



National Health Service Corps Loan Repayment Program

Full- & Half-Time Service Opportunities

Fiscal Year 2012 Application & Program Guidance

December 2011

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Clinician Recruitment and Service
5600 Fishers Lane
Rockville, Maryland 20857

For Questions, please call 1-800-221-9393 (TTY: 1-877-897-9910), or email GetHelp@hrsa.gov, Monday through Friday (except Federal holidays) 9:00am to 5:30 pm EST.

Frequently Asked Questions are available online at <http://answers.hrsa.gov/>

*Authority: Section 338B of the Public Health Service Act (42 USC 254I-1), as amended
Section 331(j) of the Public Health Service Act (42 USC 254d(i)), as amended
Future changes in the governing statute, implementing regulations and Program Guidances may also be applicable to National Health Service Corps Loan Repayment Program participants.*

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Privacy Act Notification Statement

General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

Statutory Authority

Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254I-1), as amended; Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended.

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP) is to recruit and retain medical, nursing, dental, and behavioral/mental health clinicians in eligible communities of need designated as health professional shortage areas. The information applicants supply will be used to evaluate their eligibility, qualifications and suitability for participating in the NHSC LRP. In addition, information from other sources will be considered (e.g., credit bureau reports and National Practitioner Data Bank reports).

An individual's contract, application, supporting documentation, related correspondence, and data are maintained in a system of records to be used within the U.S. Department of Health and Human Services to monitor NHSC LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act, to the Congress, the National Archives, the Government Accountability Office, and pursuant to court order and various routine uses (see <http://www.hrsa.gov/privacyact/sorn/09150037.htm>).

The name of an NHSC LRP participant, discipline, specialty, business address, telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the Freedom of Information Act.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the replies to questions related to Race/Ethnicity (Section 2 of the online application for NHSC LRP), an application may be considered incomplete and therefore may not be considered for an award under this announcement.

Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0217. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 Office, 5600 Fishers Lane, Room 10-33, Rockville, Maryland 20857.

Discrimination Prohibited

In accordance with applicable Federal laws, the U.S. Department of Health and Human Services is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability.

Program Overview

INTRODUCTION

What is the National Health Service Corps (NHSC) Loan Repayment Program (LRP)?

The NHSC LRP is administered by the Bureau of Clinician Recruitment and Service (BCRS) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The NHSC LRP seeks primary care physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers to provide culturally competent, interdisciplinary primary health care services to underserved populations located in selected Health Professional Shortage Areas (HPSAs) (See Definitions) identified by the Secretary of HHS. HPSAs can be found in rural and urban communities across the nation. In return, the NHSC LRP assists clinicians in their repayment of outstanding qualifying educational loans.

The NHSC seeks clinicians who demonstrate the characteristics for and an interest in serving the nation's medically underserved populations and remaining in HPSAs beyond their service commitment. It is important to remember that service to HPSA populations, not the repayment of educational loans, is the primary purpose of the NHSC LRP.

What are the benefits of the NHSC LRP?

- (1) **Service.** By joining the thousands of NHSC participants across the country, you have an opportunity to provide primary health care services to communities in need.
- (2) **Loan Repayment.** The NHSC LRP will provide funds to participants to repay their outstanding qualifying educational loans. Loan repayments are exempt from Federal income and employment taxes. These funds are not included as wages when determining benefits under the Social Security Act. Program options include:
 - a. **2-year Full-Time Clinical Practice.** The NHSC will pay up to \$60,000* for an initial 2 years of full-time clinical practice to clinicians serving at an NHSC-approved service site with a HPSA score of 14 or higher. Applicants working at NHSC-approved service sites with HPSA scores of 13 or lower are eligible to receive up to \$40,000* for an initial 2 years of full-time clinical service.

Full-time clinical practice is defined as no less than 40 hours per week, for a minimum of 45 weeks per year. For a more detailed definition of full-time clinical practice, see the "Service Requirements" section on page 18.

- b. **4-year Half-Time Clinical Practice.** The NHSC will pay up to \$60,000* for an initial 4 years of half-time clinical practice to clinicians serving at an NHSC-approved service site with a HPSA score of 14 or higher. Applicants working at NHSC-approved service sites with HPSA scores of 13 or lower are eligible to receive up to \$40,000* for an initial 4 years of half-time clinical service.

Half-time clinical practice is defined as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per year. For a more detailed definition of full-time clinical practice, see the "Service Requirements" section on page 18.

Note that half-time practice is not available to those serving under a Private Practice Option. See “What are the different practice types?” on page 24.

- c. **2-year Half-Time Clinical Practice.** The NHSC will pay up to \$30,000* for an initial 2 years of half-time clinical service to clinicians serving at an NHSC-approved service site with a HPSA score of 14 or higher. Applicants working at NHSC-approved service sites with HPSA scores of 13 or lower are eligible to receive up to \$20,000* for an initial 2 years of half-time clinical service (see above or “Definitions” on page 34).

Note that half-time practice is not available to those serving under a Private Practice Option. See “What are the different practice types?” on page 24.

* If a participant’s outstanding balance of qualifying educational loans is less than the stated amount, the NHSC LRP will pay the remaining balance of the total qualifying educational loans.

- (3) **Additional Loan Repayment Awards.** An NHSC LRP participant may be eligible to continue loan repayment beyond the initial contract, one year at a time, and pay off all qualifying educational loans. To remain eligible, the individual must have unpaid qualifying educational loans, have applied all previously received NHSC LRP payments to reduce his/her qualifying educational loans, continue to serve at an NHSC-approved site, and meet all other program eligibility criteria in effect at the time the participant is being considered for a continuation contract. There is no guarantee that a participant will receive a continuation contract for continued participation in the program beyond the initial contract. Continuation contracts will be made at the Government’s discretion and are subject to the availability of appropriated funds.

Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC LRP payments for application to delinquent Federal and State debts, including delinquent child support payments.

ELIGIBILITY REQUIREMENTS, QUALIFICATION FACTORS and FUNDING PREFERENCES

Am I eligible?

To be eligible for loan repayment, all applicants must:

- (1) Be a U.S. citizen (either U.S. born or naturalized) or U.S. National;
- (2) Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Programs, as appropriate;
- (3) Not have any outstanding service obligation for health professional or other service to the Federal government (e.g., an active military obligation, an NHSC Scholarship Program obligation or a Nursing Education Loan Repayment Program obligation) or a State (e.g., a State Loan Repayment Program obligation) or other entity (e.g., a recruitment bonus that obligates you to remain employed at a certain site), unless the obligation would be completed prior to

receipt of the NHSC LRP award (see below for exception for members of a Reserve component of the Armed Forces or National Guard);

- (4) Not be in breach of a health professional service obligation to the Federal, State or local government;
- (5) Not have any judgment liens arising from Federal debt;
- (6) Not be excluded, debarred, suspended, or disqualified by a Federal agency; AND
- (7) Submit a complete application that is received on or before **May 15, 2012**.

EXCEPTION: Individuals in a Reserve component of the Armed Forces, including the National Guard, are eligible to participate in the NHSC LRP. Reservists should understand the following:

- Military training or service performed by reservists will not satisfy the NHSC service commitment. If a participant's military training and/or service, in combination with the participant's other absences from the service site, will exceed approximately 7 weeks per service year, the participant should request a suspension of his/her service obligation. The NHSC LRP service obligation end date will be extended to compensate for the break in NHSC service.
- If the reservist is deployed, he/she is expected to return to the NHSC service site where he/she was serving prior to deployment. If unable to do so, the reservist must request a transfer to another NHSC-approved service site. If the reservist fails to seek a transfer and subsequently refuses to accept an NHSC assignment to another service site, he/she will be placed in breach of the service obligation.

