

2023 PS LRP APPLICATION

Welcome

Thank you for registering to apply to Pediatric Specialty (PS) Loan Repayment Program (LRP). The PS LRP provides the repayment of education loans for individuals working in either a full-time substance use disorder (SUD) treatment job that involves direct patient care in a Health Professional Shortage Area (HPSA) designated for Mental Health or a county where the average drug overdose death rate exceeds the national average.

To qualify for the PS LRP, you must meet all the program and practice requirements at the time you submit your application and before an award can be approved. The PS LRP is currently accepting applications through October 21, 2023 at 7:30 PM EDT. If you have technical difficulties while completing the application, please contact the **Customer Care Center from 8:00 a.m. to 8:00 p.m. ET at 1-800-221-9393.**

Link to APG

To learn more about the FY 2023 PS LRP, please read the [Application Program Guidance](#).

Cycle Dates

Application Opens

April 1, 2023

Application Close and Submission Deadline

June 1, 2023

Application Overview

ELIGIBILITY- The responses to the questions below will determine your eligibility for the Pediatric Specialty (PS) Loan Repayment Program. Prior to responding to the questions in this section, read the PS Loan Repayment Program Application (LRP) and Program Guidance (APG) to determine your eligibility.

PERSONAL INFORMATION- The personal information you enter in this section, such as your name, address, date of birth, birth location, and Social Security number will be used as a part of your application for communication of program information and updates, and verification of documentation. This demographic information will also be used for strategic planning and marketing of the PS LRP to enhance recruitment efforts for future funding.

PROFESSIONAL INFORMATION- 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 PS LRP approved disciplines and specialties. Please review the education, training, and certification requirements for your discipline/specialty as defined in the FY 2023 PS APG. You will certify the accuracy and truthfulness of your selections before you submit your complete application. You will not qualify for the PS LRP if you do not meet the discipline, training, and certification requirements prior to (Date TBD).

LOAN INFORMATION- In this section, you will be required to add, manually or import, the loans that you want approved for repayment under the PS LRP. To expedite this process, you may import your federal student loan(s) from the U.S. Department of Education's Student Aid Report directly into the online application. For loans imported from the Student Aid Report, no supporting documents are required.

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 Student Aid Report from your Federal Student Aid online account or a disbursement report for any private loans, for each loan.

DOCUMENTS- In this section, you will be asked to upload various pieces of documentation to support and verify the credibility of your application. 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 Pediatric Specialty (PS) LRP 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. For further specifics on required and supporting documentation, please refer to the Documents Needed table below.

REVIEW & SUBMIT- Please review each section listed below prior to submitting your application. Do not submit your application until you are certain it is complete. After submission, your final application will be available to review, download, and edit. We recommend that you print a copy (PDF) from the Home page for your records. All supporting documents will be listed on the Home page for your records. The review of fiscal year 2023 applications will be completed by (DATE TBD).

Documents Needed

SUPPORTING DOCUMENT TITLE	REQUIREMENT STATUS	INSTRUCTIONS
Proof of U.S. Citizenship, U.S. National or Lawful Permanent Resident	Required Document	To be eligible to apply to PS LRP, you must be a U.S. citizen, national or lawful permanent resident. You will be required to provide verifying documentation during your application process. Valid birth certificates, current passports, naturalization papers or a valid permanent resident card are accepted. Driver's license, social security cards, state issued identifications, etc., are not acceptable.

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.

