

# BHW Management Information System Solution (BMISS)

## National Health Service Corps (NHSC) Loan Repayment Program (LRP)

### FY 2023 Online Application User Guide

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Created for March 2023 Release

Last Revised: 3/23/2023

**Public Burden Statement:**

The purpose of this information collection is to obtain information through the National Health Service Corps Loan Repayment Program that is used to assess a Loan Repayment Program applicant's eligibility and qualifications for the Loan Repayment Program, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the National Health Service Corps Loan Repayment Program must submit an application to the National Health Service 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 0915-0127 and it is valid until 05/31/2027. This information collection is required to obtain or retain a benefit (Section 338B [254f] (a)(1) of the Public Health Service Act). 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 0.5 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.

## Contents

|                                                                    |    |
|--------------------------------------------------------------------|----|
| Figures .....                                                      | 4  |
| Introduction: NHSC LRP Online Application User Guide .....         | 5  |
| Section 1: BHW Portal .....                                        | 6  |
| Section 2: Logging In .....                                        | 7  |
| Section 3: Home Page .....                                         | 8  |
| Section 4: NHSC Eligibility .....                                  | 9  |
| Section 4: NHSC Eligibility (Continued) .....                      | 10 |
| Section 5: Program Eligibility .....                               | 11 |
| Section 5: Program Eligibility (Continued) .....                   | 12 |
| Section 6: Application Information .....                           | 14 |
| Section 6: Application Information (Continued) .....               | 15 |
| Section 6: Application Information (Continued) .....               | 16 |
| Section 6: Application Information (Continued) .....               | 17 |
| Section 7: General Information .....                               | 19 |
| Section 7: General Information (Continued) .....                   | 20 |
| Section 7: General Information (Continued) .....                   | 21 |
| Section 7: General Information (Continued) .....                   | 22 |
| Section 8: Discipline, Training & Certification .....              | 25 |
| Section 8: Discipline, Training & Certification (Continued) .....  | 27 |
| Section 9: Employment .....                                        | 29 |
| Section 9: Employment (Continued) .....                            | 30 |
| Section 9a: Employment Site Not Found Webform .....                | 35 |
| Section 10: Employment Verification .....                          | 37 |
| Section 11: Loan Information .....                                 | 39 |
| Section 12: Loan Details .....                                     | 44 |
| Section 13: Supporting Documents .....                             | 49 |
| Section 14: Self Certification .....                               | 52 |
| Section 15: Review & Submit .....                                  | 55 |
| Section 16: Submitted Landing Page .....                           | 59 |
| Section 17: Withdraw Application .....                             | 62 |
| Section 18: Edit Application (Prior to Application Deadline) ..... | 65 |

|                                    |    |
|------------------------------------|----|
| Section 19: Resolving Issues ..... | 67 |
|------------------------------------|----|

## Figures

|                                                                  |    |
|------------------------------------------------------------------|----|
| Figure 1: BHW Portal .....                                       | 6  |
| Figure 2: Logging In.....                                        | 7  |
| Figure 3: Home Page.....                                         | 8  |
| Figure 4: NHSC Eligibility .....                                 | 9  |
| Figure 5: Ineligible Landing Page .....                          | 10 |
| Figure 6: Program Eligibility .....                              | 11 |
| Figure 7: Program Eligibility SUD Questions .....                | 12 |
| Figure 8: Application Information 2 Year Application Types ..... | 14 |
| Figure 9: Application Information 3 Year Application Types ..... | 15 |
| Figure 10: Application Information All Application Types.....    | 16 |
| Figure 11: Application Information Questions.....                | 17 |
| Figure 12: Application Type Flowchart.....                       | 18 |
| Figure 13: General Information Page.....                         | 19 |
| Figure 14: General Information Page Cont. ....                   | 20 |
| Figure 15: General Information Page Cont. ....                   | 21 |
| Figure 16: General Information Page Cont. ....                   | 22 |
| Figure 17: Discipline, Training & Certification.....             | 25 |
| Figure 18: Employment Page .....                                 | 30 |
| Figure 19: Employment Sites Error Message .....                  | 31 |
| Figure 20: Display of MCTA Score.....                            | 34 |
| Figure 21: Employment Site Not Found Webform.....                | 35 |
| Figure 22: Employment Site Not Found Webform .....               | 35 |
| Figure 23: Employment Verification .....                         | 37 |
| Figure 24: Loan Information .....                                | 40 |
| Figure 25: Manual Loans .....                                    | 41 |
| Figure 26: Loan Details .....                                    | 42 |
| Figure 27: Loan Details Cont. ....                               | 46 |
| Figure 28: Loan Supporting Documents .....                       | 47 |
| Figure 29: Supporting Documents .....                            | 50 |
| Figure 30: Self Certification.....                               | 53 |
| Figure 31: Review & Submit .....                                 | 56 |
| Figure 32: Review & Submit Sites Error Message .....             | 57 |
| Figure 33: Submitted Landing Page .....                          | 59 |
| Figure 34: Submitted Landing Page Cont. ....                     | 60 |
| Figure 35: Withdraw Application .....                            | 62 |
| Figure 36: Withdrawn Submitted Landing Page .....                | 63 |
| Figure 37: Undo Withdrawal Landing Page.....                     | 64 |
| Figure 38: Edit Application Landing Page.....                    | 66 |

## Introduction: NHSC LRP Online Application User Guide

**Purpose:** The NHSC LRP Online Application user guide serves as the main tool for the Customer Care Center to answer applicant questions regarding issues applicants have when calling for resolution. In addition to this user guide, the Customer Care Center Analysts must be familiar with the NHSC LRP Application Program & Guidance, as some of the questions will be program based and will not be discussed in this user guide. The primary intent of this user guide is to focus on the functionality developed for the NHSC LRP Online Application.

**Roles:** The application will be filled out by external users. The Customer Care Center Analysts need to understand the functionality to support external users should he/she encounter any problems with the application.

**Precondition:** Applicant has a question regarding the NHSC LRP Online Application and contacts the Customer Care Center for help to resolve an issue.

## Section 1: BHW Portal

The BHW Portal allows applicants to navigate to the NHSC LRP application. Note: Applicant will skip this page if he/she links directly from the HRSA website.

### Steps:

1. Applicant selects “Applying for the NHSC Loan Repayment Program.”
2. System displays log in page (see Section 2)
3. Applicant can log in

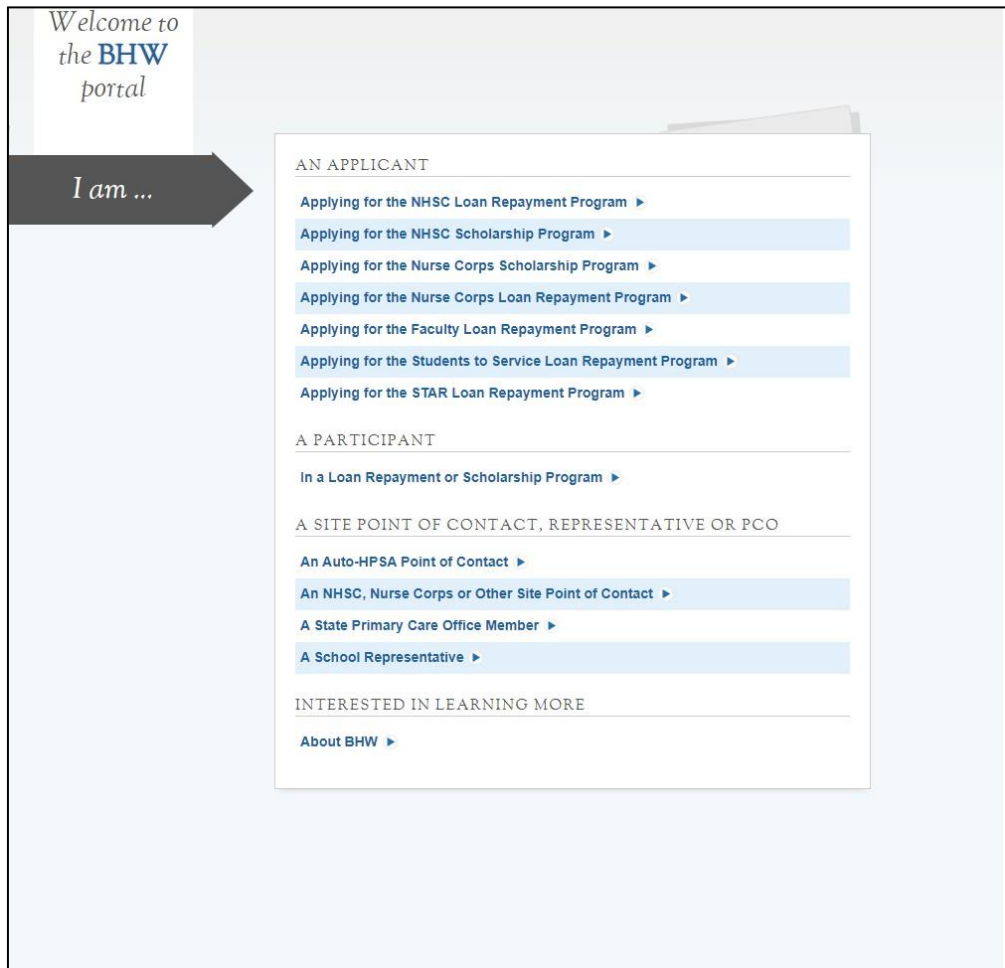


Figure 1: BHW Portal

## Section 2: Logging In

After activating an account, the applicant will be able to log in. The applicant will enter his/her email address and password used in creating his/her account. If the applicant forgets his/her password, he/she can reset his/her password by selecting the “Forgot your password?” link.

### Steps:

1. Applicant enters his/her email address and password
2. Applicant selects (Login) and the system brings him/her to the Not Started Home page

The screenshot shows the HRSA National Health Service Corps Loan Repayment Program Application page. At the top left is the HRSA logo. The main heading is "LOAN REPAYMENT PROGRAM APPLICATION". Below this is a "Login" section with the instruction "Please log in using the fields below:". There are two input fields: "Your Email \*" and "Your Password \*". Below the password field is a link that says "Forgot your password?". To the right of the password field is an orange "LOGIN" button. Below the login section are two other sections: "Create an Account" and "Questions?". The "Create an Account" section contains text about applying for the program and a note about previous registrations. The "Questions?" section contains a list of contact options: "Refer to the Portal FAQ", "Contact the BHW Customer Care Center at 1-800-221-9393", and "Use TTY for hearing impaired: 1-877-897-9910". It also includes the operating hours: "Monday-Friday (except Federal holidays), 8:00 am to 8:00 pm ET or Contact Us".

Figure 2: Logging In

### Business Rules:

- The applicant will be warned after his/her second failed log in attempt
  - The applicant's account will be locked after the third failed log in attempt
  - The applicant can select “Forgot your password?” to reset his/her account, or;
- Contact the Customer Care Center to have his/her account unlocked
- System shall not allow user to create account if Applicant's Primary Email is already tied to a BMISS participant account

## Section 3: Home Page

The Not Started Home page is the first page the applicant will see on his/her initial log in. Once the applicant has started the application, his/her status will change to “In Progress” and the applicant will be directed to the NHSC LRP “In Progress” Home Page when logging in.

### Steps:

1. Applicant reviews the information displayed on the Home Page for all NHSC LRP programs
2. Once an applicant has finished reviewing the necessary information, they will click “Start My Application” to begin their NHSC LRP application process

**2023 NATIONAL HEALTH SERVICE CORP (NHSC) LOAN REPAYMENT PROGRAM (LRP) APPLICATION**

Hello Test,

Thank you for registering to apply to National Health Service Corps (NHSC). The NHSC seeks applicants who are committed to providing primary care services to the nation's most vulnerable populations. To qualify, for an NHSC loan repayment program, you must meet all NHSC program and practice requirements at the time you submit your application and before an award can be approved. The NHSC is currently accepting applications for the following programs through March 6, 2023 at 7:30 PM EST.

| NHSC Programs                                   | Years of Service | Full-time Award Amount | Half-time Award Amount |
|-------------------------------------------------|------------------|------------------------|------------------------|
| NHSC LRP                                        | 2 Years          | \$50,000.00            | \$25,000.00            |
| NHSC Substance Use Disorder (SUD) Workforce LRP | 3 Years          | \$75,000.00            | \$37,500.00            |
| NHSC Rural Community LRP                        | 3 Years          | \$100,000.00           | \$50,000.00            |

To learn more about the FY 2023 NHSC Loan Repayment Programs, read the [Application and Program Guidance for the NHSC Loan Repayment Program](#), [NHSC Substance Use Disorder \(SUD\) Workforce Loan Repayment Program](#), and the [NHSC Rural Community Loan Repayment Program](#).

Certain applicants may be eligible for more than one NHSC Loan Repayment program. If the NHSC determines that you are eligible for either one of the Loan Repayment programs, the NHSC will contact you to determine your preferred program. However, the NHSC cannot guarantee that you will be offered an award under the preferred NHSC program.

**Before You Get Started**

For your reference, review the Application Checklist before beginning your application. The [Application Checklist](#) details the application section and supporting documents. The application checklist details the application section and supporting documents. Gather the materials in advance to decrease your application time. 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.

OMB No. 0915-0127 Expiration Date: 03/31/2023

**START MY APPLICATION**

Figure 3: Home Page

- Applicants are requested to read the following documents prior to starting his/her application:
  - Application and Program Guidance (APG)
  - Applicant Checklist

If the applicant logs in to his/her previously saved application, the applicant will be directed to the Home page and the application will display an “In Progress” status. The applicant will be able to continue with his/her last saved page or jump to any completed section of the application by selecting the blue hyperlink.

## Section 4: NHSC Eligibility

The Eligibility page ensures that the applicant meets the qualification requirements to apply for an NHSC LRP application. If the applicant is deemed eligible, he/she will be able to continue with the application. If an individual does not pass the initial screening portion of the online application, he/she will not be able to continue with the application.