NHSC LRP applicants must have qualifying educational loans.

(1) Qualifying Educational Loans

- a. An NHSC LRP participant will receive loan repayment funding to be applied to the principal, interest, and related expenses of outstanding Government (Federal, State, or local) and commercial loans for undergraduate or graduate education obtained by the participant for school tuition, other reasonable educational expenses, and reasonable living expenses.
- b. The educational loans must be obtained prior to the date the participant submits his/her online application to the NHSC LRP.
- c. If an NHSC participant obtains additional educational loans toward another health professions degree (after submission of his/her initial application) and subsequently reapplies to participate in the NHSC LRP in his/her new health profession, the qualifying educational loans incurred subsequent to the initial application submission may be repaid.

(2) Consolidated/Refinanced Loans

- a. The consolidated/refinanced loan must be from a Government (Federal, State, or local) or commercial lender and must include only qualifying educational loans of the applicant.
- b. If an otherwise eligible educational loan of the applicant's is consolidated/refinanced with ineligible (non-qualifying) debt of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment.
- c. Eligible educational loans consolidated with loans owed by any other person, such as a spouse or child, are ineligible for repayment.

(3) What types of loans do not qualify for repayment?

- a. Loans for which the associated documentation does not identify the loan as applicable to undergraduate or graduate education.
- b. Loans not obtained from a Government entity or commercial lending institution. Most loans made by private foundations to individuals are not eligible for repayment.
- c. Loans that have been repaid in full.
- d. Parent PLUS Loans.
- e. All co-signed loans.
- f. Personal lines of credit.
- g. Residency relocation loans.
- h. Credit Cards

Documentation of loans will be required. Qualifying educational loans must have documentation to establish that they were contemporaneous with the education received. Loan documentation will be verified by contacting lenders/holders and reviewing the applicant's credit report.

Can I qualify for loan repayment if I've completed my NHSC Scholarship Program (SP) service obligation and have qualifying educational loans?

Scholars completing their NHSC service obligation are eligible to apply for the NHSC LRP, so long as the scholarship obligation will be fulfilled prior to September 30, 2012. Scholars wishing to be considered for an FY 2012 NHSC LRP award should contact the NHSC through the Customer Service Portal to indicate interest in an LRP award and learn more about the service opportunities available. The scholar will need to submit an application 90 days prior to his/her SP obligation end date or by the application cycle deadline (May 15, 2012), whichever is sooner.

The scholar may remain at his/her SP service site, transfer to another NHSC service site with a HPSA score of 14 or higher, or transfer to a service site with a HPSA score below 14. If the scholar will remain at the SP service site or transfer to another service site with a HPSA score of 14 or higher, and meets all other eligibility and qualification factors, the application will be reviewed on a non-competitive basis. If the scholar will be transferring to another service site with a HPSA score of below 14, the application will be processed according to the timeline set forth below (See "How does the NHSC determine which participants will receive loan repayment? on page 13). If the scholar intends to transfer, the scholar must commence working at the new site within 30 days of completing the NHSC SP obligation.

Am I Qualified?

NHSC LRP applicants who have a history of not honoring prior legal obligations, as evidenced by one or more of the following factors, will not be selected:

- (1) Default on a prior service obligation to the Federal government, a State or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means;
- (2) Failure to apply all NHSC LRP funds previously awarded to the applicant's qualifying educational loans;
- (3) Default on any Federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans

- (e.g., student or home mortgage loans, etc.)), or non-Federal payment obligations (e.g., court-ordered child support payments); OR
- (4) Write off of any Federal or non-Federal debt as uncollectible or waiver of any Federal service or payment obligation.

Please be advised that a credit check will be performed as part of the application review process.

NHSC LRP applicants must demonstrate satisfactory professional competence and conduct and meet discipline and specialty-specific education, training and licensure requirements, as described below. Applicants who intend to practice under the NHSC LRP as (i) Federal employees, (ii) Federal contractors, or (iii) employees of a tribal health program (see Definitions) in a state in which the tribal health program provides services described in its contract/compact must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in a State. All other applicants must be licensed, as set forth below, in the State where their NHSC-approved service site is located. The NHSC LRP reserves the right to request documentary proof of completion of discipline-specific advance training (residency, certification, fellowships, etc.), licensure status, and any other requirements set forth below.

Please be advised that a National Practitioner Data Bank report and a Healthcare Integrity and Protection Data Bank report will be reviewed as part of the application review process.

(1) Primary Medical Care

- a. *Allopathic (MD) or Osteopathic (DO) Physicians* must have:
- i. Certification in a primary care specialty from a specialty board approved by the American Board of Medical Specialties or the American Osteopathic Association
-OR-
Completed a residency program in a primary care specialty, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; AND
 - ii. 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 NHSC LRP.

The NHSC-approved primary care specialties for physicians are family medicine, obstetrics/gynecology, general internal medicine, geriatrics, general pediatrics, and psychiatry. Although psychiatrists must meet the above qualifications for physicians, psychiatrists must serve exclusively in mental health HPSAs. Clinicians who meet the above education, training and licensure requirements for their discipline and specialty may serve in an NHSC-approved geriatric service site, if they have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.).

- b. *Primary Care Physician Assistants (PAs)* must have:
- i. A certificate of completion or an associate, bachelor's or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university or educational institution that is accredited by a U.S. Department of Education nationally recognized accrediting body or organization;
 - ii. National certification by the National Commission on Certification of Physician Assistants; AND
 - iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

The NHSC-approved primary care practice areas for PAs are adult, family, pediatric, psychiatry, mental health, geriatrics, and women's health. Clinicians who meet the above education, training and licensure requirements for their discipline and specialty may serve in an NHSC-approved geriatric service site, if they have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.).

(2) **Primary Nursing Care**

- a. *Primary Care Certified Nurse Practitioners (NPs)* must have:
- i. 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, in one of the primary care NP specialties listed below;
 - ii. National certification by the American Nurses Credentialing Center (ANCC), the American Academy of Nurse Practitioners (AANP), the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation in one of the primary care NP specialties listed below; AND
 - iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

The NHSC-approved primary care specialties for NPs are adult, family, pediatric, psychiatric and mental health, gerontological, and women's health. Clinicians who meet the above education, training and licensure requirements for their discipline and specialty may serve in an NHSC-approved geriatric service site, if they have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.).

- b. *Certified Nurse-Midwives (CNMs)* must have:
- i. A master's degree or post-baccalaureate certificate from a school accredited by the American College of Nurse-Midwives (ACNM);

- ii. National certification by the American Midwifery Certification Board (formerly the ACNM Certification Council); AND
- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

(3) Primary Care Dentistry

- a. *General Dentists* must have:
 - i. A D.D.S. or D.M.D. degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA); AND
 - ii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.
- b. *Pediatric Dentists* must have:
 - i. A D.D.S. or D.M.D. degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA);
 - ii. Completed a 2-year training program in the specialty of pediatric dentistry that is accredited by the ADA, CODA; AND
 - iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.
- c. *Registered Dental Hygienists (RDHs)* must have:
 - i. Graduated from a 4-year program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA), with a bachelor's degree in dental hygiene
-OR-
Graduated from a 2-year dental hygiene training program accredited by the ADA, CODA with a diploma, certificate or associate degree AND have at least one year of experience as a licensed dental hygienist;
 - ii. Successfully passed the National Board Dental Hygiene Examination; AND
 - iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

(4) Primary Care Behavioral and Mental Health

The NHSC recognizes that States have varying educational, experience and testing requirements for the licensing of behavioral and mental health clinicians. The NHSC adheres to the national certification and licensing standards detailed below to assure that its clinicians have the ability to obtain licensure in multiple States.

