BHW Management Information System Solution

Hello, Michael Westerlind

Person Search

Participant

Programs

Nurse Corps Loan Repayment Program U.S. Department of Health and Human Services Health Resources and Services Administration

OMB No. 0915-0140 Expiration Date: xx/xx/xxxx

Location

Task Dashboard

Reports

BHW Management Information System Solution

MW V



Employment Verification

Name

Participant Name

Program Type

Nurse Corps Loan Repayment Program

Phone Number

Number

Specialty

Family

Discipline

Nurse Practitioner

Status

Complete - Verified

Overview

On behalf of the above-referenced nurse applicant, the **Nurse Corps Loan Repayment Program** is requesting your facility to complete this Employment Verification Form (EVF).

The information your facility provides will be reviewed to determine if the nurse applicant meets the employment meets the employment and service requirements outlined in the **Nurse Corps Loan Repayment Program**Application and Program Guidance. Please note: In order for the applicant to submit a timely application, this Employment Verification must be completed and electronically submitted.

Program Requirements

NURSE CORPS LOAN REPAYMENT PROGRAM REQUIREMENTS

To be eligible for the NCLRP, the applicant must:

- Be a Registered Nurse/Advanced Practice Registered Nurse at a Critical Shortage Facility;
- Be employed as a scheduled full-time registered nurse or advanced practice registered nurse working at least 32 hours per week, at a public or private Critical Shortage Facility. Hours worked in an as needed (PRN), per diem or on-call status do not qualify as part of the 32 hours per week.

Nurse Corps applicants are allowed to work at multiple locations, provided all sites are a part of the same organization. If the nurse applicant is working at more than one site for the same organization, an employment verification for each site will be sent to the sites' Points of Contact (POCs). Please note the following for each verification:

- Hours Please list the hours the participant is working only at the specific site listed in the verification.
- Program Requirements Please consider the total hours worked across all eligible sites when determining if they meet the hourly program requirements for full-time or part-time status.

NURSE CORPS LOAN REPAYMENT PROGRAM - NURSE FACULTY REQUIREMENTS

To be eligible for the NCLRP-NF, the applicant must:

- Be a Registered Nurse/Advanced Practice Registered Nurse serving as Nurse Faculty;
- Be employed at an eligible School of Nursing and be considered full-time faculty (as defined by the employer) for a minimum of 9 months per service year;
- Teach pre-licensure students, RNs, or APRNs;
- Have a current RN/APRN license to practice in the state.

School of Nursing locations are considered eligible if the school is accredited by a national nursing accrediting agency or state agency recognized by the U.S. Secretary of Education

and if graduates of the school are authorized to sit for the NCLEX-RN.

Questions

If you have any questions about the **Nurse Corps Loan Repayment Program** applicant or the employment verification, please submit an inquiry through the Ask a Question section in your portal account and we will assist you.

Location Information

Location ID

3876993936

Location Name

Site Name

Physical Address

Site Address

Information

Is		currently wor	king or will k	oe working	g as a Nurse F	Practitioner - F	amily
at	the Ster in			e Road Ic	ocation listed	at 633 Maysvii	e Rd.
			7572				

Yes

Does have a current, full, permanent, unencumbered, and unrestricted license to practice at this site?

Yes

What is the expiration date of ______'s RN/APRN license?

10/31/2025

Please provide lead of the street str

In which state or U.S. territory is this license registered?

Kentucky

Employment Information

When did or will start working as an RN/APRN specifically at Sterling located at located

02/18/2023

Please list the number of hours per week Leafn Crum is or will be scheduled to work at the fing Health Care 653 Mayswille Road:

40

Please provide salary:

70000

Does or will work PRN, Per Diem, or on any other "as needed" basis?

No

Does or will work for a Nurse Staffing Agency or Travel Nurse Agency?

No

Is self-employed?

No

Location Information Verification

Please select the location type for

Federally Qualified Health Center (FQHC)

Please select the profit status of this institution/program.

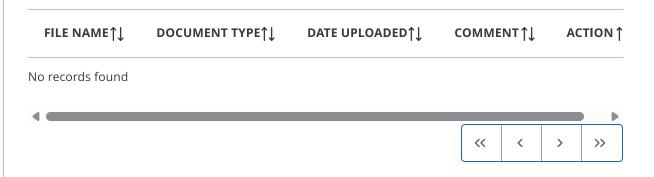
Nonprofit

Documents

Documents should not be larger than 5MB. Documents of types .jpg, .txt, .tiff, or .png will not be accepted.