Health Professional Degree; Verification of Behavioral Health Paraprofessional Training or Clinical Support Professional Training	Required Document	To be eligible to apply to PS LRP you must have a health professional degree; verification of behavioral health paraprofessional training or clinical support professional training. You will be required to provide verifying documentation during your application process.
An Active Health Professional License (showing the expiration date), Certificate, Training Verification or Registration	Required Document	To be eligible to apply to PS LRP you must have a current, full, permanent, unencumbered, and unrestricted health professional license, certificate or registration (must show a valid expiration date), in the discipline/specialty in the state in which you intend to practice under the PS Loan Repayment Program. You will be required to provide verifying documentation during your application process.
Proof of Payment History for Prior PS LRP Service	Required Document	For former PS Loan Repayment Program participants only. If you are a former PS Loan Repayment Program participant, you will be required to provide 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.
Loan Information Verification - Account Statement	Required Document	<p>You will be required to provide all account statements for all loan types, for every loan you submit for repayment. Statements must contain the following information to qualify:</p> <ul style="list-style-type: none"> • Your name • Name of current servicer/lender • Loan account number • Original date of loan date of statement (no more than 30 days from the date of application submission) • Original amount of loan • Current balance (principal and accrued interest) • Interest rate <p>Note: Applicants who qualify for less than the maximum award amount may be required to submit updated account statements during the application review. You will be contacted if necessary.</p>
DATA 2000 Waiver	Supporting Document	If you indicate on your application that you possess a DATA 2000 waiver, you will be asked to upload your waiver during your application process. PS LRP applicants are not required to have a DATA 2000 waiver to apply.
Substance Use Disorder Licensure or Certification	Supporting Document	If you indicate on your application that you are licensed or certified in your state to provide substance use disorder services, you will be asked to upload your credentials during your application process. PS LRP applicants are not required to have a Substance Use Disorder licensure or certification to apply.
Verification of Postgraduate Training	Supporting Document	If you indicate on your application that you have completed a Primary Care Training Enhancement (PCTE), including Training Primary Care Champions Program, Addiction Medicine Fellowship, or a Teaching Health Center Graduate Medical Education, you will be asked to upload your credentials during your application process. PS LRP applicants are not required to have completed a PCTE to apply.

Paperwork Reduction Act Public Burden Statement

The purpose of this information collection is to obtain information through the Pediatric Specialty Loan Repayment Program (LRP), which is used to assess a PS LRP applicant's eligibility and qualifications for the LRP and to obtain information for PS site applicants. Clinicians interested in participating in the PS LRP must submit an application to the PS to participate in one of the PS programs, and health care facilities must submit a PS Site Application to determine the eligibility of sites to participate in the PS 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 0906-0058 and it is valid until 12/31/2023. 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 1 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

[Start My Application](#)

Eligibility

All fields are required unless marked Optional

Your responses to the questions below will determine your basic eligibility for the Pediatric Specialty Loan Repayment Program

Section 1 of 7

Are you licensed, certified or registered in a discipline/specialty in the state you intend to practice under Pediatric Specialty LRP?

You will be asked to provide a verifying document later in the application.

Yes No


Section 2 of 7

Are you a citizen, national or lawful permanent resident 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, or a copy of a current permanent resident card.

Yes No

Section 3 of 7

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 PS 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)? 

Yes No

Will your obligation be satisfied on or before the deadline for meeting the PS clinical practice requirements by July 18, 2023?

Yes No

Are you a uniformed service member or member of the reserve corps?

Yes No

Section 4 of 7

Have you ever had a judgment lien against your property arising from a Federal debt?

Yes No

Section 5 of 7

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, State or local government payment obligations, such as court-ordered child support payments?

Yes No

Section 6 of 7

Are you currently in breach of a service obligation to the Federal, State, or Local government?

Yes No

Section 7 of 7

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

Yes No

Back

Save and Continue

Personal Information

All fields are required unless marked Optional

If you have started a fiscal year 2023 application to other National Health Service Corps or Pediatric Specialty 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.

Name

Section 1 of 6

First Name

Last Name

Middle Initial (Optional)

Title (Optional)

Suffix (Optional)

Former First Name (Optional)

Former Last Name (Optional)

Continue

Home (Permanent) Address

Section 2 of 6

Address Line 1

Address Line 2 (Optional)

Country

State/ Territory/ Region/ Province

City

ZIP Code

Preferred Mailing Address

My preferred mailing address is the same as my home address

Address Line 1

Address Line 2 (Optional)

Country

State/ Territory/ Region/ Province

City

ZIP Code

Contact Information

Section 3 of 6

This is an international number (Optional)

Preferred Phone Number

This is an international number (Optional)

Alternate Phone Number (Optional)

Preferred Email [?](#)

Alternate Email (Optional) [?](#)

Place of Birth

Section 4 of 6

Social Security Number [?](#)

Confirm Social Security Number

Date of Birth



Country

State/ Territory/ Region/ Province

City

Demographics

Section 5 of 6

Gender (Optional)

Male Female

Ethnicity

Hispanic or Latino Not Hispanic or Latino I do not wish to disclose

Race

Select all that apply

PS LRP Service

Section 6 of 6

How did you hear about the PS LRP?