- a. *Psychiatrists* must:
 - i. Meet the qualifications for physicians (see Allopathic (MD) or Osteopathic (DO) Physicians [(1)a] above); AND
 - ii. Serve exclusively in mental health HPSAs.

- b. *Health Service Psychologists (HSP)* must have:
 - i. A doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a program accredited by the American Psychological Association, Commission on Accreditation;
 - ii. A minimum of one year of post-graduate supervised clinical experience;
 - iii. Passed the Examination for Professional Practice of Psychology (EPPP);
 - iv. The ability to practice independently and unsupervised as a health service psychologist; AND
 - v. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

HSPs who work at schools that are NHSC-approved service sites are eligible to participate in the NHSC LRP, so long as they meet all other requirements listed above, are primarily engaged in direct clinical and counseling services, and are able to meet the clinical practice requirements (see “What are the service requirements?” on page 18) for the entire calendar year. Psychologists focused on career or guidance counseling are not eligible to participate in the NHSC LRP.

- c. *Licensed Clinical Social Workers (LCSWs)* must have:
 - i. A master’s degree or doctoral degree in social work from a school accredited by the Council on Social Work Education and affiliated with an educational institution accredited by the U.S. Department of Education nationally recognized accrediting body;
 - ii. Successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing exam prior to July 1, 1998, or the ASWB Clinical Exam on or after July 1, 1998;
 - OR-
 - Successfully passed the California Board of Behavioral Sciences LCSW Standard Written Examination and Written Clinical Vignette Examination;
 - iii. The ability to practice independently and unsupervised as a licensed clinical social worker; AND
 - iv. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice, at the level of licensure that allows them to practice independently and unsupervised as a Clinical Social Worker, from the State in which they intend to practice under the NHSC LRP.

- d. *Psychiatric Nurse Specialists (PNSs)* must have:
- i. A master's degree or higher degree in nursing from a program accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE) with a specialization in psychiatric/mental health and 2 years of post-graduate supervised clinical experience in psychiatric/mental health nursing
-OR-
A baccalaureate or higher degree in nursing from a program accredited by the NLNAC or CCNE;
 - ii. Certification by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing; AND
 - iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice as a Registered Nurse (or PNS, if applicable) in the State in which they intend to practice under the NHSC LRP.
- e. *Marriage and Family Therapists (MFTs)* must:
- i. Have completed a master's or doctoral program in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or earned a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited post-graduate degree clinical training program in marriage and family therapy;
 - ii. Have at least 2 years of post-graduate supervised clinical experience as an MFT
-OR-
Be clinical members of the American Association for Marriage and Family Therapy (AAMFT); AND
 - iii. Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an MFT in the State in which they intend to practice under the NHSC LRP
-OR-
If such licensure is not available in the State of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an MFT in a State.
- f. *Licensed Professional Counselors (LPCs)* must:
- i. Have a master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency;
 - ii. Have at least 2 years of post-graduate supervised counseling experience;

- iii. Be certified as a National Certified Counselor (NCC) or a Certified Clinical Mental Health Counselor (CCMHC) by the National Board for Certified Counselors; AND
- iv. Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an LPC in the State in which they intend to practice under the NHSC LRP

-OR-

If such licensure is not available in the State of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) to practice independently and unsupervised as an LPC in a State.

LPCs who work at schools that are NHSC-approved service sites are eligible to participate in the NHSC LRP, so long as they meet all other requirements listed above and are able to meet the clinical practice requirements (see “What are the service requirements?” on page 18) for the entire calendar year. Career or guidance counselors are not eligible to participate in the NHSC LRP.

Providers of Geriatric Services: Clinicians who meet the above education, training and licensure requirements for their discipline and specialty may serve in an NHSC-approved geriatric service site, if they have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.).

NHSC LRP applicants must have accepted a position at an NHSC-approved service site.

In order to qualify for the NHSC LRP, the applicant must either: 1) be working at an NHSC-approved service site or 2) have accepted an offer of employment at an NHSC-approved service site and will begin employment at that site within 60 days of the submission of his/her NHSC LRP application. For more information, see “Finding a Site.” For scholars completing their obligation and seeking to transition into the NHSC LRP, if transferring to a different NHSC-approved service site, service must begin within 30 days of completing the SP obligation.

How does the NHSC determine which applicants will receive loan repayment?

Eligible applicants are encouraged to apply early. Processing of applications will be conducted continuously until September 2012. Last year, there were more qualified applicants than funding available. HRSA anticipates that the number of qualified applicants will exceed available funding in FY 2012.

In order to determine which applicants are funded, consideration is given to community need, as determined by HPSA designation scores. These scores are indicated on the NHSC Job Opportunities List (see “Additional Materials” on page 34) – the higher the score, the greater the need. For those applying to the NHSC who will be working 100 percent of the time at an NHSC service site with a HPSA of 14 and higher, the NHSC will process applications within 12-16 weeks. For those applying to the NHSC who will be working 100 percent of the time at an NHSC service site with a HPSA between

13 and 10, the NHSC will process your application within 16-20 weeks. For those applying to the NHSC who will be working 100 percent of the time at an NHSC service site with a HPSA score of 9 and below, the NHSC will not begin to review your application for funding until the application deadline (May 15, 2012) has passed. At that point, the NHSC will fund qualified applications by descending HPSA score, including those above 9. If an applicant will be working at multiple sites with differing HPSA scores, the lowest score will be used to determine how the application will be processed.

HPSA Score of the NHSC Site	Application Processing Time
14-26	12-16 weeks from the time a complete application is submitted
10-13	16-20 weeks from the time a complete application is submitted
0-9	Application held until deadline (May 15, 2012); Once deadline passes, if funds are still available, these applications will be processed, along with any remaining applications, by descending HPSA score.

In addition, the following funding preferences will be applied:

- (1) Disadvantaged Background** (see Definitions). The applicant must submit certification from a school that he or she: (i) was identified as having a “disadvantaged background” based on environmental and/or economic factors or (ii) received a federal Exceptional Financial Need Scholarship.
- (2) Characteristics Likely to Remain in HPSAs.** The NHSC will also give funding preference to applicants who display characteristics that indicate a higher likelihood of continuing to serve in a HPSA once the service obligation is completed.

What is the process once my application is approved?

Please note that only the Secretary or his/her designee can make an NHSC LRP contract award. An NHSC LRP award cannot be guaranteed by a site, the Division of Regional Operations, Primary Care Office, Primary Care Association, or any other person or entity.

If your application is approved, the NHSC will notify you electronically that you have been selected to receive an LRP award and request that you confirm or rescind your interest in receiving an award by completing an online “Confirmation of Interest” document. If you wish to accept the LRP award, you will be directed to the NHSC LRP contract to sign and submit electronically. At the same time, you will be asked to furnish your banking information to facilitate the electronic funds transfer of the award funds.

In addition, individuals who have been identified as needing to serve under a Private Practice Option (see “What are the different practice types?” on page 24) will be asked to officially request this service option, as required by law.

