** Click or tap here to enter text.

SERVICE TYPE VERIFICATIONS

Does your organization or the entity with who you have an agreement to provide healthcare services at (Insert Facility Name) ensure that (Insert Applicant Name)? Choose an item.

Does (Insert Applicant Name) provide services at (Insert Facility Name) as a self-employed worker or independent contractor? Choose an item.

Does (Insert Applicant Name) own or have a financial interest in (Insert Facility Name)? Choose an item.

Does (Insert Facility Name) provide (Insert Applicant Name) or the organization with who you have an agreement to provide healthcare services at your facility provide (Insert Applicant Name) with malpractice insurance and tail coverage (either commercially or through the Federal Tort Claims Act)? Choose an item.

Is [Applicant Name] meeting the Substance Use Disorder Treatment and Recovery(STAR) Loan Repayment Program (LRP) requirements for "direct treatment or recovery support of patients with or in recovery from substance use disorder" at one or more of the following STAR-LRP approved, facility types? *

? Choose an item.

- Federally Qualified Health Center (FQHC)
- Federally Qualified Health Center (FQHC) Look-A-Like
- Community Mental Health Center (CMHC)
- Community Outpatient Facility
- Independent Group/Private Practice
- Certified Rural Health Clinic
- Indian Health Service (IHS) Tribal or Urban Indian
- American Indian Health Facility
- School-Based Clinic
- Free Clinic
- Mobile Unit
- Federal Bureau of Prisons (BOP)
- Immigration Customs Enforcement Correction Facilities (ICE)
- State Correctional Facility
- Critical Access Hospital (CAH)
- SAMHSA-certified Outpatient Treat Program (OTPs)
- Office-based Opioid Treatment Facilities (OBOTs)
- Non-Opioid Substance Use Disorder Treatment Facilities (SUD Treatment Facilities)

- State or Local Health Department

LICENSURE

What is the expiration date of this clinician's professional license? Click or tap to enter a date.

What is the license number? Click or tap here to enter text.

In which state or U.S. territory is this license registered? Click or tap here to enter text.

NATIONAL PRACTITIONER DATA BANK (NPDB)

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

Date of the last NPDB query? Click or tap to enter a date.

Wan adverse action reported? Choose an item.

The Substance Use Disorder Treatment and Recovery (STAR) LRP Point of Contact (POC)
The responses and information provided above are true, accurate and complete to the best of my knowledge and belief.

Name – please print & include title	***STAR LRP Point of Contact – Signature***
Email Address	***Date***

Public Burden Statement: The purpose of this information collection is to obtain performance data for the following: HRSA program participant, program operations, and applications. In addition, these data will facilitate the ability to demonstrate alignment between BHW discretionary programs and the Substance Use Disorder Treatment and Recovery Loan Repayment and the Pediatric Specialty Loan Repayment programs. 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 0906-0058 and it is valid until xx/xx/xxxx. This information collection is required to obtain or retain a benefit Section 781 of the Public Health Service Act (42 U.S.C. § 295h) and Section 775 of the Public Health Service Act (42 U.S.C. § 295f). Public reporting burden for this collection of information is estimated to average xx hour 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.