Select

I am applying to the PS LRP because:

Select all that apply

Do you (and if applicable, your family) plan to remain in the community in which you will fulfill your PS service obligation?

Yes No

Professional Information

All fields are required unless marked Optional

In this section, you will identify the discipline and/or specialty for which you are licensed or authorized to work in a full-time substance use disorder treatment job that involves direct patient care in a Health a health professional Shortage Area (HPSA) designated for Mental Health or a county where the average drug overdose death rate exceeds the national average. The options provided are specific to the current list of PS Loan Repayment Program approved disciplines and/or specialties. Please review the education, training, and certifications requirements for your discipline/specialty as defined in the [FY 2023 Application and Program Guidance for the PS Loan Repayment Program](#). You will certify the accuracy and truthfulness of your selections before you submit your complete application. You will not qualify for a PS Loan Repayment Program if you do not meet the discipline, training, and certification requirements prior to **September 1, 2023**.

Discipline and Specialty

Section 1 of 6

You can always change your discipline and/or specialty selection(s) from the drop down(s). If you change your original selection, the Discipline, Training, and Certification card will refresh based on the new selection and you will be required to complete any newly populated required fields.

Discipline

Select

Specialty

Select

Discipline, Training, and Certification

Section 2 of 6

Do you meet the degree, training and certification requirements for this discipline and specialty, as defined in the FY 2023 Application and Program Guidance for the Pediatric Specialty Loan Repayment Program?

Yes No

By selecting this discipline, you are certifying:

That you currently possess a certification in a primary care specialty from a specialty board approved by the American Board of Medical Specialties - OR - the American Osteopathic Association; and, have completed a residency program in a primary care specialty, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

Psychiatrists must serve in a Health Professional Shortage Area (HPSA) designated for mental health

DEGREE

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

Today 

RESIDENCY INFORMATION

When did you complete your residency?

Today 

Identify the professional residency program from which you have received your training

Program Name

Input here

Country

USA 

State/ Territory/ Region/ Province

Virginia 

City

Input here

Continue

Site Search

Section 3 of 6

PEDIATRIC SPECIALTY LRP EMPLOYMENT REQUIREMENTS 

You are applying to the FY 2023 PS LRP. HRSA considers the HPSA scores, medically underserved area (MUA), or medically underserved population (MUP) scores along with the eligibility requirements detailed in the 2023 Application and Program Guidance (APG), when determining a selection for a PS LRP award.

By statute, you must work in, or for a PS LRP-approved facility(s) serving a Health Professional Shortage Area (HPSA), medically underserved area (MUA), or serve a medically underserved population (MUP).

For the most up-to-date HPSA and PS LRP-approved facility(s), please visit the [Health Workforce Connector](#). The PS LRP will review your employment information and eligibility requirements, as detailed in the [2023 PS LRP APG](#).

Select your PS LRP-approved service site(s) by

- Selecting a State/ Territory/ Region/ Province
- And/or inputting an Address

*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 PS LRP Practice Requirements.

Which type of shortage area and/or population do you work and/or serve?

- Health Professional Shortage Area (HPSA): A Federal designation used to identify areas, populations, and facilities that have a shortage of either primary care, dental, or mental health providers.
- Medically Underserved Area (MUA): have a shortage of primary care health services within geographic areas.
- Medically Underserved Populations (MUPs): A Federally-designated population groups having a shortage of personal health services, often defined as groups who face economic, cultural, or linguistic barriers to health care, and limited access to services.
- None

State/ Territory/ Region/ Province

Select State ▼

ZIP Code ?