An applicant’s electronic signature alone on the NHSC LRP contract document does not constitute a contractual agreement. The NHSC LRP contract becomes effective on the date it is countersigned by

the Secretary or his/her designee. An applicant may withdraw his/her application anytime **before** a contract is countersigned by the Secretary or his/her designee. After a contract has taken effect, the Secretary or his/her designee may terminate the contract under the circumstances set forth below (see “Can the LRP contract be terminated?”).

Payments are disbursed in the form of a lump sum payment and will be electronically issued to participants approximately 90 days after the contract start date. Where the award amount is less than the maximum amount set forth in this Guidance, the payment will be calculated to include interest incurred during the period between the contract start date and the disbursement of funds.

Once a contract is in place, the NHSC LRP participant is expected to attend the NHSC Awardee Conference. At the conference, participants will be provided: (1) assistance in successfully completing their NHSC LRP service commitment and (2) practical resources and tools to make service to the underserved a fulfilling experience. An individual may not register for a conference unless notified, in writing, that he or she has been awarded an NHSC LRP contract. Participants will be notified by mail and/or email of upcoming conference and Internet-based training sessions. Conference dates will also be posted on the NHSC web site.

The NHSC will cover the cost of travel, lodging, ground transportation, and meal and incidental expenses during the conference. If a participant is unable to attend a face-to-face conference, he or she will be expected to participate in an Internet-based training session.

Can the NHSC LRP contract be terminated?

The Secretary may terminate an awarded NHSC LRP contract if, no later than 45 days before the end of the fiscal year (i.e., August 17, 2012), the BCRS has received from the participant:

- (1) A written and signed request to terminate that contract; and
- (2) Repayment of all amounts of loan repayments paid to, or on behalf of, the participant under that contract.

The check must be payable to the “DHHS Collections Officer.” Both the request and the check should be mailed to:

NHSC LRP
5600 Fishers Lane, Room 8-37, Rockville, Maryland 20857
nhscrlp@hrsa.gov

What if my contact information changes?

Applicants and participants must provide the NHSC with notification of any changes in their contact information (name change, email, mailing address, or telephone number) no later than 2 weeks after the change occurs. Applicants can manage their contact information through their online application account. Once an applicant has been converted to a participant, he or she will be provided with information for logging in to the Customer Service Portal. The Portal is an online resource for NHSC participants to manage several customer service inquiries, such as contact information changes. The Portal is available at <https://programportal.hrsa.gov/>.

The NHSC LRP frequently corresponds with applicants by email. Please check your email during the application process for correspondence from our office and make certain to disable SPAM blockers (or check your SPAM folder).

FINDING A SITE

What sites are eligible for the NHSC LRP?

NHSC-approved service sites (see “Definitions”) are healthcare facilities that generally provide outpatient primary health services to populations residing in urban or rural HPSAs. Examples include Federally Qualified Health Centers (FQHCs) (see “Definitions”), Rural Health Clinics (RHCs) (see “Definitions”), Indian Health Service, Tribal, or Urban Indian Health Clinic (see “Definitions”), Federal or State prisons, solo or group practices (see “Definitions”), Public Health Departments, and Hospital-affiliated outpatient primary care practices, or Critical Access Hospitals (CAHs) (see “Definitions”). Note that CAHs are eligible under a 3-year pilot program. Clinicians serving at CAHs at the end of the pilot will be allowed to complete their service obligation, but may be required to transfer should the NHSC no longer deem CAHs as eligible sites.

The following are not eligible NHSC service sites, even if they are located in a HPSA: county/local prisons, inpatient hospitals (except for CAHs), and other inpatient facilities.

Is there a limit to how many LRP participants can serve at any one site?

Yes. NHSC-approved service sites may have several vacancies per discipline category posted on the NHSC Job Opportunities List; however, the NHSC places limitations on each of the approved sites by discipline categories. From December 2011 through September 2012, the number of new NHSC placements through LRP allowed at any one site is limited to the following:

HPSA Score	Discipline Category		
	<i>Primary Health Care</i>	<i>Primary Care Dentistry</i>	<i>Behavioral and Mental Health</i>
14-26	No more than: <ul style="list-style-type: none"> • 15 MD or DO physicians; • A combined total of 15 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> • 15 Dentists; • 15 RDHs. 	No more than: <ul style="list-style-type: none"> • 15 Psychiatrists (MD or DO); • A combined total of 15 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.
10-13	No more than: <ul style="list-style-type: none"> • 12 MD or DO physicians; • A combined total of 12 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> • 12 Dentists; • 12 RDHs. 	No more than: <ul style="list-style-type: none"> • 12 Psychiatrists (MD or DO); • A combined total of 12 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.
0-9	No more than: <ul style="list-style-type: none"> • 9 MD or DO physicians; • A combined total of 9 NPs, PAs, or CNMs. <i>Mental health clinicians in these disciplines are not included.</i>	No more than: <ul style="list-style-type: none"> • 9 Dentists; • 9 RDHs. 	No more than: <ul style="list-style-type: none"> • 9 Psychiatrists (MD or DO); • A combined total of 9 HSPs (Clinical or Counseling), LCSWs, LPCs, MFTs, or PNSs.

If the number of qualified applicants at an NHSC-approved site exceeds the number of awards allowed per site, the loan repayment awards will be offered to applicants in the order in which the clinicians are determined to be qualified based on their completed applications.

Where do I find a job that qualifies?

Before you apply for an NHSC LRP award, you must be working, or will commence working within 60 days of submitting your application, at an NHSC-approved service site (see item (1) below). If the site that you are interested in is not already approved by the NHSC, the steps outlined in item (2) will need to be completed before you can submit an application to the NHSC LRP.

- (1) **NHSC-Approved Service Sites.** The NHSC Job Opportunities List (http://nhscjobs.hrsa.gov/Search_HPOL.aspx) contains a searchable database of vacant positions at NHSC-approved service sites. NHSC LRP applicants are eligible to compete for all Scholarship and Loan Repayment vacancies in their discipline/specialty and corresponding to the service option they have chosen (full-time or half-time). If interested in a position on the Job Opportunities List, you must contact the site directly to apply.

For a listing of all current NHSC-approved service sites (with or without vacancies), see the HRSA Geospatial Data Warehouse (<http://datawarehouse.hrsa.gov/HGDWReports/OneClickRptFilter.aspx?rptName=NHSCAppSiteList&rptFormat=HTML3.2>). Applicants may contact any NHSC-approved service site on this list regarding possible vacancies in their particular discipline/specialty.

- (2) **Sites Located in HPSAs, but not NHSC-approved Service Sites.** If an applicant is interested in serving at a site located in a HPSA (<http://hpsafind.hrsa.gov>) that is not an NHSC-approved service site, that site needs to submit an NHSC Site Application. If the Site Application is approved, the site will then be able to post vacancies on the NHSC Job Opportunities List. More information about the Site Application and criteria for consideration can be found at <http://nhsc.hrsa.gov/communities/>.

If an applicant seeks employment at a service site that does not have a HPSA designation, the facility may apply for designation at: <http://bhpr.hrsa.gov/shortage/hpsapply.htm>. For further assistance regarding site or HPSA issues, please contact your State Primary Care Office (PCO) or Primary Care Association (PCA) at <http://bhpr.hrsa.gov/shortage/pcos.htm> or <http://bphc.hrsa.gov/technicalassistance/pcadirectory.htm>.