### Steps:

1. Applicant answers all required questions
2. Applicant selects (Save & Continue) once all questions have been answered
3. Applicant will move forward to the General Information page if he/she is eligible
4. Applicant will be directed to the In Progress – Ineligible landing page if found ineligible

The screenshot shows the 'National Health Service Corps Eligibility' form. At the top, it says '\* required field'. Below this, a paragraph states: 'Your responses to the questions below will determine your basic eligibility for a National Health Service Corps (NHSC) Loan Repayment Program.' The form contains seven numbered questions, each with radio button options for 'Yes' and 'No'. Question 1 asks about having a current, full, permanent, unencumbered, and unrestricted health professional license, certificate or registration. Question 2 asks if the applicant is a citizen or national of the United States. Question 3 asks about existing service obligations. Question 4 asks about judgment liens. Question 5 asks about defaulted federal payment obligations. Question 6 asks about being in breach of a health professional service obligation. Question 7 asks about defaulted prior service obligations. At the bottom right, there is an orange 'SAVE & CONTINUE' button. At the bottom left, it says 'OMS No: 0915-0127 Expiration Date: 03/31/2023'.

National Health Service Corps Eligibility  
\* required field

Your responses to the questions below will determine your basic eligibility for a National Health Service Corps (NHSC) Loan Repayment Program.

1. Do you or will you 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 NHSC Loan Repayment Program, NHSC Substance Use Disorder Workforce Loan Repayment Program or NHSC Rural Community Loan Repayment Program on or before July 18, 2022? \*

☒ Yes ☐ No

2. Are you a citizen or national of the United States?  
You will be asked to provide a verifying document later in the application. Valid birth certificates, current, unexpired passports or naturalization papers are accepted. Driver's license, social security cards, state issued identifications, etc., are not acceptable. \*

☒ Yes ☐ No

3. 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 NHSC 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

a. Will your obligation be satisfied on or before the deadline for meeting the NHSC clinical practice requirements (July 18, 2022)? \*

☒ Yes ☐ No

b. Are you a uniformed service member or member of the reserve corps? \*

☐ Yes ☒ No

4. Have you ever had a judgment lien against your property arising from a Federal debt? \*

☐ Yes ☒ No

5. 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, non-federal payment obligations, such as court-ordered child support payments? \*

☐ Yes ☒ No

6. Are you currently in breach of a health professional service obligation to the federal, state, or local government? \*

☐ Yes ☒ No

7. Have you defaulted on a prior service obligation to a federal, state, local government, or other entity? \*

☐ Yes ☒ No

SAVE & CONTINUE

OMS No: 0915-0127 Expiration Date: 03/31/2023

Figure 4: NHSC Eligibility

#### Section 4: NHSC Eligibility (Continued)

The screenshot shows the 'Loan Repayment Program Application' page for the National Health Service Corps (NHSC). The header includes the NHSC logo and navigation links: 'Home', 'Account Settings', and 'Log Out'. The main heading is 'Loan Repayment Program Application'. The content area displays the following information:

- Applicant Name: **Test Test**
- Your application status is: **NOT ELIGIBLE**
- Your application ID is: **651913**
- Application Deadline: **March 6, 2023 at 7:30 PM EST**

Based on the answers you have provided in the previous section, you do not meet the 2023 NHSC Loan Repayment Program eligibility requirements. An abbreviated list of basic requirements is below:

- Be a U.S. citizen or U.S. National.
- Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the state in which they intend to practice under the selected NHSC LRP.
- Not have a judgment lien on their property arising from a Federal debt.
- Not be in breach of a health professional service obligation, or in default on a prior service obligation.
- Not have a service obligation other than **current NHSC and Nurse Corps (NC) LRP participants** (e.g., State LRP and IHS LRP) of a member of the uniformed service or member of a reserve corps that will extend past the deadline for meeting the NHSC clinical practice requirements (July 18, 2023).
- Not have a service obligation to a federal, state, or other entity for professional practice or service (e.g., active military duty, the NHSC LRP or the Nurse Corps LRP) that will be completely satisfied prior to the FY 2023 application submission deadline of March 6, 2023 at 7:30 PM EST
- Meet the degree, training and certification requirements for this discipline and specialty, as defined in the relevant 2023 NHSC LRP Application and Program Guidance.
- All SUD counselors must have a master's level certification.

Thank you for your interest in the NHSC Loan Repayment Programs.

[BACK TO APPLICATION](#)

Figure 5: Ineligible Landing Page

- Select any tool tip for additional information on specific question
- System shall require response to the following questions if applicant indicates that he/she has an existing service obligation:
  - “Will your obligation be satisfied on or before the deadline for meeting the NHSC clinical practice requirements (July 18, 2023)?
  - Are you a uniformed service member or member of the reserve corps?
- System shall direct user to ineligible landing page if one or more of the following answers are selected
  - Current, full, permanent, etc. License = No
  - Applicant US Citizen or National = No
  - Existing service obligation = Yes and:
    - Completed before submission= No and:
    - Uniformed service member = No
  - Applicant judgment lien = Yes
  - Applicant defaulted federal debt = Yes
  - Applicant in breach of service obligation = Yes

- Applicant defaulted prior service obligation = Yes
- System shall require the service verification document if:
  - Yes to Existing Service Complete prior to submission; and
  - No or Yes to Uniformed Service member

## Section 5: Program Eligibility

The Program Eligibility page ensures that the applicant is matched with the NHSC program(s) that they are most suited to apply for. An applicant's answers to these questions will determine their results on proceeding the Application Screen. If an individual does not pass this secondary screening portion of the online application, he/she will be taken to an ineligible landing page.

### Steps:

1. Applicant will complete the first required question
2. Applicant will complete any additional required fields that populate (up to four questions total).
3. Applicant selects "Save & Continue" once all questions have been answered
4. Applicant will move forward to the Application Information page to see their "Eligible Application Types" results
5. Applicant will be directed to the In Progress – Ineligible landing page if found ineligible (see Figure 5 above)

1 NHSC Eligibility 2 Program Eligibility 3 Application Information 4 General Information 5 Discipline & Training

6 Employment 7 Employment Verification 8 Loans 9 Supporting Documents 10 Self-Certifications

II Review & Submit

## Program Eligibility

\* required field

The responses you provide to the questions below will determine your eligibility for one of the National Health Service Corps (NHSC) Loan Repayment Programs. Prior to responding to the questions below, read the NHSC Loan Repayment Program Application and Program Guidance(s) to determine eligibility for the [NHSC Loan Repayment Program](#), [NHSC Substance Use Disorder \(SUD\) Workforce Loan Repayment Program](#), and the [NHSC Rural Community Loan Repayment Program](#).

1. Are you a Dental Provider? \* ☐ Yes ☒ No

2. Are you practicing as a Certified Nurse Anesthetist, Registered Nurse, Pharmacist, or SUD Counselor? \*

**SAVE & CONTINUE**

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 6: Program Eligibility

## Section 5: Program Eligibility (Continued)

1 NHSC Eligibility

2 Program Eligibility

3 Application Information

4 General Information

5 Discipline & Training

6 Employment

7 Employment Verification

8 Loans

9 Supporting Documents

10 Self-Certifications

11 Review & Submit

### Program Eligibility

*\* required field*

The responses you provide to the questions below will determine your eligibility for one of the National Health Service Corps (NHSC) Loan Repayment Programs. Prior to responding to the questions below, read the NHSC Loan Repayment Program Application and Program Guidance(s) to determine eligibility for the [NHSC Loan Repayment Program](#), [NHSC Substance Use Disorder \(SUD\) Workforce Loan Repayment Program](#), and the [NHSC Rural Community Loan Repayment Program](#).

1. Are you a Dental Provider? \*

☐ Yes ☒ No

2. Are you practicing as a Certified Nurse Anesthetist, Registered Nurse, Pharmacist, or SUD Counselor? \*

SUD Counselor

▼

3. Are you a SUD Counselor with a master's level health profession degree or higher? \*

☐ Yes ☒ No

4. If no, do you have a master's level SUD Certification? \*

☐ Yes ☒ No

SAVE & CONTINUE

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 7: Program Eligibility SUD Questions

**Business Rules:**

- An applicant will be required to complete any questions populated on the Program Eligibility screen.
- If an applicant answers a question and no additional questions are populated, the applicant may proceed to “Save and Continue” and continue to see their eligible results on the Application Information screen.
- If an applicant is found ineligible based on their combination of responses, they will be redirected to an ineligible landing page.

## Section 6: Application Information

The Application Information page requires the applicant to identify which application type they would like to be considered for throughout the rest of the application process. The responses provided on the preceding Program Eligibility screen will affect displayed results for “Eligible Application Types” on the Application Information screen.

### Steps:

1. Applicant selects their application type from options displayed under the Eligible Application Types
2. Applicant answers required fields
  - a. Required fields denoted with an asterisk (\*).
3. Applicant responds to any additional questions which may
4. Applicant selects “Save & Continue” once he/she have answered all the required fields
5. Applicant will be directed to the General Information page if all required fields are entered

**SERVICE CORPS**

1 NHSC Eligibility 2 Program Eligibility 3 Application Information 4 General Information 5 Discipline & Training  
6 Employment 7 Employment Verification 8 Loans 9 Supporting Documents 10 Self-Certifications  
11 Review & Submit

## Application Information

*\* required field*

### ELIGIBLE APPLICATION TYPES

You are eligible to submit an application for a loan repayment award under the program(s) displayed below.

Each Loan Repayment Program has a different eligibility criteria and service requirements based on your discipline and specialty. Read the relevant NHSC Application and Program Guidance(s) to determine eligibility for the [NHSC Loan Repayment Program](#), [NHSC Substance Use Disorder \(SUD\) Workforce Loan Repayment Program](#), and the [NHSC Rural Community Loan Repayment Program](#).

You will not be able to change your application type after March 6, 2023, the application deadline.

The NHSC will review your application to determine if you are eligible for more than one NHSC Loan Repayment Program. If the NHSC determines that you are eligible for more than one of the Loan Repayment programs, the NHSC will contact you to determine your preferred program. However, the NHSC cannot guarantee that you will be offered an award under the preferred NHSC program.

Please select your desired application type \*

☐ 2 Year Full-Time  
☐ 2 Year Half-Time

**SAVE & CONTINUE**

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 8: Application Information 2 Year Application Types

## Section 6: Application Information (Continued)

# Application Information

\* required field

### ELIGIBLE APPLICATION TYPES

You are eligible to submit an application for a loan repayment award under the program(s) displayed below.

Each Loan Repayment Program has a different eligibility criteria and service requirements based on your discipline and specialty. Read the relevant NHSC Application and Program Guidance(s) to determine eligibility for the [NHSC Loan Repayment Program](#), [NHSC Substance Use Disorder \(SUD\) Workforce Loan Repayment Program](#), and the [NHSC Rural Community Loan Repayment Program](#).

You will not be able to change your application type after March 6, 2023, the application deadline.

The NHSC will review your application to determine if you are eligible for more than one NHSC Loan Repayment Program. If the NHSC determines that you are eligible for more than one of the Loan Repayment programs, the NHSC will contact you to determine your preferred program. However, the NHSC cannot guarantee that you will be offered an award under the preferred NHSC program.

Please select your desired application type \*

- ☐ 3 Year Full-Time (Substance Use Disorder Workforce)
- ☐ 3 Year Half-Time (Substance Use Disorder Workforce)
- ☐ 3 Year Full-Time (Rural Community)
- ☐ 3 Year Half-Time (Rural Community)

SAVE & CONTINUE

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 9: Application Information 3 Year Application Types

## Section 6: Application Information (Continued)

# Application Information

\* required field

### ELIGIBLE APPLICATION TYPES

You are eligible to submit an application for a loan repayment award under the program(s) displayed below.

Each Loan Repayment Program has a different eligibility criteria and service requirements based on your discipline and specialty. Read the relevant NHSC Application and Program Guidance(s) to determine eligibility for the **NHSC Loan Repayment Program**, **NHSC Substance Use Disorder (SUD) Workforce Loan Repayment Program**, and the **NHSC Rural Community Loan Repayment Program**.

You will not be able to change your application type after March 6, 2023, the application deadline.

The NHSC will review your application to determine if you are eligible for more than one NHSC Loan Repayment Program. If the NHSC determines that you are eligible for more than one of the Loan Repayment programs, the NHSC will contact you to determine your preferred program. However, the NHSC cannot guarantee that you will be offered an award under the preferred NHSC program.

Please select your desired application type \*

- ☐ 2 Year Full-Time
- ☐ 2 Year Half-Time
- ☐ 3 Year Full-Time (Substance Use Disorder Workforce)
- ☐ 3 Year Half-Time (Substance Use Disorder Workforce)
- ☐ 3 Year Full-Time (Rural Community)
- ☐ 3 Year Half-Time (Rural Community)

**SAVE & CONTINUE**

Figure 10: Application Information All Application Types

## Section 6: Application Information (Continued)

|                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. If I am eligible, I would like to be contacted about other FY 2022 NHSC Loan Repayment Programs. *                                                                          | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2. Have you completed a postgraduate training program? *                                                                                                                       | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 3. Will you complete a postgraduate training program by July 18, 2022? *                                                                                                       | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 4. Do you provide substance use disorder (SUD) services (e.g. Buprenorphine treatment or substance use disorder counseling) at your site? *                                    | <input type="text" value="Yes, both treatment options"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 5. Are you licensed or certified in your state to provide substance (SUD) use disorder services? If yes, please upload your credentials in the Supporting Documents section. * | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6. Do you possess a DATA 2000 waiver? If yes, please upload your waiver in the Supporting Documents section. *                                                                 | <input type="text" value="Yes, DW100"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7. Will you have substance use disorder (SUD) training or certification completed by July 18, 2022? *                                                                          | <input checked="" type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8. I am applying to work at an NHSC-approved site because of the: (Check all that apply) *                                                                                     | <div><div><input checked="" type="checkbox"/> Loan repayment incentive</div><div><input type="checkbox"/> Substance Use Disorder treatment incentive</div><div><input type="checkbox"/> Opportunity to work with an underserved population</div><div><input type="checkbox"/> Interest in working in an underserved area</div><div><input type="checkbox"/> Opportunity to serve in a rural area</div><div><input type="checkbox"/> Location relative to my home community</div><div><input type="checkbox"/> None of the above</div></div> |
| 9. Have you completed a Dental residency program at a CODA-accredited location?                                                                                                | <input type="text" value="No"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

SAVE & CONTINUE

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 11: Application Information Questions

### Business Rules:

- Applicant must select an application type from their “Eligible Application Types” to continue to the General Information page.
  - An applicant can only select one application type.
  - An applicant can change the application type they select at any point prior to the submission of their application.