Input here

Search Results

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 PS LRP Practice Requirements.

LOCATION NAME	ADDRESS
<input type="checkbox"/> CVHS- Health & Wellness Center of Louisa	7000 Hanover Way Richmond, OR 10001
<input type="checkbox"/> Health Center for Elderly	7000 Hanover Way Richmond, OR 10001
<input type="checkbox"/> Loudoun Community Health Center	7000 Hanover Way Richmond, OR 10001
<input type="checkbox"/> Fairfax Hospital	7000 Hanover Way Richmond, OR 10001

Check this box if your site is not listed in the search results or is found ineligible

« Previous 1 2 3 4 5 Next »

[Continue](#) [Cancel](#)

Sites Added

LOCATION NAME	ADDRESS	HPSA SCORE	Location ID
CVHS- Health & Wellness Center of Louisa	5001 Great merica Pkwy, Richmond, OR 10001	20	052187 Remove
Loudoun Community Health Center	7000 Hanover Way Richmond, OR 10001	20	019283 Remove

⚠ These sites were not added as they were not found eligible

- Health Center for Elderly
- Fairfax Hospital

Important: To resolve PS LRP site ineligibility, please click the "Check this box if your site is not listed in the search results OR is found ineligible" above to initiate a site not found process. If you believe your site was listed was deemed ineligible in error, please select the Check box "if your site is not listed in the search results or is found ineligible" above to initiate a Site Not Found process.

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

Yes, all 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.

Will you remain employed at the selected site(s) until September 30th, 2023?

Yes No

Continue

Employment Verification

Section 4 of 6

To begin the Employment Verification (EV) process, select "Initiate" next to the site(s) listed below. The Point of Contact(s) for your PS LRP Site 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 July 18, 2023, 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 PS LRP [Employment Verification FAQs](#).

CURRENT REQUESTS

SITE NAME	VERIFICATION TYPE	DATE CREATED	STATUS	
CVHS- Health & Wellness Center of Louisa	Application	NA	Pending	Initiate employment verification
Loudoun Community Health Center	Application	09/22/2023	Completed	Cancel employment verification

Continue

Professional Information

Section 5 of 6

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

Yes No

Do you have an individual NPI Number? [?](#)

Yes No

Forgot your NPI Number? Find your NPI by visiting the [NPI Registry](#)

Do you have Residency Program Identification Number [?](#)

Yes No

Have you completed a Primary Care Training Enhancement (PCTE) Training Primary Care Champions Program? (for physicians and physician assistants only); Addiction Medicine Fellowship (AMF); a postgraduate medical training program at a teaching health center that receives funding through the THCGME Payment Program; Behavioral Health Workforce Education Training (BHWET)

Yes No

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

Select 

Are you licensed, certified or registered in your state to provide substance use disorder services?

Yes No

Do you possess a DATA 2000 waiver?

Select ▼

Continue

Telehealth

Section 6 of 6

Do you or will you personally provide some form of tele-health in your clinical practice? (Optional) ?

Yes No I don't know

When providing telehealth

Select ▼

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

Select ▼

Continue

Cancel

Save and Continue

Loan Information

All fields are required unless marked Optional

In this section, you will be required to add the loans that you want approved for repayment under the PS Loan Repayment Program. To expedite this process, you may import your federal student loan(s) from the U.S. Department of Education's Federal Aid Summary directly into the online application. For loans imported from the Federal Aid Summary, no supporting documents are required.

For additional loans that are not covered in the Federal Aid Summary 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 Federal Aid Summary 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.

Find your Recommended Approach

Section 1 of 2

Do you have Federal Loans?

- If Yes, for Federal loans we recommended the electronic upload process. To expedite the process you can import your Federal student loans by selecting "Continue" then selecting the "Log into Your Student Aid Account" button.
- If No, for private or commercial loans we recommend the manual upload process. You can add your loans by selecting "Continue" then selecting the "Manually Add Your Loans" button.

Note: If you have both Federal and Private/Commercial loans you may utilize both processes to complete the upload of all of your loans. You may also opt to add Federal loans manually.