Solo or group practice sites wishing to be NHSC-approved service sites will be subject to additional review and be required to submit documentation in addition to the Site Application. Documentation includes, but is not limited to, proof of financial viability, proof of malpractice coverage, and a copy of the practice's business plan. All solo and group private practices must receive a site visit from the NHSC prior to being approved. For FY 2012, the NHSC will be prioritizing the site visits of solo and group private practices by HPSA score. For solo and group private practices that will be located in HPSAs of 14 and above, the DRO will process your Site Application, including the site visit, according to the process set forth on

page 11 of the NHSC Service Site Reference Guide (<http://www.nhsc.hrsa.gov/downloads/sitereference.pdf>). For all solo and group private practices located in HPSAs of 13 and below, your Site Application will be held, pending the pre-approval site visit, until March 1, 2012. After March 1, if funds and staff resources are still available, the DRO will process all remaining pre-approval site visits by descending HPSA score.

The Site Application must be approved before the clinician is eligible to apply to the NHSC LRP. Because a site visit is required prior to approval of a solo or group private practice, sites are strongly encouraged to submit their Site Application no later than January 14, 2012, in order for it to be reviewed in time for the applicant to submit his or her LRP application.

Participants serving in a solo or group practice under the Private Practice Option are not eligible to serve half-time.

Solo and group private practices must have an established practice for at least 12 months prior to submitting a Site Application, which is indicated by billing history documentation.

If you will be working at more than one site (e.g., several satellite clinics), each site must be an NHSC-approved service site. You must select all service locations from the drop-down menu on the application and list them for verification purposes on the Employment Verification Form (EVF). If you are not able to select your site when completing the application, you must contact the NHSC to obtain the approval status of the site you want to select. Selecting a site that is not where you would be providing clinical services may disqualify your application or cause a delay in processing. **To receive the highest award level for working in a high-need HPSA, all service sites at which a clinician will work must have a HPSA score of 14 or above.**

Does the NHSC pay my salary?

No. NHSC LRP participants are employees or independent contractors of the NHSC-approved sites and will receive a salary and benefits from the service site, or are self-employed. Employment contract negotiations are solely the responsibility of the clinician and are between the clinician and the service site. Further, the service site cannot guarantee an NHSC LRP contract award; therefore, NHSC loan repayments must not be part of salary negotiations between clinicians and service sites. The terms of the employment contract should be carefully reviewed and fully understood by the clinician before the contract is signed. Applicants may want to seek legal guidance from private counsel before entering into an employment contract.

SERVICE REQUIREMENTS

What are the service requirements?

Full-time participants must agree to provide two (2) years of full-time clinical practice (defined below) at one or more NHSC-approved service sites.

Half-time participants must agree to either provide four (4) years of half-time clinical practice (defined below) at one or more sites approved by the NHSC or 2 years of half-time clinical practice at one or more sites the approved by the NHSC.

It is important to remember that your service contract with the NHSC LRP is separate and independent from your employment contract. Please note that the NHSC LRP requires a participant to work a specified minimum number of hours (defined below). If your employment contract stipulates fewer hours (and your salary is based on those hours), you are still required to meet the NHSC LRP service obligation requirements, and your site administrator must verify your total work hours (paid and unpaid) every six months during your period of obligated service.

What are the requirements for full-time or half-time clinical practice?

Every participant is required to engage in the clinical practice of the profession for which he or she applied and was awarded an NHSC LRP contract, at his or her NHSC-approved service site(s).

- (1) **Full-time clinical practice** is defined, for the purposes of the NHSC LRP, as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than four (4) days per week, with no more than 12 hours of work to be performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 40 hours per week, and excess hours cannot be applied to any other work week. Also, time spent “on call” will not be counted towards the service requirement, except to the extent the provider is directly serving patients during that period.
 - a. For all health professionals, except as noted in (b), (c), and (d):
 - i. At least 32 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining eight (8) hours of the minimum 40 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Practice-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week.
 - iv. Teaching activities at the approved service site shall not exceed 8 hours of the minimum 40 hours per week, unless the teaching takes place in a HRSA-funded Teaching Health Center. Teaching activities in a HRSA-funded Teaching Health Center shall not exceed 20 hours of the minimum 40 hours per week.
 - b. For OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists:
 - i. At least 21 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours.

- ii. The remaining 19 hours of the minimum 40 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Practice-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week.
 - iv. Teaching activities at the approved service site shall not exceed 8 hours of the minimum 40 hours per week, unless the teaching takes place in a HRSA-funded Teaching Health Center. Teaching activities in a HRSA-funded Teaching Health Center shall not exceed 20 hours of the minimum 40 hours per week.
- c. For mental and behavioral health providers:
- i. At least 21 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining 19 hours of the minimum 40 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Practice-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week.
 - iv. Teaching activities at the approved service site shall not exceed 8 hours of the minimum 40 hours per week, unless the teaching takes place in a HRSA-funded Teaching Health Center. Teaching activities in a HRSA-funded Teaching Health Center shall not exceed 20 hours of the minimum 40 hours per week.
- d. For physicians, physician assistants, nurse practitioners, and certified nurse midwives serving in Critical Access Hospitals (CAHs):
- i. At least 16 of the minimum 40 hours per week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient ambulatory care setting(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining 24 hours of the minimum 40 hours per week must be spent providing direct patient care or teaching at the CAH(s) or the CAH-affiliated outpatient ambulatory care setting specified in the Customer Service Portal, providing direct patient care in the CAH's skilled nursing facility or swing bed unit, or performing practice-related administrative activities.
 - iii. Practice-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week.
 - iv. Teaching activities at the approved service site(s) shall not exceed 8 hours of the minimum 40 hours per week, unless the teaching takes place in a HRSA-funded Teaching Health Center (THC) (see Definitions). Teaching activities in a HRSA-funded THC shall not exceed 20 hours of the minimum 40 hours per week.

- (2) **Half-time clinical practice** is defined, for the purposes of the NHSC LRP, as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per service year. The 20 hours per week may be compressed into no less than 2 work days per week, with no more than 12 hours of work to be performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 20 hours per week, and excess hours cannot be applied to any other work week. Full-time work done by a half-time participant will not change the participant's half-time status (and will not entitle the clinician to full-time service credit). Also, time spent "on call" will not count towards the service requirement, except to the extent the provider is directly serving patients during that period.
- a. For all health professionals, except as noted in (b), (c), and (d):
 - i. At least 16 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining 4 hours of the minimum 20 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Teaching and practice-related administrative activities shall not exceed a total of 4 hours of the minimum 20 hours per week.
 - b. For OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists:
 - i. At least 11 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining nine (9) hours of the minimum 20 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Teaching and practice-related administrative activities shall not exceed a total of 4 hours of the minimum 20 hours per week.
 - c. For behavioral and mental health providers:
 - i. At least 11 of the minimum 20 hours per week must be spent providing direct patient care in the outpatient ambulatory care setting(s) at the approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining nine (9) hours of the minimum 20 hours per week must be spent providing clinical services for patients or teaching in the approved service site(s), or providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or performing practice-related administrative activities.
 - iii. Teaching and practice-related administrative activities shall not exceed a total of 4 hours of the minimum 20 hours per week.

- d. For physicians, physician assistants, nurse practitioners, and certified nurse midwives serving in a CAH:
 - i. At least 8 of the minimum 20 hours per week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient ambulatory care setting(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining 12 hours of the minimum 20 hours per week must be spent providing direct patient care or teaching at the CAH(s) or the CAH-affiliated outpatient ambulatory care setting specified in the Customer Service Portal, providing direct patient care in the CAH's skilled nursing facility or swing bed unit, or performing practice-related administrative activities.
 - iii. Teaching and practice-related administrative activities shall not exceed a total of 4 hours of the minimum 20 hours per week.