- Applicant must provide a response to any additional required questions displayed to continue to the General Information page.
- Applicant can navigate back to the Application Information page and change their response.
  - Note: If the applicant has initiated an Employment Verification, they must first cancel that request prior to changing their application type from full-time to half-time or vice versa.
- For applicants who answer “Yes” to question number 9, DNHSC will verify dental residency completion and approved applicants will receive priority ranking based on a THCGME Program Linkage
- The following flowchart outlines applicable application types based on responses provided on the Program Eligibility screen:

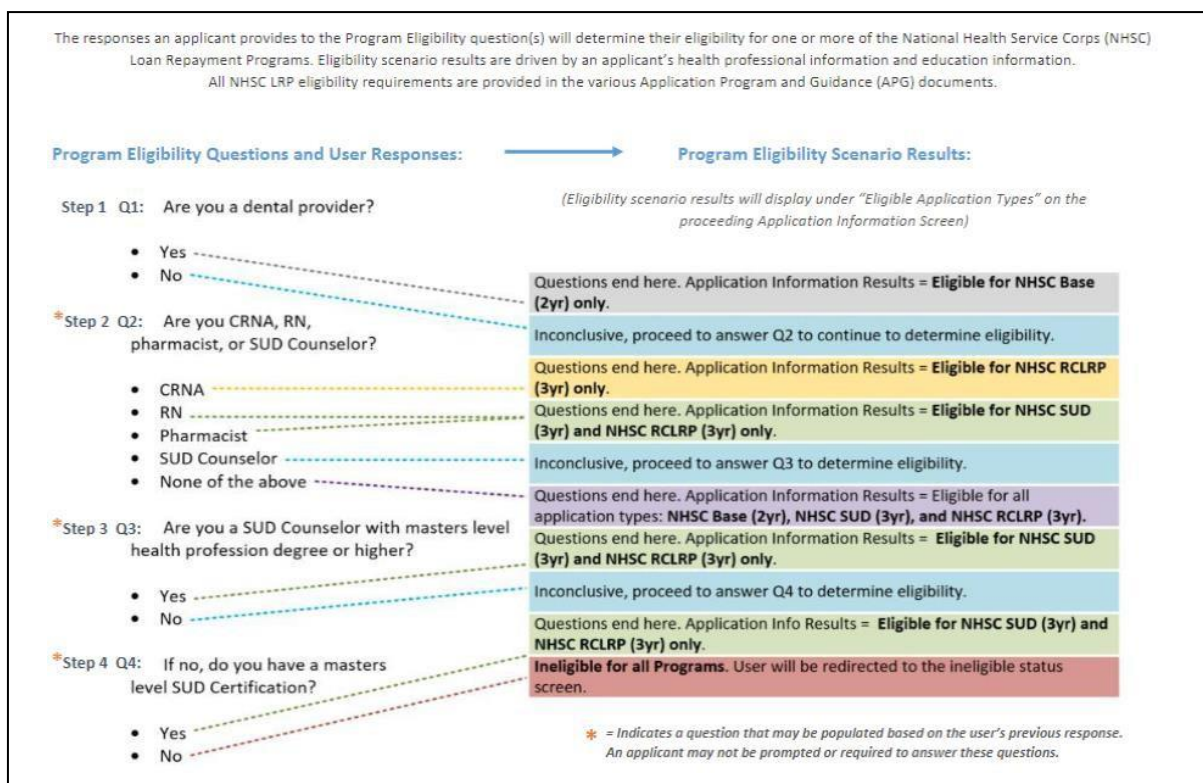


Figure 12: Application Type Workflow

## Section 7: General Information

The General Information page consists of questions about the applicant's contact and background information. Some information (such as First and Last Name, etc.) is pre-populated from the answers the applicant entered when creating his/her account.

### Steps:

1. Applicant answers required fields. Required fields denoted with an asterisk (\*).
2. Applicant selects (Save & Continue) once he/she have answered all the required fields
3. Applicant will be directed to Discipline, Training and Certification page upon selecting continue if all required fields are entered

The screenshot shows the 'General Information' page of the HRSA National Health Service Corps Loan Repayment Program Application. The page has a top navigation bar with 'Home', 'Account Settings', and 'Log Out' links. Below this is a progress bar with 10 steps: 1. NHSC Eligibility, 2. Program Eligibility, 3. Application Information, 4. General Information (highlighted in orange), 5. Discipline & Training, 6. Employment, 7. Employment Verification, 8. Loans, 9. Supporting Documents, 10. Self-Certifications, and 11. Review & Submit. The main heading is 'General Information' with a note: '\* required field'. A note states: 'Note: If you have started a fiscal year 2023 application to other National Health Service Corps or Nurse Corps 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.' The form fields are: 'FULL NAME' section with 'First Name \*' (text box with 'Test'), 'Last Name \*' (text box with 'Test'), 'Middle Initial' (text box), 'Title' (dropdown menu with 'Select'), 'Suffix' (dropdown menu with 'Select'), 'Former First Name' (text box), and 'Former Last Name' (text box).

Figure 13: General Information Page

## Section 7: General Information (Continued)

|                                                                                         |                                                                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>PREFERRED MAILING ADDRESS</b>                                                        |                                                                                                          |
| Address Line 1 *                                                                        | <input type="text"/>                                                                                     |
| Address Line 2                                                                          | <input type="text"/>                                                                                     |
| Country *                                                                               | <input type="text" value="United States"/>                                                               |
| State/Province/Region/Territory *                                                       | <input type="text" value="Select"/>                                                                      |
| City *                                                                                  | <input type="text"/>                                                                                     |
| Zip/Postal Code *                                                                       | <input type="text"/>                                                                                     |
| <b>PHONE</b>                                                                            |                                                                                                          |
| <input type="checkbox"/> My preferred phone is an international number                  |                                                                                                          |
| Preferred Phone *                                                                       | <input type="text"/>                                                                                     |
| <input type="checkbox"/> My alternate phone is an international number                  |                                                                                                          |
| Alternate Phone                                                                         | <input type="text"/>                                                                                     |
| <b>SOCIAL SECURITY NUMBER</b>                                                           |                                                                                                          |
| SSN *  | <input type="text"/>                                                                                     |
| Confirm SSN *                                                                           | <input type="text"/>                                                                                     |
| <b>PLACE OF BIRTH</b>                                                                   |                                                                                                          |
| Country *                                                                               | <input type="text" value="United States"/>                                                               |
| State/Province/Region/Territory *                                                       | <input type="text" value="Select"/>                                                                      |
| City *                                                                                  | <input type="text"/>                                                                                     |
| Date of Birth *                                                                         | <input type="text"/>  |

Figure 14: General Information Page Cont.

## Section 7: General Information (Continued)

|                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DEMOGRAPHICS</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                    |
| <i>Award selection will not be determined by this section</i>                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                    |
| Gender                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="radio"/> Male<br><input type="radio"/> Female                                                                                                                                                                                                                                                                                         |
| Ethnicity *                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="radio"/> I do not wish to disclose<br><input type="radio"/> Hispanic or Latino<br><input type="radio"/> Not Hispanic or Latino                                                                                                                                                                                                        |
| Race *<br><i>You may multi-select<br/>different race values.</i>                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> American Indian or Alaskan Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African-American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Other<br><input type="checkbox"/> I do not wish to disclose |
| <b>DISADVANTAGED BACKGROUND </b>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |
| Have you ever been certified as having come from a <b>disadvantaged background</b> making you eligible to participate in federal programs such as the <b>Scholarships for Disadvantaged Students</b> , <b>Loans to Disadvantaged Students</b> , or the <b>Nursing Workforce Diversity Grant Program</b> ; or have you ever been the recipient of a scholarship for students of <b>Exceptional Financial Need</b> ? * |                                                                                                                                                                                                                                                                                                                                                    |
| <input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                    |
| <b>U.S. PUBLIC HEALTH SERVICE</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                    |
| Are you a commissioned officer in the U.S. Public Health Service? *                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                    |
| <input type="radio"/> Yes <input type="radio"/> No                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                    |

Figure 15: General Information Page Cont.

## Section 7: General Information (Continued)

The screenshot shows a web form titled "NATIONAL PROVIDER IDENTIFIER" with a question "Do you have an individual NPI Number? \*". Below this is a section titled "RESIDENCY PROGRAM IDENTIFICATION NUMBER" with explanatory text and a text input field. The next section is "HOW DID YOU HEAR ABOUT NHSC LOAN REPAYMENT PROGRAM" with a dropdown menu. This is followed by "SERVICE BEYOND YOUR NHSC OBLIGATION" with a question and radio buttons. A "SAVE & CONTINUE" button is at the bottom right. At the bottom left, the OMB number and expiration date are listed.

**NATIONAL PROVIDER IDENTIFIER**  
Do you have an individual NPI Number? \* ☐ Yes ☐ No

**RESIDENCY PROGRAM IDENTIFICATION NUMBER**  
The NHSC LRP requires applicants who completed an accredited residency program to submit the residency program identification number. Use the [Accreditation Council for Graduate Medical Education \(ACGME\)](#) to look up your program identification number and enter the number in the box below.  
Residency Program Identification Number:

**HOW DID YOU HEAR ABOUT NHSC LOAN REPAYMENT PROGRAM**  
How did you hear about the NHSC LRP? \*

**SERVICE BEYOND YOUR NHSC OBLIGATION**  
Do you (and if applicable, your family) plan to remain in the community in which you will fulfill your NHSC service obligation, if you receive an award, beyond your service obligation? \*  
☐ Yes ☐ No

**SAVE & CONTINUE**

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 16: General Information Page Cont.

### Business Rules:

- The following fields are populated from answers from the create account process
  - First Name
  - Last Name
  - Middle Initial
  - Title
  - Suffix
- System shall require that Applicant Birth Date is prior to application cycle start date
- System shall make State/Province/Region a country other than the United States is selected as the country
- System shall display error message and not allow user to continue if user enters SSN that is tied to a participant portal account
- Error message will request the applicant to login with existing participant portal account
- System shall display error message and not allow user to continue if user enters SSN that is tied to another application in current cycle
- Error message will request for the applicant to login with existing application account
- System will display error message and will not allow user to continue if a current participant is applying and the SSN does not match the SSN in the participant record

- Error message will request for the applicant to edit SSN or contact Customer Care Center to update participant record
- System shall mask the SSN and require the user to enter the SSN twice
- Error message will request the user re-enter his/her SSN if the SSNs do not match
- System shall allow applicant to continue if SSN exists within another application for a different program in the current cycle and applicant is using the existing account information
- Note: If applicant modifies the SSN number in one application, it will automatically update the SSN for all other applications in the same cycle
- System shall display error message and not allow applicant to continue if logged in with participant portal information and SSN entered does not match.
  - Display error message that SSN does not match existing portal account: edit SSN or contact Customer Care Center to update participant record.
- System shall display the NPI number if applicant provided it in a prior application. The NPI number can be updated by the applicant.
- The system will store ONLY the most recent NPI number and record whether it is a full, partial, or non-match, defined as:
  - Full match: NPI number found + the first and last name match
  - Partial match: NPI number found + the first and/or last name do not match
  - Non-match: NPI number not found
- System shall display an error message if the NPI number is a partial-match: “We were unable to successfully validate the NPI number entered based on the first and last name provided. Below please find the name associated with this NPI number. Note: This validation does not affect the eligibility of or ability to submit your application. If you would like to make a change click ‘Go Back’. [Last name, First Name,]
- System shall display an error message if the NPI number is a non- match: “We were unable to validate the NPI number entered. Note: This validation does not affect the eligibility of or ability to submit your application. If you would like to make a change click ‘Go Back’.
- System shall display an error message if the NPI number is associated with an organizational NPI, instead of an individual person: “We are unable to validate the organization NPI number entered. Please enter your individual NPI number. Note: This validation does not affect the eligibility of or ability to submit your application. If you would like to make a change click ‘Go Back’. (See screenshot to left).
- The system shall allow the applicant to enter a Residency Program Identification Number (RPIN) if applicable
  - The system shall accept an RPIN that is maximum of 10 characters consisting of numbers only. Letters and/or special characters will not be accepted by the system.
  - If an applicant enters and saves a Residency Program Identification Number and then returns to the General Information page, the previously entered RPIN should display in the form field.
  - If an applicant completely deletes their RPIN and saves and continues to the next page, the previously deleted Residency Program Identification Number should not be saved.

- The applicant may access the ACGME database via the link: <https://apps.acgme.org/ads/public> to look up their Residency Program Identification Number
- Note: To expedite resolving an issue the Customer Care Center should provide the error code listed in the error message when entering a log.

## Section 8: Discipline, Training & Certification

The Discipline, Training and Certification page asks for details about an applicant's previous work and education. The set of questions will change dynamically based on the discipline that the applicant selects. For example, an applicant who selects the Dentist discipline will be prompted to answer a question regarding his/her specialty, where as an applicant who selects the Health Service Psychologist discipline will be prompted to answer a question about practicing independently.

