

NURSE CORPS LOAN REPAYMENT PROGRAM (Nurse Corps LRP) EMPLOYMENT VERIFICATION AND CRITICAL SHORTAGE FACILITY FORM

FOR NURSES WORKING AT CRITICAL SHORTAGE FACILITIES ONLY (Not Nurse Faculty)

Public Burden Statement: The purpose of this information collection is to obtain information through the Nurse Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program and to monitor a participant's compliance with the program's service requirements. Applicants interested in participating in the Nurse Corps Loan Repayment Program must submit an application to the Nurse Corps. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0140 and it is valid until xx/xx/xxxx. This information collection is required to obtain or retain a benefit (Section 846 of the Public Health Service Act, as amended [42 U.S.C. 297n]). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. Public reporting burden for this collection of information is estimated to average xx hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, MD 20857.

TO BE COMPLETED BY THE AUTHORIZED PERSONNEL OFFICIAL OF THE FACILITY. PLEASE NOTE: IF THIS FORM IS INCOMPLETE OR IF ANY INFORMATION IS INCORRECT, THE PARTICIPANT AND THE SITE MAY BE DEEMED INELIGIBLE AND THE SITE CHANGE REQUEST MAY NOT BE PROCESSED.

Advanced practice registered nurses (NPs, CRNAs, CNMs, CNSs) employed by a professional group should have this form filled out by the administrator of the health care facility, not by the professional group.

NURSE CORPS LRP PARTICIPANT

Name: _____ Email Address: _____

PLACE OF EMPLOYMENT

Name of Facility: _____

Address: _____ Phone Number: _____

Address Line 2: _____ Email Address: _____

City: _____ State: _____ Zip Code: _____ Website: _____

Please note: Under the Nurse Corps LRP, participants must be RNs or APRNs providing full-time service at a Critical Shortage Facility. Full-time service is defined as working as an RN or APRN for a minimum of 32 hours per week. Working as needed, as an LPN, PRN, as a Pool Nurse, a Vocational Nurse, as a Travel Nurse, for a Nurse Staffing/Travel Agency, or being self employed are not eligible for the program. If the participant is working at more than one physical location, please complete a form for each location and ensure that the hours worked at each location add up to the total hours worked by the participant.

I hereby certify that the individual identified above:

1. Began working or will begin working as an RN or APRN at the healthcare facility identified above on _____ and is currently working or will be working in the following capacity: _____ mm/dd/yyyy
() a full-time position (defined as working as an RN or APRN for a minimum of 32 hours per week); OR
() less than a full-time position (defined as working as an RN or APRN for less than 32 hours per week)
2. Is required to work _____ hours per week.
3. Does or will the participant work as or for any of the following; As Needed, Licensed Practical/Vocational Nurse, Nurse Staffing/Travel Agency, Pool Nurse, PRN, Travel Nurse, or Self Employed? () Yes () No
If yes, please select all that apply:
() As Needed () Licensed Practical/Vocational Nurse () Nurse Staffing/Travel Agency () Pool Nurse () PRN
() Travel Nurse () Self Employed

4. Is the participant currently licensed to practice as an RN or APRN without any restrictions or encumbrances? () Yes () No
 Please provide the following:

License Number: _____ State: _____ Expiration Date: _____
 (mm/dd/yyyy)

5. Does or will the participant work as a self-employed worker? () Yes () No
6. Is the place of employment listed on this form a healthcare facility? () Yes () No
7. Profit Status of the health care facility:
 () For-Profit;
 () Non-Profit; or
 () Public/Government Owned
8. Works at the following type of Health Care Facility:
 (Please check all of the site types you believe your site is. Final determination will be made by the Nurse Corps)