Administrative or other non-clinical activities include charting, research, attending staff meetings, court appearances, and other non-treatment related activities pertaining to the participant's approved NHSC practice.

Teaching activities, to qualify as clinical practice require the NHSC LRP participant to provide clinical education to students and residents in their area of expertise. All teaching must be conducted at the NHSC-approved service site(s). The clinical education may:

- (1) Be conducted as part of an accredited clinical training program;
- (2) Include the clinical supervision of a student/resident that is required in order for that student/resident to receive or maintain a health professional license under State law; or
- (3) Include mentoring that is conducted as part of the Student/Resident Experiences and Rotations in Community Health (SEARCH) program, the Health Careers Opportunity Program (HCOP), or the Centers of Excellence program.

Note that if the NHSC LRP participant is actually providing the service while a student/resident observes, the time should be counted as direct clinical care, not teaching, as the NHSC LRP participant is treating the patient.

Absences

Please note that the information provided below pertains to compliance with the NHSC LRP service obligation and is not a guarantee that a service site will allow any particular amount of leave.

- (1) Full-time participants are allowed to spend no more than 35 full-time workdays per service year away from the NHSC-approved service site for vacation, holidays, continuing professional education, illness, or any other reason.
- (2) Half-time participants are allowed to spend no more than 35 half-time workdays per service year away from their site for vacation, holidays, continuing professional education, illness, or any other reason.
- (3) If a participant works more than the minimum number of hours per week (40 for full-time, 20 for half-time), the only time spent away from the site that will need to be reported (see below "Service Verification") and deducted from the allowed absences per service year (set forth above) are the hours of absence that cause a participant's work hours to fall below the required minimum number of hours per week. For example, a half-time participant whose

work schedule is 32 hours per week would not need to report 12 hours of sick leave taken, because the participant has still met the requirement of a minimum of 20 hours per week.

If a participant has circumstances due to a medical or personal emergency that will result in an extended period of absence, he/she will need to request a suspension of the NHSC service commitment. The NHSC cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant's service commitment end date will be extended accordingly. See "Suspension, Waiver, or Cancellation of the Commitment" on page 28.

Service Verification

Every NHSC LRP participant who is practicing at an NHSC-approved service site must submit a service verification form for each 6 months of service. The forms must be completed and signed by the participant and an appropriate official at the NHSC-approved service site. By signing this form, the site will be certifying the participant's compliance or noncompliance with the applicable clinical practice requirement during that 6-month period. The form will also record the time spent away from the service site, e.g., the total number of days during the 6-month period that the participant fell below the minimum service requirement (e.g., only hours that fall below 40 hours in the case of full-time and 20 hours in the case of half-time).

Participants who fail to complete and submit their 6-month service verification forms on time may jeopardize receiving service credit. It may also impact the awarding of a continuation contract. The form will be available through the Customer Service Portal (<https://programportal.hrsa.gov/>).

Can I convert from full-time to half-time status?

Yes, if the following conditions are met:

- (1) Your NHSC-approved service site agrees in writing that you may convert to half-time clinical practice (as defined by the NHSC LRP above);
- (2) You are a Federal employee or a Private Practice Assignee (see "What are the different practice types?" below). The half-time service option is not authorized for PPO practitioners;
- (3) You complete the "conversion request form," accessible at <http://nhsc.hrsa.gov/loanrepayment/halftime/halftimeconversionform.pdf>; and
- (4) You agree in writing (by signing an amendment to your NHSC LRP full-time contract) to complete your remaining service obligation through half-time clinical practice for twice as long as your full-time commitment.

If you are approved to convert to half-time status, your service obligation end date and your allowable leave will be adjusted accordingly. Participants who receive waivers to serve half-time must fulfill the rest of their service commitment serving half-time; participants will not be allowed to switch back to full-time service once they have been authorized for half-time service.

Can I convert from half-time to full-time status?

No. However, half-time participants can enter into a new full-time continuation contract under the following circumstances:

- (1) You have completed your initial 2-year or 4-year (as applicable) half-time service contract and any continuation contract. Participants will not be allowed to switch from half-time to full-time status within a service contract period (e.g., 6 months into a 2-year half-time contract);

- (2) Your NHSC-approved service site agrees in writing that you will convert to full-time clinical practice (as defined by the NHSC LRP above); and
- (3) You sign a new NHSC LRP contract, agreeing to perform one year of full-time clinical practice at your NHSC-approved service site.

If you are approved to receive a new continuation award for half-time service, you will receive a new service obligation end date and your allowable leave will be adjusted accordingly.

What are the different practice types?

Generally, NHSC participants will serve in the NHSC as either federal employees or employees of a public or private entity and are subject to the personnel system of the entity to which he or she is assigned. In addition, NHSC participants are generally provided a salary at least equal to what he or she would have received as a civilian employee of the U.S. Government and provided malpractice insurance, including tail coverage (either commercial or through the Federal Tort Claims Act) by the entity to which he or she is assigned. These practice types are considered either a Federal Assignment or a Private Practice Assignment.

In some circumstances, an NHSC participant is not subject to the personnel system of the site to which he or she is assigned, does not receive a salary equivalent to a civilian employee of the U.S. Government, and/or is not provided malpractice coverage by their site. In these cases, the clinician fulfills his or her obligation through a Private Practice Option. It is important to note that clinicians in this category do not have access to some of the benefits available to FAs and PPAs, namely the ability to serve half-time.

Federal Assignment. NHSC LRP participants serving as Federal employees are either Federal Civil Service employees or active members of the U.S. Public Health Service Commissioned Corps and will typically be working at a Federal site (e.g., the Federal Bureau of Prisons). This assignment category is available to both full- and half-time participants, subject to Federal personnel regulations.

Private Practice Assignment (PPA). Under a PPA, an NHSC LRP participant is employed by a public or private entity and is subject to the personnel system (i.e., employment policies) of the entity to which he or she is assigned. In addition, the site assures that the participant will receive a salary and malpractice coverage at least equal to what he or she would have received as a civilian employee of the U.S. Government. Malpractice insurance, including tail coverage, can be provided through a commercial carrier or through the Federal Tort Claims Act. This assignment option is available to both full- and half-time participants.

Private Practice Option (PPO). Under the PPO, an NHSC LRP participant may be (a) self-employed – i.e., a solo practitioner; (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible NHSC service site who is not receiving salary and malpractice coverage at least equal to what he/she would receive as a Federal Civil Servant. In order to serve under the PPO, the applicant must make such request when completing the “Confirmation of Interest” form. In addition, if the NHSC approves such request, the participant must enter into a PPO Agreement that stipulates the special provisions that apply to those serving under the PPO. The PPO service option is open only to full-time participants.

NOTE: Federal assignments and Private Practice Assignments require the NHSC-approved service site to accept Medicare assignment, enter into the appropriate agreements under Medicaid and the Children’s Health Insurance Program, and utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient’s ability to pay. See definition of NHSC-approved service site. The Private Practice Option requires the individual to comply with the aforementioned billing requirements.