### Steps:

1. Applicant answers required fields
2. User selects (Save & Continue) once he/she have answered all the required fields
3. Applicant will be directed to the Employment page

## Discipline, Training, and Certification

\* required field

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 NHSC Loan Repayment Program approved disciplines and specialties. Please read the education, training, and certifications requirements for your discipline/specialty as defined in the relevant NHSC Application and Program Guidance(s) to determine eligibility for the [NHSC Loan Repayment Program](#), [NHSC Substance Use Disorder \(SUD\) Workforce Loan Repayment Program](#), and the [NHSC Rural Community Loan Repayment Program](#). You will certify the accuracy and truthfulness of your selections before you submit your complete application. You will not qualify for an NHSC Loan Repayment Program award if you do not meet the discipline, training, and certification requirements prior to July 18, 2023.

### DISCIPLINE AND SPECIALTY

Discipline \* Physician Assistant

Specialty \* Select

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 either the NHSC Loan Repayment Program, NHSC Substance Use Disorder Workforce Loan Repayment Program, or NHSC Rural Community Loan Repayment Program? \* ☐ Yes ☐ No

By selecting this discipline, you are certifying that you currently possess a certificate of completion or an associate, bachelor's, or a master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) at a college, university or educational institution that is accredited by a U.S. Department of Education nationally recognized accrediting body or organization; and, currently possess national certification by the National Commission on Certification of Physician Assistants (NCCPA).

### DEGREE

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

Type of Degree or Certificate \* Select

**SAVE & CONTINUE**

Figure 17: Discipline, Training & Certification

## Section 8: Discipline, Training & Certification (Continued)

### **Business Rules for NHSC LRP 2yr and NHSC SUD LRP Applicants:**

- System shall require applicant to select a specialty if the applicant selects one of the following disciplines:
  - Dentist
  - Osteopathic Physician
  - Allopathic Physician
  - Nurse Practitioner
  - Physician Assistant
  - Psychiatric Nurse Specialist
- System shall require applicants with a specialty in Geriatrics to upload a copy of his/her Geriatrics Certification on the Supporting Documents page
- System shall require all applicants to answer question, “Do you meet the degree, training, and certification requirements for this discipline and specialty, as defined in the \_\_\_\_ NHSC LRP Application and Program Guidance?” Those who select “No” will be directed to the ineligible landing page
- System shall require applicant to enter the date he/she completed his/her residency within the RESIDENCY INFORMATION section if applicant selects one of the following disciplines:
  - Osteopathic Physician
  - Allopathic Physician
  - Dentist (with Pediatrics Specialty only)
- System shall require applicant to enter Residency Program Name, City, State if discipline selected is:
  - Osteopathic Physician
  - Allopathic Physician
  - Dentist (with Pediatrics Specialty only)
- The Residency Program Completion date must be after the Degree Received Date
- System shall require applicant to verify that he/she is able to practice without supervision if discipline selected is:
  - Health Service Psychologist
  - Licensed Professional Counselor
  - Marriage and Family Therapist
  - Licensed Clinical Social Worker
- If applicant confirms that he/she cannot practice without supervision, he/she will be directed to the ineligible landing page
- System shall not allow applicant to change discipline if any employment sites have been added to employment/EV page
- An applicant must cancel any initiated or complete EVs in order to change his/her discipline

**Business Rules for NHSC RC LRP Applicants:**

- System shall require applicant to select a specialty if the applicant selects one of the following disciplines:
  - Dentist
  - Osteopathic Physician
  - Allopathic Physician
  - Nurse Practitioner
  - Physician Assistant
  - Psychiatric Nurse Specialist
  - Substance Use Disorder Professional
- System shall require applicants with a specialty in Geriatrics to upload a copy of his/her Geriatrics Certification on the Supporting Documents page
- System shall require all applicants to answer question, “Do you meet the degree, training, and certification requirements for this discipline and specialty, as defined in the 2019 NHSC Rural Community LRP Application and Program Guidance?” Those who select “No” will be directed to the ineligible landing page
- System shall require applicant to enter the date he/she completed his/her residency within the RESIDENCY INFORMATION section if applicant selects one of the following disciplines:
  - Osteopathic Physician
  - Allopathic Physician
  - Dentist (with Pediatrics Specialty only)
- System shall require applicant to enter Residency Program Name, City, State if discipline selected is:
  - Osteopathic Physician
  - Allopathic Physician
  - Dentist (with Pediatrics Specialty only)
- The Residency Program Completion date must be after the Degree Received Date
- System shall require applicant to verify that he/she is able to practice without supervision if discipline selected is:
  - Health Service Psychologist
  - Licensed Professional Counselor
  - Marriage and Family Therapist
  - Licensed Clinical Social Worker
- System shall require Substance Use Professionals to select their ‘Substance Use Professional Type’
  - Registered Nurse
  - Pharmacist
  - State Licensed or Certified Counselor
  - Certified Nurse Anesthetist
- If applicant confirms that he/she cannot practice without supervision, he/she will be directed to the ineligible landing page

- System shall not allow applicant to change discipline if any employment sites have been added to employment/EV page
- An applicant must cancel any initiated or complete EVs in order to change his/her discipline

## Section 9: Employment

The Employment page gathers the applicant's current employment information. The applicant can select one or multiple sites where he/she is or will be employed.

### Steps:

1. Applicant selects State in the drop down.
2. Applicant selects a City in the drop down.
3. System will populate participating sites based on HPSA type (derived from the Discipline/Specialty selected on the Discipline, Training & Certification page) within the State and City selected.
4. Applicant will select site(s) where he/she is or will be employed by clicking (Add Site) button.
5. If applicant has selected all site(s), applicant will click the "Yes, all my sites have been added" radio button.
6. If an applicant's site is not displayed in the search results, the applicant will check the "Check this box if your site is not listed in the search results" box.
  - a. To submit a Site Not Found Request, see section 11a steps in the following section
7. Applicant (Save and Continue) once he/she has answered all the required fields



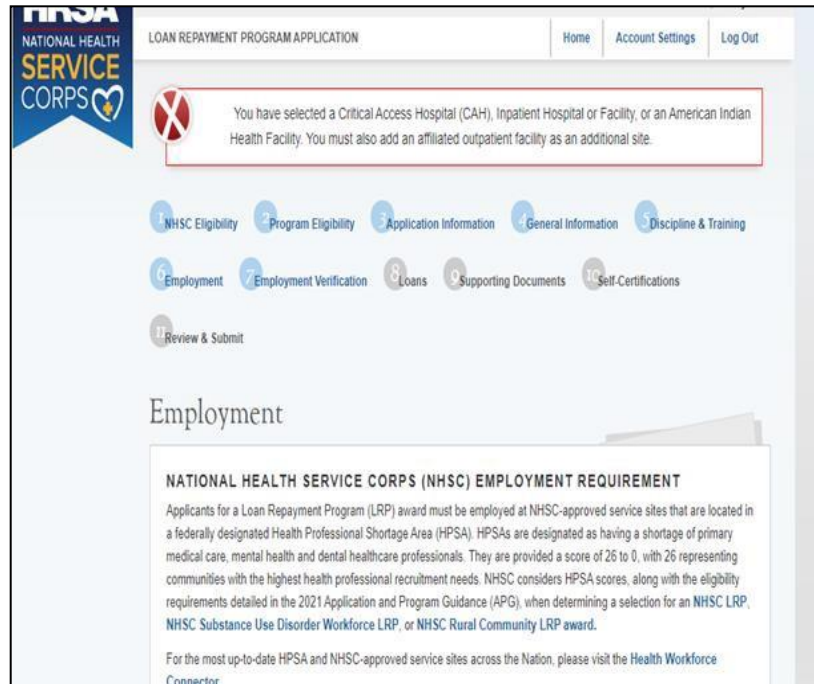


Figure 19: Employment Sites Error Message

**Business Rules for all NHSC LRP Applicants:**

- On the Employment page, if the user selects a site under the Critical Access Hospital (CAH) or Inpatient Hospital or Facility site type, the system shall apply a validation that will require the user to search and add multiple sites
  - If the user selects a site under the CAH or Inpatient Hospital or Facility site type and does NOT add additional sites, the system shall display an error message with the following language:
- *You have selected a Critical Access Hospital (CAH), Inpatient Hospital or Facility, or an American Indian Health Facility. You must also add an affiliated outpatient facility as an additional site.*
  - If the user does NOT select a CAH or Inpatient Hospital or Facility site type, the validation error message about adding multiple sites will NOT be displayed
  - The validation should apply for all NHSC LRP application types
- If the user is an RCLRP, Certified Registered Nurse Anesthetist applicant, the validation will not apply
  - The system will check that multiple sites have been added along with the CAH, Inpatient Hospital or Facility or American Indian Health Facility site.
- If the user selects a site under the American Indian Health Facility site type, the system shall apply a validation that will require the user to add multiple sites.
  - If the user selects a site under the American Indian Health Facility site type with an additional site sub-type of Outpatient Facility they will not be required to add multiple sites.

- If the user selects a site under the American Indian Health Facility site type, without an additional site subtype of Outpatient Facility and does not add multiple sites, then they will receive an error message and be required to add multiple sites:
- *You have selected a Critical Access Hospital (CAH), Inpatient Hospital or Facility, or an American Indian Health Facility. You must also add an affiliated outpatient facility as an additional site.*
  - If an applicant adds two American Indian Health Facility site types and one has an additional site subtype of Outpatient Facility, and the other is not an Outpatient Facility then they would pass the validation.
  - If an applicant adds one American Indian Health Facility site type with an additional site subtype of Outpatient Facility and one CAH or Inpatient Hospital site type then they would pass the validation.
  - If an applicant adds one American Indian Health Facility site type without an additional site subtype of Outpatient Facility and one CAH or Inpatient Hospital site type then they would not pass the validation.
  - The validation should apply for all NHSC LRP application types
    - If the user is an RCLRP, Certified Registered Nurse Anesthetist applicant, the validation will not apply

**Business Rules for NHSC LRP 2yr and NHSC SUD LRP Applicants:**

- System shall require applicant to enter at least one site for Save and Continue to be enabled
- Applicant may add an unlimited number of sites
- System shall list only sites in “Site City” with eligible and approved sites that serve the discipline selected
- Applicant may delete a site that has been added
- System shall place Employment Information page status as “In Progress” if applicant selects check box indicating that he/she cannot find his/her site
- System shall place overall Employment Information page status as “In Progress” if applicant selects “No” to are all your sites added
- System shall place overall Employment Information page status as “Complete” if applicant selects “Yes” to are all your sites added
- System shall allow applicant to continue to the next section, Employment Verification (EV), if he/she selects “site not found”
- System shall require applicant to cancel EV before trying to delete a site if an EV has been initiated

**Business Rules for NHSC RC LRP Applicants:**

- If the user is a Certified Registered Nurse Anesthetist and an RCLRP applicant and they select a Critical Access Hospital (CAH), Inpatient Hospital or Facility or American Indian Health Facility the system should NOT display the error message on the Employment page to add multiple sites.
- System shall require applicant to enter at least one site for Save and Continue to be enabled

- Applicant may add an unlimited number of sites
- System shall list only sites in “Site City” with eligible and approved NHSC sites
- NHSC Rural Community LRP Applicants can work in either Primary Care or Mental Health HPSA.
- All applicants applying for the NHSC Rural Community LRP must be working at a NHSC site which provides evidence based Substance Use Disorder treatment. Only sites meeting this criteria will be able to be selected by applicants on the Employment page.
- For all applicants applying for the NHSC Rural Community LRP, the employment search will only allow the addition of NHSC approved sites, in rural communities, that provide SUD services. Only sites meeting this criteria will be able to be selected by applicants on the Employment page.
- Applicant may delete a site that has been added
- System shall place Employment Information page status as “In Progress” if applicant selects check box indicating that he/she cannot find his/her site
- System shall place overall Employment Information page status as “In Progress” if applicant selects “No” to are all your sites added
- System shall place overall Employment Information page status as “Complete” if applicant selects “Yes” to are all your sites added
- System shall allow applicant to continue to the next section, Employment Verification (EV), if he/she selects “site not found”
- System shall require applicant to cancel EV before trying to delete a site if an EV has been initiated

### MCTA Scores

- A “MCTA” is a Maternity Care Health Professional Target Area, which is an area within a HPSA that has a shortage of maternity health care professionals
- The system shall display MCTA scores for NHSC LRP applicants on the Employment section of the NHSC LRP application, next to the already existing HPSA score.
  - MCTA scores will display for applicants who select sites with a Primary Care (PC) HPSA Type.
  - MCTA scores should only display for applicants who fall under the following discipline/specialties:
    - Discipline: Physician Assistant with Women's Health specialty
    - Discipline: Nurse Practitioner with Women's Health specialty
    - Discipline: Osteopathic Physician with OB/GYN specialty
    - Discipline: Allopathic Physician with OB/GYN specialty
    - Discipline: Osteopathic Physician with Family Practice w/OB specialty
    - Discipline: Allopathic Physician with Family Practice w/OB specialty
    - Discipline: Certified Nurse Midwife (no specialty exist)

- If an applicant is not MCTA eligible, it means that they don't have a Primary Care HPSA added and their discipline/specialty does not align with the women's health definition for NHSC.

| Currently Selected Sites                        |                                                            |            |            |                                   |
|-------------------------------------------------|------------------------------------------------------------|------------|------------|-----------------------------------|
| Site Name                                       | Site Address                                               | HPSA Score | MCTA Score | Location ID                       |
| Centro Servicios Primarios de Salud de Patillas | 99 Guillermo Riefkhol St<br>Patillas, Puerto Rico<br>00723 | 13         | 16         | 1988833906 <a href="#">Delete</a> |
| Choctaw Nation Health - Idabel Health Clinic    | 902 Lincoln Road<br>Idabel, Oklahoma 74745                 | 18         | 22         | 4641092743 <a href="#">Delete</a> |