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| <input type="checkbox"/> <u>Ambulatory Surgical Center</u> An entity that operates exclusively for the purpose of furnishing surgical services to patients who do not require hospitalization and for which the expected duration of services does not exceed 24 hours following admission. | <input type="checkbox"/> <u>American Indian Health Facilities</u> A health care facility (whether operated directly by the IHS; or by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1651 et seq.), which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis. |
| <input type="checkbox"/> <u>Community Mental Health Center</u> Behavioral and mental health facilities must be located in or serve in a HPSA and must offer comprehensive primary behavioral health services to all residents in the defined HPSA. The site must offer comprehensive primary behavioral health care services including, but not limited to: • Core Comprehensive Behavioral Health Service Elements: 1) screening and assessment; 2) treatment plans; and 3) care coordination; • Non-Core Behavioral Health Service Elements: 1) diagnosis; 2) therapeutic services (including psychiatric medication prescribing and management, chronic disease management, and substance use disorder treatment); 3) crisis/emergency services (including 24-hour crisis call access); 4) consultative services; and 5) case management. | <input type="checkbox"/> <u>School Based Clinic</u> A health clinic that is located in or near a school facility of a school district or board or of an Indian tribe or tribal organization. |
| <input type="checkbox"/> <u>Birth Centers</u> Also known as a birthing center, is a licensed facility staffed by certified nurse midwives and/or physicians that provides a home-like setting for people with low-risk pregnancies to pro Policy Workgroup Kick off meeting vide comprehensive care throughout pregnancy, including prenatal care, labor and delivery services, and postpartum care for both mother and newborn. Birth centers can be free-standing buildings or attached to a hospital. | <input type="checkbox"/> <u>Disproportionate Share Hospital (DSH)</u> A hospital that has a disproportionately large share of low-income patients and receives an augmented payment from the state under Medicaid or a payment adjustment from Medicare. Hospital-based outpatient clinics are included under this definition. |
| <input type="checkbox"/> <u>Federally Qualified Health Center (FQHC)</u> [Illegible text] | <input type="checkbox"/> <u>End Stage Renal Disease (ESRD) Dialysis Centers</u> An ESRD facility is an entity that provides outpatient maintenance dialysis services, or home dialysis training and support services, or both. ESRD facilities are described under section 1881 of the Social Security Act and 42 CFR 413.174 as being either hospital-based or independent facilities. |

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| <input type="checkbox"/> Native Hawaiian Health Center An entity: (1) which is organized under the laws of the state of Hawaii; (2) which provides or arranges for health care services through practitioners licensed by the state of Hawaii, where licensure requirements are applicable; (3) which is a public or nonprofit private entity; and (4) in which Native Hawaiian health practitioners significantly participate in the planning, management, monitoring, and evaluation of health services. For more information, see the Native Hawaiian Health Care Act of 1992 , as amended. | <input type="checkbox"/> Nurse Managed Health Clinic/Center An entity which is a nurse-practice arrangement, managed by advanced practice nurses, that provides primary care or wellness services to underserved or vulnerable populations and that is associated with a school, college, university or department of nursing, FQHC, or independent health or social services agency. These clinics must serve the general public. |
| <input type="checkbox"/> Private Hospital A hospital or affiliated outpatient clinics that are private entities and are primarily engaged in providing the following care, by or under the supervision of physicians, to inpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons; or (b) rehabilitation of injured, disabled, or sick persons. Hospital-based outpatient clinics are included under this definition. | <input type="checkbox"/> Public Hospital Any hospital or hospital-based outpatient clinics that are owned by a government (federal, state, or local), receives government funding, and are primarily engaged in providing the following care, by or under the supervision of physicians, to inpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons; or (b) rehabilitation of injured, disabled, or sick persons. U.S. Department of Veterans Affairs hospitals and military treatment facility hospitals are also included under this definition. State psychiatric hospitals must use facility HPSAs to determine site eligibility, population and geographic HPSAs cannot be used. |
| <input type="checkbox"/> Residential Nursing Home A institution that is primarily engaged in providing, on a regular basis, health-related care and service to individuals who, because of their mental or physical condition, require care and service (above the level of room and board) that can be made available to them only through institutional facilities. This category includes a "skilled nursing facility," which is an institution (or distinct part of an institution) certified under section 1819(a) of the Social Security Act, that is primarily engaged in providing skilled nursing care and related services to residents requiring medical, rehabilitation, or nursing care and is not primarily for the care and treatment of mental diseases; transitional facilities; assisted living; and group homes. | <input type="checkbox"/> Rural Health Clinic An entity that the Centers for Medicare & Medicaid Services (CMS) has certified as a rural health clinic under section 1861(aa)(2) of the Social Security Act. A rural health clinic provides outpatient services to a non-urban area with an insufficient number of health care practitioners. |
| <input type="checkbox"/> Small Rural Hospital A non-Federal, short-term general acute care hospital that is located in a rural area (as defined for purposes of section 1886(d)); and (ii) has less than 50 beds. Critical Access Hospitals are included as eligible within this Critical Shortage Facility. | <input type="checkbox"/> State or Local Health Department The state, county, parish, or district entity that is responsible for providing healthcare services, which include health promotion, disease prevention, and intervention services, in clinics or other health care facilities that are funded and operated by the state or local Public Health, Health, or Human Services Departments. |
| | <input type="checkbox"/> Urgent Care Center Urgent Care centers provide acute episodic care on a walk-in basis to assist patients with an illness or injury that does not appear to be limb or life-threatening and is either beyond the scope or availability of the typical primary care practice. Urgent care centers primarily treat injuries or illnesses requiring immediate care but not serious enough to require an emergency room visit. |

Point Of Contact Signature

Date

Point Of Contact Printed Name

Point Of Contact Title

Point Of Contact Phone Number

Point Of Contact Email Address

For questions on how/where to submit this form please submit an inquiry through your [My BHW](#) account.