If you are...	and your salary and malpractice/tail coverage are...	you will serve under a:
A Federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps	provided by a federal government entity	Federal Assignment (FA)
NOT a Federal employee but you are an employee of an eligible HPSA site	<i>at least equal to</i> what you would earn as a civilian employee of the U.S. Government	Private Practice Assignment (PPA)
NOT a Federal employee but you are an employee of an eligible HPSA site	LESS THAN what you would earn as a civilian employee of the U.S. Government	Private Practice Option (PPO)
NOT a Federal employee but a contractor to an eligible HPSA site, or a member of a group practice in an eligible HPSA site, or a solo practitioner in an eligible HPSA site	whatever income you earn or generate; whatever malpractice coverage you purchase or receive	PPO

When does the service obligation begin?

The NHSC LRP contract becomes effective on the date it is countersigned by the Secretary or his/her designee. Service credit will commence upon the later of: the effective date of the contract or the date service begins (full-time or half-time clinical practice, as applicable). The participant’s award letter will note the beginning and ending dates of the service obligation. In addition, this information is contained in the participant profile on the Customer Service Portal. Participants will **not** receive service credit for any employment at an NHSC-approved site prior to the effective date of their NHSC LRP contract.

CHANGING JOBS

Can I leave my NHSC-approved service site prior to completion of service?

The NHSC expects that a participant will fulfill his or her obligation at the NHSC-approved service site(s) identified in the “Confirmation of Interest” notification that the participant will be required to electronically sign. However, the NHSC does understand that circumstances may arise that require a participant to leave the initial service site and complete service at another NHSC-approved service site. If a participant feels he/she can no longer continue working at the approved service site, the

participant should discuss the situation and/or concerns with the NHSC service site management and contact the NHSC immediately through the Customer Service Portal. If the participant leaves his/her NHSC-approved service site(s) without prior approval of the NHSC, he/she may be placed in default as of the date he/she left the initial NHSC-approved service site and become liable for the monetary damages specified in his/her NHSC LRP contract.

How do I request a transfer to another NHSC-approved service site?

If a participant needs to transfer to another site, the participant must request a transfer through the Customer Service Portal. The transfer must be approved and processed by the NHSC prior to the participant beginning to work at that site. If a participant transfers sites prior to NHSC approval, he/she will not receive service credit for the time period between the transfer and the NHSC approval. If the proposed transfer site is disapproved and the participant refuses assignment to another NHSC-approved service site, he/she may be placed in default.

Participants who voluntarily resign from their sites without prior approval from the NHSC or are terminated by their site(s) for cause may not receive a transfer to another site and may be placed in default.

Clinicians serving in a high-need HPSA (defined as a HPSA of 14 and above) must transfer to another high-need NHSC-approved service site.

What if I am laid off from my job at an NHSC-approved site?

If you become unemployed or are informed by your site of a termination date, contact NHSC immediately either through the Customer Service Portal, email or phone. NHSC provides regional assistance to help unemployed participants identify a position at an approved NHSC site.

What if my site wants me to work at an unapproved satellite clinic?

If a site asks a participant to work at a clinic that is not listed in the provider's profile on the Customer Service Portal, the participant should immediately notify the NHSC through the Customer Service Portal. Generally, time spent at unapproved clinics will not count towards the service commitment.

BREACHING THE NHSC LRP CONTRACT

What if I breach my NHSC LRP contract?

While the NHSC will work with participants to assist them, to the extent possible, to avoid a breach and fulfill the service commitment, participants are reminded that the failure to complete service for any reason is a breach of the NHSC LRP obligation.

A participant who breaches a commitment to serve in a full-time clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$7,500 multiplied by the number of months of obligated service not completed; AND

- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

A participant who breaches a commitment to serve in a half-time clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$3,750 multiplied by the number of months of obligated service not completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

Note: The minimum amount the United States is entitled to recover from a participant who breaches a commitment to serve full-time or half-time will not be less than \$31,000.

Any amounts the United States is entitled to recover, as set forth above, must be paid within one year from the date of default. Failure to pay the debt by the due date has the following consequences:

- (1) The debt will be reported to credit reporting agencies. During the one-year repayment period, the debt will be reported to credit reporting agencies as “current.” If the debt becomes past due (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as “delinquent.”
- (2) The debt may be referred to a debt collection agency and the Department of Justice. Any NHSC LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.
- (3) Administrative Offset. Federal or State payments due to the participant (e.g., an IRS or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC LRP debt. Also, defaulters who are Federal employees may have their salary garnished to pay a delinquent NHSC LRP debt.
- (4) Licensure Sanctions. In some States, health professions licensing boards are allowed to impose sanctions, including suspension or revocation of a defaulter’s professional license, if the defaulter fails to satisfactorily address repayment of his/her NHSC LRP debt.
- (5) Bankruptcy. A financial obligation under the NHSC LRP may be discharged in bankruptcy only if the discharge is granted more than seven years after the debt becomes due and only if a bankruptcy court determines that the non-discharge of the debt would be unconscionable.

Sample Default Scenarios

Scenario 1: Dr. Jane Smith entered into a 2-year NHSC LRP full-time service contract effective January 14, 2012. Her service end date is January 14, 2014. She received \$60,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her service site at the end of her workday on March 31, 2013. The NHSC determines that she defaulted on her LRP contract on April 1, 2013, and served 443 days of her 2-year (731-day) service obligation.

Dr. Smith is liable to the United States for: (1) \$23,638.85 for the loan repayments received for obligated service not completed ($288/731 \times \$60,000$) and (2) \$75,000 for the months of service not completed ($\$7,500 \times 10$). Her total LRP debt of \$98,638.85 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2013), and is due to be paid in full on March 31, 2014.

Scenario 2: Dr. Smith entered into a 2-year NHSC LRP half-time service contract effective January 15, 2012. Her service end date is January 14, 2014. She received \$30,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her service site at the end of her workday on September 30, 2013. The NHSC determines that she defaulted on her LRP contract on October 1, 2013, and served 625 days of her 2-year (731-day) service obligation.

Dr. Smith is liable to the United States in the amount of \$31,000, since the loan repayments she received for obligated service not completed ($106/731 \times \$30,000 = \$4,350.20$) and the amount owed for the months of service she did not complete ($\$3,750 \times 4 = \$15,000$) total less than \$31,000. Her total LRP debt of \$31,000 will begin accruing interest at the maximum legal prevailing rate as of her default date (October 1, 2013), and is due to be paid in full on September 30, 2014.

Scenario 3: Same as scenario 2 above, except that Dr. Smith entered into a 4-year (1,461-day) NHSC LRP half-time service contract with a service end date of January 14, 2016, and received \$60,000 in LRP financial support to apply toward her qualifying educational loans.

Dr. Smith is liable to the United States for: (1) \$34,332.65 for the loan repayments received for obligated service not completed ($836/1,461 \times \$60,000$) and (2) \$105,000 for 28 months of service not completed ($\$3,750 \times 28$). Her total LRP debt of \$139,332.65 will begin accruing interest at the maximum legal prevailing rate as of her default date (October 1, 2013), and is due to be paid in full on September 30, 2014.

SUSPENSION, WAIVER, AND CANCELLATION

What should I do if I feel I cannot continue my service or payment obligation?

The Secretary of Health and Human Services may, under certain circumstances, suspend (put “on hold”) or waive (excuse) the NHSC LRP service or payment obligation.

- (1) **Suspension.** A suspension of the NHSC LRP commitment may be granted if compliance with the commitment by the participant: (i) is temporarily impossible or (ii) would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the participant’s service commitment end date. The major categories of suspension are set forth below. Suspension requests are submitted through the Customer Service Portal.
 - a. **Leave of Absence for Medical or Personal Reasons.** A suspension may be granted for up to one year, if the participant provides independent medical documentation of a physical or mental health disability, or personal circumstances, including a terminal illness of an immediate family member, which results in the participant’s temporary inability to perform the NHSC LRP obligation.