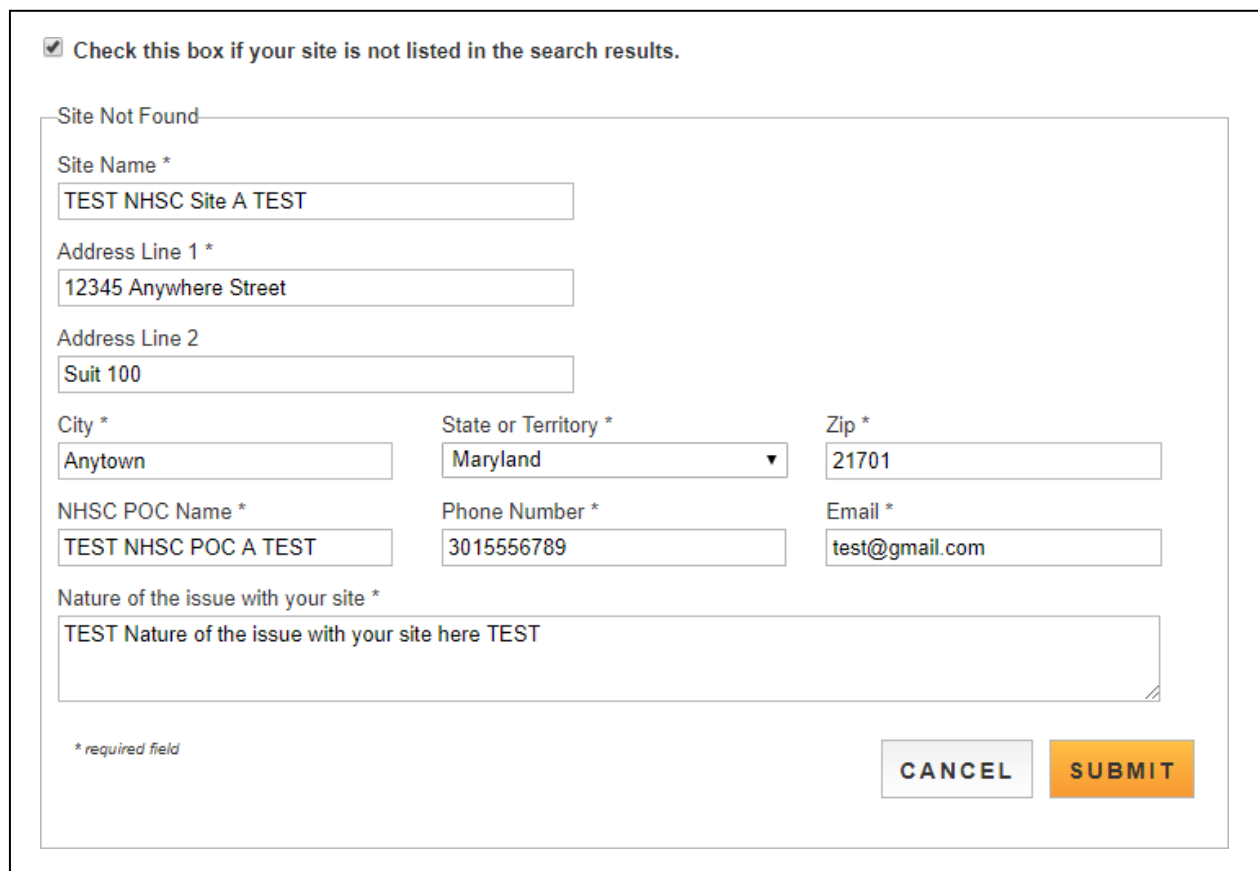
Figure 20: Display of MCTA Score

## Section 9a: Employment Site Not Found Webform

The Employment page garners the applicant's current employment information. The applicant can select one or multiple sites where he/she is or will be employed. If an applicant is unable to find, select, or identify their employment site can submit a Site Not Found Request via a Webform submission.

### Steps:

1. To submit a Site Not Found request, an applicant will need to generate the Site Not Found Webform by selecting the box that states "Check this box if your site is not listed in the search results" (see screenshot above)
2. Applicant will complete all required fields on the generated webform
3. Applicant will hit submit to send their Site Not Found request and wait for analyst response to their inquiry



☒ Check this box if your site is not listed in the search results.

Site Not Found

Site Name \*  
TEST NHSC Site A TEST

Address Line 1 \*  
12345 Anywhere Street

Address Line 2  
Suite 100

City \*  
Anytown

State or Territory \*  
Maryland

Zip \*  
21701

NHSC POC Name \*  
TEST NHSC POC A TEST

Phone Number \*  
3015556789

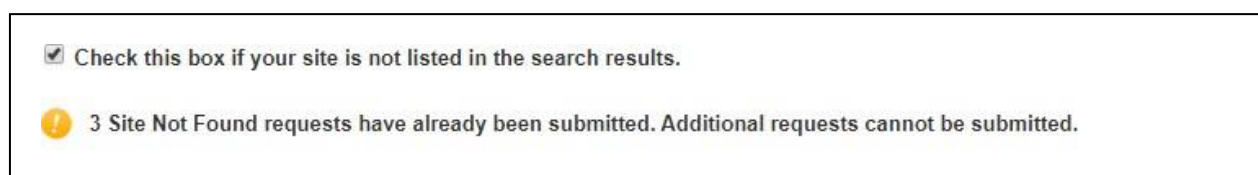
Email \*  
test@gmail.com

Nature of the issue with your site \*  
TEST Nature of the issue with your site here TEST

\* required field

CANCEL SUBMIT

Figure 21: Employment Site Not Found Webform



☒ Check this box if your site is not listed in the search results.

3 Site Not Found requests have already been submitted. Additional requests cannot be submitted.

Figure 22: Employment Site Not Found Webform

**Business Rules:**

- To generate a Site Not Found webform, an applicant must check the box that states “Check this box if your site is not listed in the search results” (see screenshot above)
  - System shall require the applicant to complete and submit a Site Not Found Webform if an applicant has the “Check this box if your site is not listed in the search results” selected
  - If this box is selected, an applicant must either complete and submit their Site Not Found Webform or uncheck this box in order to save and continue beyond the Employment screen of the application
- The system shall require the applicant to answer all questions on the Site Not Found Webform in order to submit the Webform
- The system shall prevent an applicant from submitting a Site Not Found Webform more than three times
  - If an applicant attempts to submit any additional Webforms beyond three submissions, they will receive an alert and will be blocked from submitting additional Webforms

## Section 10: Employment Verification

Within the Employment Verification section of the online application, employment site Points of Contact (POCs) are required to answer questions regarding the applicant's current or future employment information. Applicants will be able to view the information submitted by the site POC upon submission of his/her application. Based on the answers provided by the Site POC, an applicant may be deemed ineligible upon submission. If this occurs and the applicant believes it is incorrect, the applicant will be able to edit his/her application, cancel the existing EV, and re-initiate a new one.

### Steps:

1. Sites selected by the applicant in the Employment section will be listed in the CURRENT REQUESTS table.
2. Applicant may click the site name to review that the address, phone number and point of contact are listed for his/her site(s)
3. Applicant may initiate all EVs by clicking (Initiate All) if none of the EVs have been initiated
4. Applicant can initiate individual EVs by clicking (Initiate) next to the appropriate site
5. Applicant selects (Save and Continue) once he/she has initiated his/her EV(s)
  - An applicant may navigate to the Loans page without initiating EV(s), as there may be cases where the applicant's site is not listed in the system and the site is under review
6. Applicant is directed to the Loans page

**Employment Verification**

To begin the Employment Verification (EV) process, select "Initiate" next to the site(s) listed below. The NHSC Point of Contact(s) (POCs) 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 December 16, 2021, 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 [NHSC Employment Verification FAQs](#).

| Site Name                                                                        | Verification Type | Date Created | Status                               |
|----------------------------------------------------------------------------------|-------------------|--------------|--------------------------------------|
| <a href="#">Quality of Life Health Services, Inc. - Clay Quality Health Care</a> | Application       | N/A          | Not Started <a href="#">Initiate</a> |

**SAVE & CONTINUE**

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 23: Employment Verification

**Business Rules:**

- System shall generate an EV request for each site added on the Employment page
- System shall display EV status as “Not Started” until the applicant initiates the EV
- System shall only allow applicant to select “Initiate All” if each EV status is “Not Started”
- System shall allow applicant to reinitiate EV if EV status is “Returned-Unverified”
  - An EV will be returned unverified if the site POC indicated that the applicant does not work at that site
- System shall disable initiate button if EV status is “In Progress” or “Complete”
  - The applicant will still be able to cancel the EV
- System shall deem employment page complete when all EV(s) in the CURRENT REQUESTS table are complete
- In order to delete a site on the Employment page, the applicant must cancel any EVs that are “In Progress” or “Completed”

## Section 11: Loan Information

The Loan Information page captures the loan data that an applicant will submit with his/her NHSC LRP application. If an applicant has a National Student Loan Data System (NSLDS) account, and wishes to submit federal loans as part of his/her NHSC LRP application, he/she will have the option to retrieve and submit his/her federal loans. Applicants also have the ability to manually add non-federal loans to their application, or to enter federal loan data manually as well. The steps to retrieve loans using the NSLDS and/or to add loans manually are listed below.

### Steps to Access your Loans:

1. Applicants navigate to LOG INTO YOUR NATIONAL STUDENT LOAN DATA SYSTEM ACCOUNT and clicks
2. Applicant is direct to the Department of Education's Federal Student Aid login page and logs in using their FSA ID
3. Applicant will be automatically redirected to his/her NHSC LRP application after authentication.
4. If NSLDS authentication and retrieval is successful, the applicant's loan(s) will display in the "Electronically Imported From Your NSLDS Account" table
  - a. Applicant can view a read only version of his/her loan details by clicking the "View" button next to each loan electronically retrieved.
  - b. The date and time of the last successful transaction with the NSLDS will be displayed for reference
  - c. Note: The social security number and date of birth entered in the General Information section of the application must match the social security number and date of birth on file with the Department of Education
5. Applicant will answer "Yes" or "No" to "Do you have additional Loans that need to be added?"
  - a. If applicant answers "No," the button will become available and the applicant will be directed to Supporting Documents section of the application
  - b. If applicant answers "Yes" applicant will be directed to Loan Details page (see Section 12)
6. Applicant may update loans previously retrieved from NSLDS by clicking the (Update Loans) button
  - a. Applicant will be direct to the Department of Education's Federal Student Aid login page and logs in using their FSA ID as detailed in Step 2
7. Applicant can remove electronically retrieved loans by clicking the (Remove All Loans) button and confirming selection on pop-window
8. Applicant will be able to view a comprehensive report of all NSLDS federal loan data retrieved and submitted with his/her application upon submission of his/her application

### Steps to add loans manually:

1. Applicant clicks on the "Don't have a Federal Student Aid ID or want to enter loans Manually?" link under the "Need Help?" heading
2. Within the pop-up window, applicant clicks the 'Add Loans Manually' button
3. Applicant is directed to Loan Details page (see Section 12)



LOAN REPAYMENT PROGRAM APPLICATION

HomeAccount SettingsLog Out

1 NHSC Eligibility

2 Program Eligibility

3 Application Information

4 General Information

5 Discipline & Training

6 Employment

7 Employment Verification

8 Loans

9 Supporting Documents

10 Self-Certifications

11 Review & Submit

The online application functions with Firefox, Chrome, and Safari. It is recommended you download one of these browsers to complete the application.

## Loan Information

In this section, you will be required to add the loans that you want approved for repayment.

To expedite this process, you may import your federal student loan(s) from the U.S. Department of Education's Student Aid Summary Report directly into the online application. For loans imported from the Student Aid Summary Report, **no supporting documents are required.**

**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://studentaid.gov>

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.

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

**Important Note:** If you experience any technical difficulties adding your loans electronically, 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](mailto:help@hrsa.gov). If you are unable to resolve your technical difficulties or concerns in time to submit your complete application prior to December 16, 2021, the application deadline, please enter your loans manually. The submission deadline will not be extended due to difficulties with submitting your loans.

**To manually add Loans** click the "Need Help?" link to manually add loans you wish to submit for loan repayment.

**When entering your loan information manually**, you must enter loan information and supporting documentation for each servicing lender that you wish to be considered for repayment. The following documents will be required:

- Account Statement (**Both Private and Federal**) - Most recent statement from your lender/servicer that has your name, current loan balance and interest rate. This may be the official paper version, or a printed web version, that is scanned, uploaded, and not older than 30 days from the date you will submit your application.
- Student Aid Summary Report (**Federal Loans**) - Most recent summary report taken from your Federal Student Aid account. This may be the official paper version, or a printed web version, that is scanned and uploaded. Note: This is the summary report only, which lists your federal student loans in one document and is available at <https://studentaid.gov>.
- Disbursement Report or Promissory Note (**Non-Federal Loans**) - A copy of the document provided by your lender/servicer that outlines the details of your loan agreement, including your name, the date the loan was obtained, the purpose of the loan, account numbers, and the loans included in a consolidation (if applicable).

If you have a consolidated loan, you must enter in all of the information in the table. All of the information must coincide with the information in the loan documents. If they do not coincide, the loan will be deemed ineligible.

You have not added any loans yet.

LOG IN TO YOUR FEDERAL STUDENT AID SUMMARY ACCOUNT

Access your Loans

NEED HELP?

Don't have a Federal Student Aid ID or want to enter loans manually?