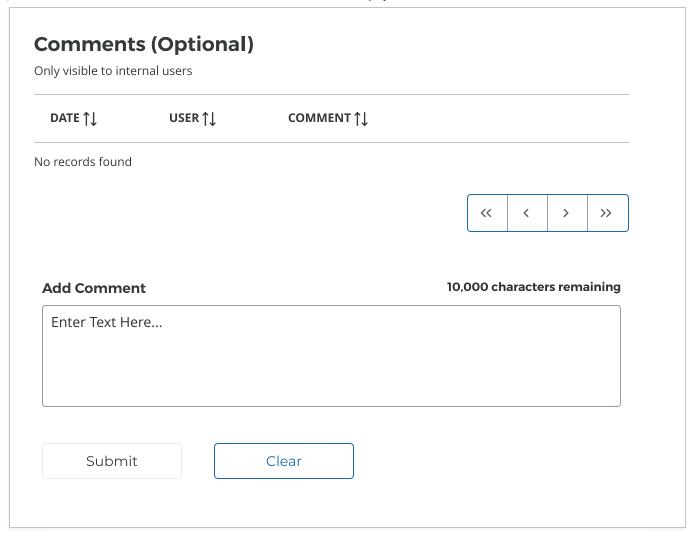


Documents



History

EVENT ↑↓	DATE ↑↓	USER↑↓	NOTES ↑↓
Request Completed	3/24/2025, 11:38 AM		Request verified
Request Initiated	3/22/2025, 4:53 PM	System User	Request sent to Site POC for verification



Questions?

Contact your BMISS expert for help.

- **Resources**
- **Quick Links**

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Programs

Location

Task Dashboard

Reports

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MW V

Employment Verification

Name

A yssa Schutz.

Program Type

Nurse Corps Loan Repayment Program

Phone Number

7652422847

Specialty

Family Psychiatric - Mental Health

Discipline

Nurse Practitioner

Status

Complete - Verified

Overview

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Program Requirements

NURSE CORPS LOAN REPAYMENT PROGRAM - NURSE FACULTY REQUIREMENTS

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- Be employed at an eligible School of Nursing and be considered full-time faculty (as defined by the employer) for a minimum of 9 months per service year;
- Teach pre-licensure students, RNs, or APRNs;
- Have a current RN/APRN license to practice in the state.

School of Nursing locations are considered eligible if the school is accredited by a national nursing accrediting agency or state agency recognized by the U.S. Secretary of Education and if graduates of the school are authorized to sit for the NCLEX-RN.

Questions

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Location Information

Location ID

3366660621

Location Name

Texas A&M University Health Science Center - School of Nursing

Physical Address

Information

Yes

Does have a current, full, permanent, unencumbered, and unrestricted license to practice at this site?

Yes

What is the expiration date of s RN/APRN license?

Please provide Signal S

In which state or U.S. territory is this license registered?

Employment Information

When did or will begin teaching and meeting the Nurse Corps Loan Repayment Program service requirements specifically at The same of the sa

07/16/2023

Does/will work as a full-time faculty member (as defined by employer) for a minimum of 9 months per year at

Yes

Is this a tenured position?

No Please enter the number of months in lurs'ing academic year. 9 Please list the number of months in an academic year serves as faculty: 9 Please list the number of hours per week seems is or will be scheduled to 40 Please provide ______'s current Base Annual Salary: 71212.50

Does/will A great teach pre-licensure students, RNs, or APRNs at Teach pre-licensure students. University Health Science Center School of Nursing? Yes

Location Information Verification

accredited by a

Please select the profit status of this institution/program. Nonprofit national nursing accrediting agency or state agency recognized by the U.S. **Secretary of Education?**

Yes

Are graduates of authorized to sit for the NCLEX-RN?

Yes

Is the enrollment at Nursing comprised of at least 50% of students from disadvantaged backgrounds?

No

Documents

Documents should not be larger than 5MB. Documents of types .jpg, .txt, .tiff, or .png will not be accepted.

Documents

FILE NAME↑↓	DOCUMENT TYPE↑↓	DATE UPLOADED↑↓	COMMENT ↑↓	ACTION ↑
e Verification.p df	Optional Supporting Document	4/16/2025	License verification	

History NOTES ↑↓ **EVENT**↑↓ DATE ↑↓ USER ↑↓ Request verified Request 4/16/2025, Completed 6:54 PM Request 4/15/2025, System User Request sent to Site POC for Initiated verification 8:41 PM

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DATE ↑↓	USER↑↓	COMMENT↑↓					
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Add Commen			10,1	000 ch	aracte	rs rema	aining
			10,0	000 ch	aracte	rs rema	aining
			10,0	000 ch	aracte	rs rema	aining
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Questions?

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- > Resources
- **Quick Links**

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EEO/No Fear Act U.S. Department of Health and Human Services USA.gov WhiteHouse.gov

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/xxxxx. 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.