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)

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 faciltiy? ( ) 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)

☐ **Ambulatory Surgical Center**
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.

☐ **American Indian Health Facilities**
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 Heath 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.

☐ **Community Mental Health Center**
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.

☐ **School Based Clinic**
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.

☐ **Community Outpatient Facility**
Outpatient facilities mean a health care facility, other than a hospital, or a separate facility operated by or in conjunction with a hospital, which provides outpatient services including, but not limited to, prescheduled surgical service, emergency care, urgent care, laboratory or diagnostic services.

☐ **Birth Centers**
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.

☐ **Disproportionate Share Hospital (DSH)**
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.

☐ **End Stage Renal Disease (ESRD) Dialysis Centers**
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.

☐ **Federally Qualified Health Center (FQHC)**
[illegible]

☐ [illegible]
[illegible]

☐ **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.

☐ **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.

☐ **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.

☐ **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.

☐ **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.

☐ **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.

☐ **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.

☐ **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.

☐ **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.