CONTINUE

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 24: Loan Information

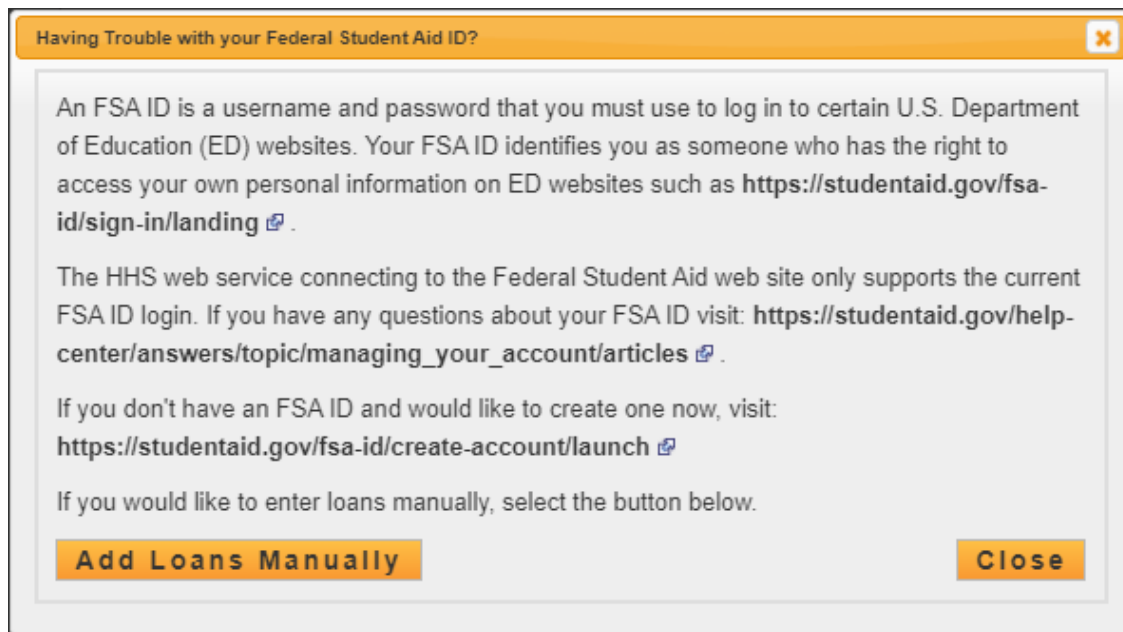


Figure 25: Manual Loans

## Loan Details

*\* required field*

[Back to Loan Information](#)

You have elected to add your qualifying education loans to your application manually. This method is required for adding ALL loans that are NOT federal student loan(s). If you have elected to add your federal student loan(s) using this method you must not attempt to add them using the electronic import method, or you will receive an error message and put you at risk of missing the application deadline. You are strongly encouraged to print and read the [NHSC Loan Module Detailed Instructions](#) before adding your loans.

Include all qualifying education loans, even if they exceed the maximum award amount. Please exclude letters, special characters (i.e. \$, %), and commas when entering outstanding loan balances and interest rates. If you have multiple loans with the same servicer/lender, you must enter each loan separately.

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 Aid Summary Report Detail Information from your NSLDS online account (federal student loan(s)) or a disbursement report for any private loans, for each loan.

For each field completed below, the supporting documents must verify the information you have entered.

Name of current servicing lender \*

Select

Loan account number \*

Original date of the loan \* 



Original amount of the loan \*

Current balance (Principal & accrued Interest) \*

as of 



Type of loan \* 

Select

Is this loan in default? \*

☐ Yes ☐ No

Is this loan under federal court judgment? \*

☐ Yes ☐ No

Interest rate \*

Purpose of loan \*

Select

Is this a consolidated loan? \*

☐ Yes ☐ No

CONTINUE TO DOCUMENTS

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 26: Loan Details

### Business Rules:

- System shall require at least one loan (Electronic or Manual) to be added to continue
- System shall not require applicant to retrieve loans electronically
- System shall check to see if applicant has already manually added federal loans and de-activate "Access your Loans" button
- System will deactivate the "Access your Loans" button and display a notice if the applicant is using Internet Explorer version 9 or lower

- System shall redirect applicant to his/her application and prompt data exchange between HHS and DoED when user successfully authenticates
- System will verify an applicant's date of birth and social security number matches what the Department of Education has on file
- If the data exchange was not successful due to incomplete NSLDS data, the system shall display the following message "Certain loan information needed to successfully transmit from the NSLDS to your online application was incomplete. Please reach out to the NSLDS and try again - OR - add your loans manually."
- System shall display federal loans electronically retrieved under a table titled "Electronically Imported From Your NSLDS Account"
- System will require applicant to answer an additional question on the loans details page for all electronic Federal PLUS loans
- System shall require user to re-authenticate with the Departments of Education to update electronic loans
- System shall require applicant to confirm their decision to remove loans via a pop-up window
- System shall ask applicant if additional loans need to be added before allowing to move forward to Supporting Documents
- System shall direct applicant to Loan Details page if "Add Loans Manually" button is selected from Loan Information page

## Section 12: Loan Details

The Loan Details page captures additional loan data that the applicant will submit for each manual loan he/she will submit with the application.

**Please note:** If an applicant submits all loans using his/her NSLDS login and does not manually add any loans to his/her application, he/she will not have access to the loan details page.

### Steps:

1. Applicant enters in all required fields:
  - a. Name of current servicing lender (select from drop down)
  - b. Loan account number
  - c. Original date of loan
  - d. Original amount of loan
  - e. Current balance and date
  - f. Type of loan (select from drop down)
  - g. Is loan in default?
  - h. Is loan under federal judgment?
  - i. Interest Rate
  - j. Purpose of loan
  - k. Is the loan consolidated?
2. If applicant selects "Other" for current servicing lender, the applicant will be prompted to complete the following fields:
  - a. Lending Institution name
  - b. Lending Institution phone number
  - c. Lending Institution fax number
3. If the applicant selects "Yes" to "Is this loan in default?" or "Is this loan under Federal Court Judgment?" the applicant will be required to enter the date of default/judgment
4. If the applicant selects "Yes" to "Was this loan sold?" the applicant will be required to provide the name of the original servicing lender
5. If the applicant selects "Yes" to the question "Is this a consolidated loan?" the applicant will be required to enter the following information:
  - a. Number of loans consolidated
  - b. Original account number for each loan that was consolidated
  - c. Original date of each loan included in the consolidation
  - d. Original amount of each loan included in the consolidation
6. After the applicant enters all information, he/she will click and will be directed to Loan Supporting Documents Page
7. Applicant will be prompted to upload all Required Loan Supporting documents for his/her manually entered loans
  - a. Applicant will be prompted to upload a Federal Perkins Loan Supporting if applicant indicated "Type of Loan" was
    - i. Federal Perkins

- ii. Perkins Expanded Lending
    - b. Applicant will be prompted to submit a Consolidated Loan Document if applicant answered “Yes” to “Is this a consolidated loan?”
- 8. Applicant clicks and is directed to the Loan Information page. All manually added loans will be displayed in the “Manually Added Loans” table
- 9. Applicant can add another loan, edit/remove an existing manual loan or click to be directed to the Supporting Documents section

## Loan Details

\* required field

[Back to Loan Information](#)

You have elected to add your qualifying education loans to your application manually. This method is required for adding ALL loans that are NOT federal student loan(s). If you have elected to add your federal student loan(s) using this method you must not attempt to add them using the electronic import method, or you will receive an error message and put you at risk of missing the application deadline. You are strongly encouraged to print and read the [NHSC Loan Module Detailed Instructions](#) before adding your loans.

Include all qualifying education loans, even if they exceed the maximum award amount. Please exclude letters, special characters (i.e. \$, %), and commas when entering outstanding loan balances and interest rates. If you have multiple loans with the same servicer/lender, you must enter each loan separately.

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 Aid Summary Report Detail Information from your NSLDS online account (federal student loan(s)) or a disbursement report for any private loans, for each loan.

For each field completed below, the supporting documents must verify the information you have entered.

Name of current servicing lender \*

Select

Loan account number \*

Original date of the loan \* 



Original amount of the loan \*

Current balance (Principal & accrued interest) \*

as of 

Type of loan \* 

DIRECT PLUS CONSOLIDATED

Was this loan taken out for your dependent child enrolled at least half-time at a school that participated in the Direct Loan Program? \*

☐ Yes - This loan is ineligible for LRP consideration.

☐ No - This Loan is eligible for LRP Consideration, the applicant took out the loan for themselves.

Is this loan in default? \*

☐ Yes ☐ No

Is this loan under federal court judgment? \*

☐ Yes ☐ No

Interest rate \*

Purpose of loan \*

Select

Is this a consolidated loan? \*

☒ Yes ☐ No

Please provide the original date of each loan included in the consolidation. It is required to provide either (1) an Aid Summary Report, Disbursement Report, and/or Promissory Note or (2) a copy of the consolidated/refinanced promissory note from the current servicing lender. The documentation must show, for each loan consolidated, the original amount, original date of loan, original type of loan, and the dates must coincide with the nursing education period entered on the Qualifying Education section of the application.

How many loans do you have in this consolidation loan? \*

Select

CONTINUE TO DOCUMENTS

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 27: Loan Details Cont.

 The online application functions with Firefox, Chrome, and Safari. It is recommended you download one of these browsers to complete the application.

## Supporting Documents

[◀ Back to Loan Information](#)

The following loan documents are required to assess whether your loans qualify for repayment under the NHSC Loan Repayment Program. Each document should only be uploaded to the loan that it reflects. Each document should show clear verification that it is official and comes from the Servicer/Lender. In most cases, the required information can be obtained from official web-accounts or found on paper documents that you have received from the servicer or lender. They can be printed, scanned, and uploaded to your application in this section.

The account statements should only be obtained directly from the lender/servicer. Documents can be printed, scanned, and uploaded to your application in this section.

A description of the required information for each document type can be found below. If a required document does not contain the required information or is not legible enough to review the loan profile, it will be deemed "incomplete" and the loan itself will not qualify for repayment.

 **ACCOUNT STATEMENTS**

 **LOAN ORIGATION AND DISBURSEMENT REPORTS**

 **CONSOLIDATED EDUCATIONAL LOANS**

**Note:** The following file types are not suitable for being uploaded: JPG, DOC, XLS & TIFF. Password protected files are not acceptable and will disqualify the loan. Loan documents must be official and obtained directly from the lender/servicer. Copies of website versions are acceptable.

### UPLOADED DOCUMENTS

You have not uploaded any documents yet.

#### UPLOAD DOCUMENT

☐ Account Statement

☐ Disbursement Report

Choose File

No file chosen

Upload

SAVE

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 28: Loan Supporting Documents

**Business Rules:**

- System shall allow account number to be alpha –numeric and allow special characters
- System shall not allow “Current Balance As of Date” to be prior to “Original Date of Loan”
- System shall not allow user to enter a “Current Balance As of Date” more than 30 days prior to current date
- System shall not allow user to enter a “Current Balance As of Date” after the present date
- If loan is not consolidated, System shall require that “Original Date of Loan” be:
  - No more than 3 months prior to earliest school start date
  - No more than 3 months after latest school end date
- System shall require “Consolidated Loan Dates” to be :
  - No more than 3 months prior to earliest school start date
  - No more than 3 months after latest school end date
- If loan is consolidated, “Original Date of Loan” must be prior to all “Original Date of Loan” for all consolidated loans
- If loan is in default/under court judgment “Original Date of Loan” must be prior to Date of Court Judgment/Date of Default
- System shall require the user to upload the Perkins Loan Supporting document to submit application if “Type of Loan” is Perkins
- System shall require user to submit a Consolidated Loan Document, if “Yes” to Consolidated Loan
- System shall require user to submit the “Required Loan Supporting Document” for each loan
- System shall allow user to continue to next section without uploading all or any required loan documents. Loan page status will be “In Progress” until all required documents have been uploaded for each loan and applicant will not be able to submit application

## Section 13: Supporting Documents

The Supporting Documents page allows the applicant to upload his/her required documents. Please note that some of the documents displayed on the Supporting Documents page appear dynamically, based answers provided on the online application (see business rules below).

### Steps:

1. Applicant selects the document he/she would like to upload
2. Applicant selects (browse) to find the document he/she will upload
3. Applicant selects (Upload) when appropriate document is selected
4. Applicant repeats steps above for all required documents
5. Applicant clicks (Save and Continue)
6. Applicant is directed to the Self Certification Page

## Supporting Documents

\* required field

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 NHSC 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 NHSC Loan Repayment Program Participants ONLY!*

If you are a former NHSC 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 NHSC programs indefinitely. Please provide the following required documents:

- Proof of Payment History for Prior NHSC LRP Service - Mandatory for Previous NHSC LRP Participants.
- Proof of U.S. Citizenship or U.S. National - Current passport, birth certificate, or naturalized 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 DOCUMENTS

- Proof of Payment History for Prior NHSC LRP Service
- Verification of Disadvantaged Background

### UPLOAD DOCUMENTS

Supporting Documents

| Document Title                                                                               | Document File | Status       | Delete                 |
|----------------------------------------------------------------------------------------------|---------------|--------------|------------------------|
| <input type="radio"/> DATA 2000 Waiver                                                       | Test1.docx    | Received     | <a href="#">delete</a> |
| <input type="radio"/> Health Professional License                                            | Test1.docx    | Received     | <a href="#">delete</a> |
| <input type="radio"/> Proof of Payment History for Prior NHSC LRP Service                    | Test1.docx    | Received     | <a href="#">delete</a> |
| <input type="radio"/> Proof of U.S. Citizenship or U.S. National                             | Test1.docx    | Received     | <a href="#">delete</a> |
| <input type="radio"/> Substance Use Disorder Licensure or Certification                      | Test1.docx    | Received     | <a href="#">delete</a> |
| <input type="radio"/> Verification of Completion of Fellowship                               | Test1.docx    | Received     | <a href="#">delete</a> |
| <input type="radio"/> Verification of Completion of Residency                                | Test1.docx    | Received     | <a href="#">delete</a> |
| <input type="radio"/> Verification of Existing Service Obligation/Member of Reserve Document | Test1.docx    | Received     | <a href="#">delete</a> |
| <input type="radio"/> Additional Supporting Document                                         |               | Not Received |                        |

No file chosen

### LOAN DOCUMENTS

| Servicing Lender & Account # | Document Title      | Document File | Status   |
|------------------------------|---------------------|---------------|----------|
| Access Group 1234567         | Account Statement   | Test1.docx    | Received |
| Access Group 1234567         | Disbursement Report | Test2.docx    | Received |

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 29: Supporting Documents

**Business Rules:**

- All applicants are required to upload the “Proof of U.S. Citizenship or U.S. National” document
- All applicants are required to upload the “Eligible Health Professional Degree” document
- Prior NHSC LRP participants are required to provide documentation that he/she applied all of the previously disbursed award funds
  - Proof of Payment History for prior NHSC LRP Service is required for past NHSC LRP participants (verified by applicant’s SSN)
  - Proof of Payment History for prior NHSC LRP Service is optional for new applicants or past applicants who were not awarded
- Applicants can upload their proof of residency program documents for the document slot “Proof of Residency”
- Applicants are encouraged to upload PDF documents
- System shall allow applicant to upload documents up to 5 MB in size  
System shall require applicant to upload a “Disadvantaged Background” supporting document if applicant answered “Yes” to Disadvantaged Background question on General Information page  
System will require the applicant to upload a “Geriatrics Certification” supporting document if he/she selected geriatrics as his/her specialty
- System shall require the applicant to upload Existing Service Obligation documentation if the applicant answered “Yes” to Existing Service completed prior to submission on the Eligibility page
- System shall enable ability to delete documents after applicant has uploaded the document(s)

## Section 14: Self Certification

The Self Certification page allows the applicant to certify that he/she has read and agreed to the terms and agreements displayed on the page. The set of certifications displayed will dynamically change depending on the applicant's discipline, specialty, and military service. The applicant must agree to all certifications in order to continue.

