

SUBSTANCE USE DISORDER TREATMENT & RECOVERY LOAN REPAYMENT PROGRAM
EMPLOYMENT VERIFICATION FORM

INSTRUCTIONS

As the Substance Use Disorder Treatment and Recovery Loan Repayment Program (STAR LRP) point of contact, 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. For purposes of the STAR LRP full-time employment is defined as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. Of the 40 hours per week, a minimum of 36 hours must be spent providing direct treatment or recovery support to patients with or in recovery from a substance use disorder at the STAR LRP -approved facility, during normally scheduled office hours. The remaining four (4) hours per week may be used for clinical-related administrative, management or other activities. The 40 hours per week includes scheduled breaks. Participants do not receive service credit for hours worked over the required 40 hours per week and excess hours cannot be applied to any other work week. Time spent "on call" will not be counted toward the service obligation, except to the extent the provider is providing patient care during that period.

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

If you require further assistance with completing the EV, or if you are not the STAR LRP point of contact, 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 LRP Facility Name:

Street Address:

City: **State:** **Zip Code:**

STAR LRP Facility Name:

Street Address:

City: **State:** **Zip Code:**

STAR LRP Facility Name:

Street Address:

City: **State:** **Zip Code:**

STAR LRP Facility Name:

Street Address:

City: **State:** **Zip Code:**

APPLICANT INFORMATION

Is the _____ currently working, or will work as a _____ at _____

STAR LRP -approved service facility(s) you have listed above?

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

EMPLOYMENT INFORMATION

When did _____ begin to practice and meet the STAR-LRP service requirements at?

Does/will _____ meet the STAR-LRP Clinical Practice Requirements for full-time participants?

Total hours _____ works per week at at the facility(s) per the STAR LRP Clinical Practice Requirements

SERVICE TYPE VERIFICATIONS

Does your organization or the entity with who you have an agreement to provide healthcare services at _____ ensure that _____ ?

Does _____ provide services at _____ as a self-employed worker or independent contractor?

Does _____ own or have a financial interest interest in _____

Does _____ provide _____ or the organization with who you have an an agreement to provide healthcare services at our facility provide _____ with malpractice insurance and tail coverage (either commercially or through the Federal Tort Claims Act)?

Is _____ meeting the STAR LRP requirements for "direct treatment or recovery support for patients with or in recovery from substance use disorder" at one of more of the following STAR-LRP approved facility types?

- Federally Qualified Health Center (FQHC)
 - Federally Qualified Health Center (FQHC) Look-A-Alike
 - 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
 - State or Local Health Department
- 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 Treatment Programs (OTPs)
 - Office-based Opioid Treatment Facilities (OBOTs)
 - Non-Opioid Substance Use Disorder Treatment Facilities (SUD Treatment Facilities)

LICENSURE

What is the expiration date of this clinician's professional license?

What is the license number?

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

The Substance Use Disorder Treatment and Recovery Loan Repayment Program Point of Contact

The responses and information provided above are true, accurate and complete to the best of my knowledge and belief.

Name - please print & include title

Point of Contact - Signature

Email Address

Date

For questions on how/where to submit this form please contact the Customer Care Center at: **1-800-221-9393**.

Public Burden Statement: The purpose of this information collection is to obtain information through the Substance Use Disorder Treatment and Recovery Loan Repayment Program(STAR LRP) that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the STAR LRP and to obtain information for eligible facilities or sites. Clinicians interested in participating in the STAR LRP must submit an application to the STAR LRP through the My BHW online portal. 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 is required to obtain or retain a benefit (Section 781 of the Public Health Service Act [42 U.S.C. § 295h]). 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 13N82, Rockville, Maryland, 20857.