Continue

Add your Loans

Section 2 of 2

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, 2023, the application deadline, please enter your loans manually. The period for submitting applications will not be extended due to difficulties with submitting your loans.

PAYMENT HISTORY

Former PS LRP participants seeking a new 6-year LRP award must provide verification that all PS LRP funds were used to repay the qualifying educational loans that were approved as part of the applicant's most recent PS LRP contract. Generally, this information is in the form of a payment history that is provided by the lender servicer for each of the approved loans. The verification document must be uploaded to the application and clearly show that the entire award amount was applied to the approved loans during the most recent PS LRP service period. Documentation requirements include the following:

- An official document or printed webpage that includes the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the contract period.
- The payment history must show that all PS LRP funds received have been paid toward their qualifying educational loans that were approved by the PS with the most recent contract.
- For loans consolidated during the most recent contract period, loan documents, including the lending institution's list of the loans included in the consolidation and their original disbursement dates, are required. If the applicant's loans were consolidated and the PS does not receive an itemized loan list, the applicant will not be given credit for payments made toward those loans. If the applicant consolidated their qualifying educational loans with non-qualifying debt, the PS cannot give credit for payments made toward the consolidated loans.

Note: Cancelled checks and bank statements will not be accepted as proof that loan payments were properly applied.

ELECTRONIC LOANS

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://fsaid.ed.gov/npas/index.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.

[Log into Your Student Aid Account](#)

[Manually Enter Your Loans](#)

Having issues accessing your loans?

Having trouble?

An FSA ID is a username and password that you must use to log in to certain U.S. Department of Education (ED) websites. Your FSA ID identifies you as someone who has the right to access your own personal information on ED websites such as https://nslds.ed.gov/nslds/nslds_SA/.

The HHS web service connecting to the NSLDS web site only supports the current FSA ID login. If you have any questions about your FSA ID visit: <https://studentaid.ed.gov/npas/pub/faq.htm>

If you don't have an FSA ID and would like to create one now, visit: <https://nslds.ed.gov/npas/index.htm>

If you would like to enter loans manually, select the "Manually Enter Your Loans button above".

[Continue](#)

[Cancel](#)

[Save and Continue](#)

Documents

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 PS 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 PS Loan Repayment Program Participants ONLY! If you are a former PS 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 2016 and completed your service in 2018, 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 PS programs indefinitely.

Required Documents

- Proof of Payment History for Prior PS LRP Service - Mandatory for Previous PS 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 Supporting Documents

- Proof of Payment History for Prior PS LRP Service
- Data 2000 Waiver
- Substance Use Disorder Licensure or Certification
- Verification of Postgraduate Training



Cancel

Save and Continue

Review Summary

APPLICATION ID: 520610

Welcome

Completed

Eligibility

Completed

Personal Information

Completed

Professional Information

In Progress

Loan Information

In Progress

Documents

Completed

Review Acceptance

- Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget.

Cancel

Save and Continue

Certify and Submit

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 PS 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.

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.

Certify by Checking the Box Next to the Statements:

- I certify that I am a Reserve Component of the Armed Forces or National Guard.
- I certify that I have read and understood the appropriate Application and Program Guidance(s) for the program to which I am applying for an FY 2023 contract Pediatric Specialty (PS) Loan Repayment Program.
- I certify that I have a master's or doctoral degree in social work from a school accredited by the Council on Social Work Education and affiliated with an educational institution accredited by a U.S. Department of Education nationally recognized accrediting body, and successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing exam prior to July 1, 1998, or the ASWB Clinical licensing exam on or after July 1, 1998, or successfully passed the California Board of Behavioral Sciences LCSW Standard Written Examination and Written Clinical Vignette Examination, and can practice independently and unsupervised as an LCSW, and have a current full, permanent, unencumbered, unrestricted health professional license, certificate, or registration that allows me to practice independently and unsupervised in the State in which I intend to practice as a Pediatric Specialty (PS) Loan Repayment Program participant.
- I certify that all of the information that I have provided in this application and required supplemental documents is true.

Enter Password to Submit

Password

Back

Submit