### Steps:

1. Applicant reads each certification
2. Applicant indicates that he/she agrees by selecting each checkbox
3. Applicant selects (Save and Continue)

The screenshot shows the 'Self-Certification' page of the NHSC Loan Repayment Program Application. The top navigation bar includes the NHSC logo, the title 'LOAN REPAYMENT PROGRAM APPLICATION', and links for 'Home', 'Account Settings', 'Roles', and 'Log Out'. A progress bar below the navigation bar shows 11 steps: 1. NHSC Eligibility, 2. Program Eligibility, 3. Application Information, 4. General Information, 5. Discipline & Training, 6. Employment, 7. Employment Verification, 8. Loans, 9. Supporting Documents, 10. Self-Certifications (highlighted in orange), and 11. Review & Submit. The main heading is 'Self-Certification' with a note '\* required field'. The content is divided into three sections: 1. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, DISQUALIFICATION AND RELATED MATTERS FORM, 2. AUTHORIZATION FOR DISCLOSURE OF FINANCIAL INFORMATION, and 3. CERTIFY BY CHECKING THE BOX NEXT TO THE STATEMENTS BELOW:.

**1. 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 NHSC 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.

**2. AUTHORIZATION FOR DISCLOSURE OF FINANCIAL INFORMATION**

☐ Pursuant to the Right to Financial Privacy Act of 1978 (RFPA) (12 USC 3404) and the Fair Credit Reporting Act (FCRA), having read the **statement of my RFPA rights**, I hereby authorize government agencies, financial institutions and credit bureaus to release financial records and/or credit reports to the HHS for the purpose of assessing and verifying loan amounts, history of honoring prior legal obligations and eligibility of the educational loans 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. \*

**3. CERTIFY BY CHECKING THE BOX NEXT TO THE STATEMENTS BELOW:**

☐ I certify that I have read and understood the appropriate Application and Program Guidance(s) for the program to which I am applying (2022 **NHSC Loan Repayment Program**).

☐ I certify that I have a master's degree, post-master's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education, and am certified by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the Pediatric Nursing Certification Board, or the National Certification Corporation as an adult, family, pediatric, psychiatric and mental health, gerontological, or women's health care NP, and have a current full, permanent, unencumbered, unrestricted health professional license, certificate, or registration in the state in which I intend to practice as an NHSC Loan Repayment Program participant.

☐ I certify that all of the information that I have provided in this application and required supplemental documents is true.

**SAVE & CONTINUE**

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 30: Self Certification

**Business Rules:**

- If the applicant selected “Yes” to the sub question of Q3 on the Eligibility page, “Are you a uniformed service member or a member of a reserve corps,” then a military service certification will populate. If the applicant answered “No,” the certification will not populate

- Based on EV responses, applicants identified as PPO will be required to certify a Certification for Private Practice Option Request on the Self-Certification page prior to application submission
- Applicant will not be able to complete Self-Certification page if EV(s) are not complete
- System shall require that the applicant has responded to each certification question to be able to proceed
- System will clear Self Certification page if the applicant proceeds to Review and Submit page, but then navigates to another section of the application prior to submitting his/her application

## Section 15: Review & Submit

The Review & Submit page is the last page of the application that contains a table with each section and its corresponding status. All sections must be complete in order for the applicant to submit the application. The applicant can select the top navigation menu or a page name link in the table to view each section.

### Steps:

1. Applicant reviews his/her application and confirms each section (less Review & Submit) is complete
2. Applicant enters his/her password
3. Applicant selects (Submit)

## Review & Submit

### APPLICATION ID: 651913

Please review each of the sections listed below prior to submitting your application.

*Important Note:* 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 application 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 September 30, 2023.

If after submitting your application and supporting documents there are changes you would like to make to your application including re-initiating an EV, you may edit and resubmit your application by March 6, 2023 at 7:30 PM EST the application deadline. Applications not resubmitted by the deadline will not be accepted.

| Page Name               | Status      |
|-------------------------|-------------|
| NHSC Eligibility        | Complete    |
| Program Eligibility     | Complete    |
| Application Information | Complete    |
| General Information     | Complete    |
| Discipline & Training   | Complete    |
| Employment              | Complete    |
| Employment Verification | Complete    |
| Loans                   | Complete    |
| Supporting Documents    | Complete    |
| Self-Certifications     | Complete    |
| Review & Submit         | In Progress |

### SUBMIT YOUR APPLICATION:

I certify that the information given in this application, including supporting documentation uploaded into this application, is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded National Health Service Corps loan repayment, that I am liable for repayment of all awarded funds and further that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986 (31 U.S.C. 3801-3812), and HHS implementing regulations under 45 C.F.R. Part 79.

Password \*

SUBMIT

OMB No. 0915-0127 Expiration Date: 03/31/2023

Figure 31: Review & Submit

**SERVICE CORPS**

You have selected a Critical Access Hospital (CAH), Inpatient Hospital or Facility, or an American Indian Health Facility. You must also add an affiliated outpatient facility as an additional site. Please return to the Employment section.

1 NHSC Eligibility 2 Program Eligibility 3 Application Information 4 General Information 5 Discipline & Training  
6 Employment 7 Employment Verification 8 Loans 9 Supporting Documents 10 Self-Certifications  
11 Review & Submit

### Review & Submit

**APPLICATION ID: 553246**

Please review each of the sections listed below prior to submitting your application.

**Important Note:** 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 2021 applications will be completed by September 30, 2021.

If after submitting your application and supporting documents there are changes you would like to make to your application including re-initiating an EV, you may edit and resubmit your application by December 28, 2021 at 12:00 AM EST the application deadline. Applications not resubmitted by the deadline will not be accepted.

| Page Name           | Status   |
|---------------------|----------|
| NHSC Eligibility    | Complete |
| Program Eligibility | Complete |

Figure 32: Review & Submit Sites Error Message

#### Business Rules:

- On the Review & Submit page, the system shall apply a validation that checks if the user correctly entered sites on the Employment page.
  - If the user is a Certified Registered Nurse Anesthetist and an RCLRP applicant, the system will not check if multiple sites were added the site types.
  - If the user is NOT a Nurse Anesthetist and NOT completing an RCLRP application, the system will check for the following:
    - Has the user added a CAH or Inpatient Hospital or Facility site type as a site?
  - If the user has added a CAH or Inpatient Hospital or Facility site type, the system will check if multiple sites have at least one outpatient facility has been added on the Employment page with the Outpatient site type.
    - If the user has NOT added multiple sites, the system shall display an error message with the following language:
      - *You have selected a Critical Access Hospital (CAH), Inpatient Hospital or Facility, or an American Indian Health Facility. You must also add an affiliated outpatient facility as an additional site. Please return to the Employment section.*
  - All existing validations will remain in effect. All users must have at least one site, and employment verifications must be completed before final submission, etc.
- If the user adds an American Indian Health Facility site type, the system will check if the site's additional site sub-type is an Outpatient Facility.

- If the additional site sub-type is an Outpatient Facility, the system will not check for multiple sites and no error message will display.
- If the additional site sub-type is not an Outpatient Facility, the system will check for multiple sites
  - If the user did not add multiple sites, the system shall display an error message with the following language:
    - *You have selected a Critical Access Hospital (CAH), Inpatient Hospital or Facility, or an American Indian Health Facility. You must also add an affiliated outpatient facility as an additional site. Please return to the Employment section.*
- If the user did add multiple sites, the system will not display an error message
- On Employment page, if the user adds one American Indian Health Facility site type without an additional site subtype of Outpatient Facility and one CAH or Inpatient Hospital site type, the system shall display the error message mentioned above
- The user must have the minimum number of sites added (based on their discipline/application type and site type) in order to successfully submit their application.
- If the user is a Certified Registered Nurse Anesthetist and an RCLRP applicant and has added a CAH or Inpatient Hospital or Facility site type on the Employment page, the system should NOT display the site validation error on Review & Submit page.
- If an analyst changes an existing site type from CAH, Inpatient Hospital or Facility, or American Indian Health Facility to another site type before the applicant has reached the "Review & Submit" page, the system should not display the site validation error on Review & Submit page.
- If an analyst changes an existing site type to a CAH, Inpatient Hospital or Facility or American Indian Facility from another site type before the applicant has reached the "Review & Submit" page, the system should check for multiple sites and/or an additional site sub-type of Outpatient Facility and display an error message if applicable.
- System shall not allow application to be submitted after the application deadline
- All page statuses except for Review and Submit must be complete for applicant to submit his/her application
- Applicant must enter in his/her correct password in order to submit the application
- System shall direct user to landing page with links to uploaded documents and copy of application upon submission
- System shall check if start date on an EV is less than dates entered for the following:
  - For MD, DO, DDS/DMD (with only pediatric) disciplines
  - "Residency Complete Date"

## Section 16: Submitted Landing Page

After the applicant submits his/her NHSC LRP application, he/she will be directed to the Submitted landing page and the overall application status will change to either “Submitted” or “Submitted – Ineligible.” If any of the responses on the online application deem an applicant ineligible, the status upon submission will be “Submitted – Ineligible.” If the responses submitted deem the applicant eligible, the application status will be “Submitted.” On the Submitted landing page, the applicant will have the ability to edit or withdraw his/her application. The applicant will have the ability to edit his/her application until the application deadline. The applicant may withdraw his/her application until the applicant receives a Confirmation of Interest (COI), if applicable.

The screenshot shows the 'Submitted Landing Page' for the NHSC Loan Repayment Program Application. The page header includes the NHSC logo and navigation links: 'Home', 'Account Settings', and 'Log Out'. The main heading is 'Loan Repayment Program Application'. The content area starts with a 'Hello Test,' greeting, followed by a message confirming the submission of the fiscal year 2023 application and documents. It states the overall application status is 'SUBMITTED' and provides the application ID '651913'. A note advises waiting 24 hours before downloading the application PDF. A section titled 'Edit Your Application' explains that users can edit or upload documentation before the deadline of March 6, 2023, at 7:30 PM EST. An 'Important Note' clarifies that editing resets the application status to 'In Progress' and requires resubmission. A section titled 'EDIT YOUR APPLICATION TO CHOOSE A DIFFERENT PROGRAM' provides steps for resubmitting under a different program selection.

**NHSC NATIONAL HEALTH SERVICE CORPS**

LOAN REPAYMENT PROGRAM APPLICATION

Home Account Settings Log Out

### Loan Repayment Program Application

Hello Test,

You have submitted your fiscal year 2023 National Health Service Corps (NHSC) online application and all required documents for a Loan Repayment Program (LRP) award. It is important to keep your contact information accurate and up to date. If updates are necessary, please make the appropriate changes on the [Account Settings](#) page.

Your overall application status is: **SUBMITTED**

Your application ID is: **651913**

Please wait up to 24 hours before downloading your application PDF.

If you wish to view your application to confirm that your responses accurately reflect your intent, including the Employment Verification (EV), the outstanding loan balances you have submitted for repayment and ALL required and supporting documents, please click **VIEW YOUR SUBMITTED APPLICATION** button. Remember, only COMPLETE applications with the correct documents, will qualify. Only complete and legible documents, with all required elements will be accepted and reviewed. Documents that are missing required information and/or verification elements (i.e. name, account numbers, expiration dates, and interest rates) will not be reviewed.

**Edit Your Application**

To edit your application or upload additional documentation, you may do so prior to the application deadline, **March 6, 2023 at 7:30 PM EST**, by clicking **EDIT YOUR APPLICATION**. If the deadline has passed, the contents and status of your application is final and cannot be edited by you or the NHSC.

**Important Note:** By selecting the "Edit Your Application" button, you will reset the application and your application status reverts back to "In Progress." You must repeat the process to **resubmit** your application prior to the application deadline **March 6, 2023 at 7:30 PM EST**, even if changes were not made. If you do not resubmit your application by the application deadline, your application cannot be reviewed. If you would like to view a read-only copy of your full application, without the need to resubmit, please click the **VIEW YOUR SUBMITTED APPLICATION** button at the top of this page.

**EDIT YOUR APPLICATION TO CHOOSE A DIFFERENT PROGRAM**

You might be eligible to apply to another NHSC Loan Repayment Program (LRP). To resubmit your NHSC LRP application under a different program selection follow these steps:

1. Click the **EDIT YOUR APPLICATION** button located above to reopen your application.
2. Next, navigate to the Employment Verification screen to cancel all completed or initiated employment verification(s).
3. After canceling your pending or completed employment verification(s), navigate to the Employment screen to remove any of the site(s) you previously selected.
4. Once you have completed steps 1-3, the application will allow you to make changes to your Eligible Application

Figure 33: Submitted Landing Page

5. Once you have successfully changed your designated Eligible Application Type, many of your previous application responses will be reset. You will be required to re-proceed through the application process prior to resubmitting under a new NHSC program option.

● **IMPORTANT NOTE:** Once the NHSC LRP application deadline passes, you will not be able to edit your application any further. All application edits and re-submissions must be completed by the application deadline: December 16, 2021 at 7:30 PM EST.

**Withdraw Your Application**

If you are no longer interested in having your application considered, please click the Withdraw button above. If after withdrawing your application you wish to have it considered, you may log into the application until **December 16, 2021 at 7:30 PM EST**, and select "Undo Withdrawal". You must complete the steps to resubmit your application prior to the application deadline.

**EMPLOYMENT VERIFICATIONS**

| Site Name                              | Initiation Date | Response Date | Status   |
|----------------------------------------|-----------------|---------------|----------|
| AMCHC Tallulah Community Health Center | 11/10/2021      | 11/10/2021    | Complete |

**GENERAL SUPPORTING DOCUMENTS**

| Document Title                                                         | Document Name                        | Status       |
|------------------------------------------------------------------------|--------------------------------------|--------------|
| DATA 2000 Waiver                                                       | Shuler Data Waiver.pdf               | Received     |
| Health Professional License                                            | KShuler FNP License 2023.pdf         | Received     |
| Proof of Payment History for Prior NHSC LRP Service                    |                                      | Not Received |
| Proof of Residency                                                     |                                      | Not Received |
| Proof of U.S. Citizenship or U.S. National                             | Birth Certificate.pdf                | Received     |
| Substance Use Disorder Licensure or Certification                      | MAT 16hr.pdf                         | Received     |
| Verification of Completion of Residency Training                       |                                      | Not Received |
| Verification of Disadvantaged Background/Exceptional Financial Need    | Disadvantage Background.pdf          | Received     |
| Verification of Existing Service Obligation/Member of Reserve Document | NHSC Scholar Service Information.pdf | Received     |
| Additional Supporting Document                                         |                                      | Not Received |

**LOAN SUPPORTING DOCUMENTS**

There are currently no loan documents uploaded.

Figure 34: Submitted Landing Page Cont.

**Business Rules:**

- Applicant can navigate to the Submitted landing page by clicking the "Home" button
- There are several possible reasons why an applicant may be found ineligible. Some common reasons that applicants are found ineligible upon submission include, but not limited to:
  - The Employment Verification (EV) submitted by the applicant's site point of contact (POC) indicated that he/she does not meet the required work hours per week to be eligible for an award
  - The EV submitted by the applicant's site POC indicated that he/she does not have a current, full, unrestricted, and unencumbered license

- The EV submitted by the applicant's site POC indicated that his/her employment start date is after the last eligible employment start date for the given fiscal year
- The applicant did not receive a degree or complete his/her residency on or before the submission date of the application
- The applicant has an existing service obligation that has not been completely satisfied on or before the submission date of the application

## Section 17: Withdraw Application

An applicant has the option to withdraw his/her application after submission. The applicant may withdraw his/her application until the applicant receives a COI, if applicable. The applicant may resubmit the current application by using the Undo Withdrawal button. However, the applicant must resubmit his/her application by the application deadline to be considered for an award.

### Steps:

1. From the Submitted landing page an applicant clicks the (Withdraw Your Application) button
2. The applicant will be directed to the “Withdraw Application” screen for confirmation
3. The applicant clicks (Withdraw) and is directed to the Submitted Home page
  - Note: The applicant’s status will be updated to “Withdrawn”
4. On the Submitted landing page the applicant may undo his/her withdrawal by clicking (Undo Withdrawal), if the application deadline has not passed
5. If the applicant clicks (Undo Withdrawal), he/she will be directed to the In Progress Landing Page
6. The applicant may make any changes to his/her application when application status is “In Progress,” prior to the application deadline
7. The applicant may also select (Continue) and will be directed to the Self Certification page
8. Applicant indicates that he/she agrees to all certifications by selecting all the checkboxes
9. Applicant (Save and Continue)
10. Applicant is directed to the Review and Submit page
11. Applicant reviews the application
12. Applicant enters his/her password
13. Applicant selects (Submit) and is directed to the Submitted landing page

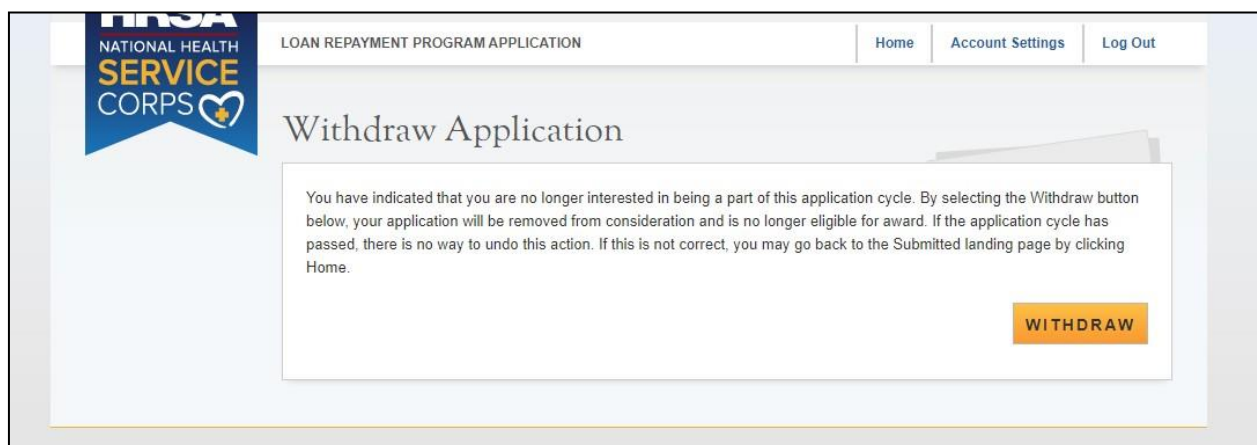


Figure 35: Withdraw Application

LOAN REPAYMENT PROGRAM APPLICATION
Home
Account Settings
Roles
Log Out

## Loan Repayment Program Application

Hello Kristen,

You have withdrawn your application from the 2022 application cycle for the NHSC Loan Repayment Program. Your online application has been removed from consideration and is no longer eligible for an award.

Your overall application status is: **Withdrawn**

Your application ID is: 608902

If you would like to be reconsidered for the 2022 NHSC Loan Repayment Program, you may resubmit your current application using the **Undo Withdrawal** button below until **December 16, 2021 at 7:30 PM EST**. Applications not resubmitted by this time will not be considered for an award. By selecting **Undo Withdrawal**, you will be taken back into the online application and will be in-progress.

UNDO WITHDRAWAL

### EMPLOYMENT VERIFICATIONS

| Site Name                              | Initiation Date | Response Date | Status   |
|----------------------------------------|-----------------|---------------|----------|
| AMCHC Tallulah Community Health Center | 11/10/2021      | 11/10/2021    | Complete |

### GENERAL SUPPORTING DOCUMENTS

| Document Title                                                         | Document Name                        | Status       |
|------------------------------------------------------------------------|--------------------------------------|--------------|
| DATA 2000 Waiver                                                       | Shuler Data Waiver.pdf               | Received     |
| Health Professional License                                            | KShuler FNP License 2023.pdf         | Received     |
| Proof of Payment History for Prior NHSC LRP Service                    |                                      | Not Received |
| Proof of Residency                                                     |                                      | Not Received |
| Proof of U.S. Citizenship or U.S. National                             | Birth Certificate.pdf                | Received     |
| Substance Use Disorder Licensure or Certification                      | MAT 16hr.pdf                         | Received     |
| Verification of Completion of Residency Training                       |                                      | Not Received |
| Verification of Disadvantaged Background/Exceptional Financial Need    | Disadvantage Background.pdf          | Received     |
| Verification of Existing Service Obligation/Member of Reserve Document | NHSC Scholar Service Information.pdf | Received     |
| Additional Supporting Document                                         |                                      | Not          |

Figure 36: Withdrawn Submitted Landing Page

**NHSCA**  
NATIONAL HEALTH  
**SERVICE**  
CORPS

LOAN REPAYMENT PROGRAM APPLICATION

Home Account Settings Log Out

## Loan Repayment Program Application

Hello Test,

Welcome back to the National Health Service Corps (NHSC) Loan Repayment Program (LRP) online application!

Your overall application status is: **In Progress**

Your application ID is: **651913**

Application Deadline: **March 6, 2023 at 7:30 PM EST**

Your contract type is: **Two Year Full Time**

Please select Continue to resume filling out the online application.

| Page Name               | Status      |
|-------------------------|-------------|
| NHSC Eligibility        | Complete    |
| Program Eligibility     | Complete    |
| Application Information | Complete    |
| General Information     | Complete    |
| Discipline & Training   | Complete    |
| Employment              | Complete    |
| Employment Verification | Complete    |
| Loans                   | Complete    |
| Supporting Documents    | Complete    |
| Self-Certifications     | In Progress |
| Review & Submit         | Not Started |

OMB No. 0915-0127 Expiration Date: 03/31/2023

**CONTINUE**

Figure 37: Undo Withdrawal Landing Page

**Business Rules:**

- The ability to withdraw an application will be disabled when the applicant is sent a COI
- If an applicant wishes to re-submit his/her application, he/she must resubmit by the application deadline

## Section 18: Edit Application (Prior to Application Deadline)

If an applicant would like to edit his/her application after submission, he/she may do so prior to the application deadline. If an applicant edits his/her application, the applicant must re-submit his/her application by the application deadline. If the applicant does not resubmit his/her application, the applicant will not be considered for an NSHC LRP award.

### Steps:

1. The applicant clicks Edit Application
2. The applicant clicks or pop-up (below)
3. The applicant will be directed to the In Progress landing page if he/she clicks or the applicant will remain on the submitted landing page if he/she clicks
4. The applicant can navigate to any section of his/her application to make the necessary edits
  - If the applicant wishes to cancel a completed EV, he/she must follow the instructions outline in Section 10, Employment Verification of the user guide to re- initiate the EV(s) and have the EV(s) completed by the applicant's site POC(s).
5. Once the applicant has made his/her edits, the applicant must click Save & Continue at the bottom of the page where edits were made in order to save the edits
6. Once all edits are made and saved, the applicant will navigate to the Self-Certification page
7. Applicant indicates that he/she agrees to all the certifications by selecting each checkbox.
8. Applicant (Save and Continue)
9. Applicant is directed to the Review and Submit page
10. Applicant reviews the application
11. Applicant enters his/her password
12. Applicant selects (Submit) and is directed to the Submitted landing page

HRSA  
NATIONAL HEALTH  
SERVICE  
CORPS

LOAN REPAYMENT PROGRAM APPLICATION

Home Account Settings Log Out

## Loan Repayment Program Application

Hello Test,

Welcome back to the National Health Service Corps (NHSC) Loan Repayment Program (LRP) online application!

Your overall application status is: **In Progress**

Your application ID is: **651913**

Application Deadline: **March 6, 2023 at 7:30 PM EST**

Your contract type is: **Two Year Full Time**

Please select Continue to resume filling out the online application.

| Page Name               | Status      |
|-------------------------|-------------|
| NHSC Eligibility        | Complete    |
| Program Eligibility     | Complete    |
| Application Information | Complete    |
| General Information     | Complete    |
| Discipline & Training   | Complete    |
| Employment              | Complete    |
| Employment Verification | Complete    |
| Loans                   | Complete    |
| Supporting Documents    | Complete    |
| Self-Certifications     | In Progress |
| Review & Submit         | Not Started |

OMB No. 0915-0127 Expiration Date: 03/31/2023

**CONTINUE**

Figure 38: Edit Application Landing Page

**Business Rules:**

- The applicant will not be able to edit his/her application after the application cycle closes
- An applicant must resubmit his/her application by the application deadline, if he/she wants to be considered for a NHSC LRP award
- The applicant will be directed to the In Progress landing page when selecting “Edit”

## Section 19: Resolving Issues

Please use the following instructions to resolve any inquiries an NHSC LRP applicant might have:

1. For Technical Issues:
  - a. Production Support Process: When a technical issue is encountered, e.g. Applicant cannot upload his/her Resume, the Customer Care Center should log the issue in the BMISS Issue Tracker. The NHSC LRP Application BMISS Hypercare team will monitor the BMISS Issue Tracker to define and resolve the issue. Once the issue is resolved, the Hypercare team will notify the Customer Care Center Analyst of the resolution.
  - b. Capturing Issues: It is important to capture and log as much detail as possible. The BMISS Hypercare Support Team will need enough information to recreate the issue in order to solve the problem. Applicant details should include the following:
    - Applicant information: Full name, last four of SSN, email, phone number
    - The exact NHSC LRP Online Application screen the applicant was on when the issue occurred (screenshot if applicable)
    - The Web Browser the applicant was using (e.g. Internet Explorer, Firefox, etc.)
    - The frequency of the issue (e.g. always, sometimes, etc.)
2. For Program Related Issues:
  - a. Division Support Process: If an applicant has a program question, the Customer Care Center will try to answer the problem by referring to the Application and Program Guidance. If the Customer Care Center is unable to answer the question, then the Applicant's question and information are recorded, and the Customer Care Center submits a ticket in the Escalation Management System (EMS). DNHSC analysts will answers the question and the Customer Care Center responds back to the Applicant.
  - b. Online Application Program Issues: For program/policy related questions, please submit a ticket in EMS.
  - c. Capturing Applicant Information: The following applicant information should be captured with as much detail of the issue as possible:
    - First and Last Name
    - Email Address
    - Phone Number
    - Last four digits of SSN
    - Section of Online Application the user was on when he/she encountered the problem
    - Detailed summary of the problem
    - Supporting Document (If applicable)