- b. **Maternity/Paternity/Adoption Leave.** Participants must notify the BCRS of pending maternity/paternity/adoption leave and provide appropriate documentation. Maternity/paternity/adoption leave of 12 weeks or less will be automatically approved, if properly documented. If the participant's maternity/paternity/adoption leave will exceed 12 weeks during that service year, a suspension may be granted by the NHSC based on documented medical need.
 - c. **Call to Active Duty in the Armed Forces.** Participants who are also military reservists and are called to active duty will be granted a suspension, for up to one year, beginning on the activation date described in the reservist's call to active duty order. In addition to the written request for a suspension, a copy of the order to active duty must be submitted to BCRS. The suspension will be extended if the applicable Armed Forces entity continues the period of active duty. The period of active military duty will not be credited toward the NHSC service obligation.
- (2) **Waiver.** A waiver permanently relieves the participant of all or part of the NHSC LRP commitment. A waiver may be granted only if the participant demonstrates that compliance with his/her commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable. A waiver request must be submitted by uploading a signed request letter, including the reason(s) the waiver is being sought, as an inquiry to BCRS through the Customer Service Portal. The participant will be contacted by the BCRS Office of Legal and Compliance regarding the medical and financial documentation necessary to complete the waiver request, and this documentation can be submitted through the Customer Service Portal. Note that waivers are not routinely granted, and require a showing of compelling circumstances.

What if I should die before completing my obligation?

In that unfortunate event, your obligation will be cancelled in its entirety. No liability will be transferred to your heirs.

MAKING APPLICATION

Please read the Application and Program Guidance (Guidance) in its entirety before proceeding with an application. The Guidance explains in detail the rights and commitments of individuals selected to participate in the NHSC LRP. Be sure you have a complete understanding of the commitment to serve at an NHSC-approved service site and the financial consequences of failing to perform that commitment.

APPLICATION DEADLINE

When is the application deadline?

A complete online application must be submitted by 5:00 PM ET on **May 15, 2012**. All supporting documentation for the application must be uploaded before an individual can submit a complete application package. Applicants must upload all documents; the NHSC will not accept documentation by fax or mail.

COMPLETING AN APPLICATION

What makes up a complete online application?

The NHSC LRP complete application consists of:

- (1) The Online Application;
- (2) Attaching/Uploading the Required Supplemental Documentation; and
- (3) Attaching/Uploading the Additional Supporting Documentation (if applicable).

Applicants should keep a copy of the application package for their records. Applicants are responsible for submitting a complete online application. It is required that the information in the online application match the submitted supplemental/supporting documents. Application packages will be initially reviewed to determine their completeness. Application packages deemed incomplete as of the application deadline will not be considered for funding.

NHSC LRP will not accept requests to update a submitted application or permit the submission/resubmission of incomplete, rejected, or otherwise delayed application materials after the deadline. In addition, the NHSC LRP staff will not fill in any missing information or contact applicants regarding missing information.

Online Application

Applicants are required to complete each of the sections below to be able to submit an online application.

- (1) **Eligibility Screening.** 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. Please refer to the "Eligibility Requirements" section of the Guidance on page 5 for further details.
- (2) **General Information.** Answers to this section pertain to the applicant's name, social security number, mailing and email addresses, and other contact information. Answers also pertain to individual and family background.
- (3) **Education, Training, and Licensure Information.** Answers to this section pertain to the educational and training background of the applicant. In addition, an applicant will need to

provide licensure information and a curriculum vitae, which should outline relevant work/volunteer experience and should be no more than 5 pages long.

- (4) **Loan Information.** Answers in this section pertain to each qualifying educational loan for which an applicant is seeking repayment. Applicants will need to know the lender's name, contact information, loan account number, original amount and date of the loan, current balance (no more than 30 days old), interest rate, and the loan type for every loan that is being submitted for consideration. All loans submitted will be verified to determine whether they are eligible for repayment under the NHSC LRP by contacting lenders/holders and checking the applicant's credit report.
- (5) **Site Information.** Answers in this section pertain to the NHSC service site at which the applicant is working or will be working. Note that an employment start date may be no greater than 60 days from the date the application is submitted. If an applicant does not see their site on the drop down menu, he/she should immediately contact the NHSC. A site must be approved and loaded into the NHSC system before an applicant can submit his/her application. Applicants will also be required to upload the Employment Verification Form in this section of the application.

Required Supplemental Documentation

It is the applicant's responsibility to upload supplemental documents into the online application. An application will not be considered complete and an applicant may not submit an application, unless it contains each of the following required supplemental documents:

- (1) **Proof of Status as a U.S. Citizen or U.S. National.** This document may include a birth certificate issued by a city, county, or state agency in the U.S., the ID page of a U.S. passport, or a certificate of citizenship or naturalization.
- (2) **Resume/CV.**
- (3) **Employment Verification Form.** This form is to be completed by the designated personnel director or executive director of the NHSC-approved service site at which the applicant is working or is planning to work. It is also used to determine which practice category applies to the applicant (Federal, PPA, PPO). Inaccurate responses to the certifications will disqualify your application.
- (4) **Loan Information Verification.** Applicants will be required to upload a copy of a loan account statement for each qualifying educational loan for which the applicant is seeking repayment. This statement must have the following information: (i) loan type; (ii) original loan amount; and (iii) date loan was taken out or disbursed. For federal education loans, it is preferred that the above required information be obtained through a National Student Loan Data System (NSLDS) Aid Summary Report, which can be accessed at <http://www.nsls.ed.gov>. You will need a PIN to log in to your secured area; if you do not have a PIN, go to <http://www.pin.ed.gov>.
 - a. The following other types of official documents may include all or some of the above required information: (i) disbursement report; (ii) loan origination document; (iii) disclosure statement; (iv) detailed account statement; (v) itemized list of loans included in a consolidation; and/or (vi) promissory note.

Additional Supporting Documentation (if applicable)

The following additional documents will be required for submission, if the applicant's responses on the online application indicate that they are relevant. Only applicants who have these documents

listed on their “Supporting Documents” page of the online application should submit them. These documents will be added to their Supporting Documents list once the online application has been submitted.

- (1) **Privacy Release Form.** This form authorizes the Department of Health and Human Services to disclose information regarding applicants who have been selected and accept the NHSC LRP award to entities identified in the form.
- (2) **Verification of Disadvantaged Background.** This document certifies that the applicant comes from a disadvantaged background and either participated in, or would have been eligible to participate in, Federal programs such as “Scholarships for Disadvantaged Students” or “Loans to Disadvantaged Students.” This document must be completed by a school official.
- (3) **Verification of Existing Service Obligation.** If the applicant has an existing service obligation, he/she must submit verification that the existing service obligation will be completed prior to commencing service under the NHSC LRP.

What happens after my application is submitted?

Applicants will receive a receipt of submission once the application has been successfully submitted online. Applicants can verify that sections of the application are complete when there is a checkmark by each on the status page. Please allow at least 30 business days for the NHSC LRP to review your documentation and update the status of documents.

Once the online application has been submitted and each supporting document has a status of “received,” the application packages are ready for review. For those applying to the NHSC who will be working 100 percent of the time at an NHSC service site with a HPSA of 14 and higher, the NHSC will process applications within 12-16 weeks. For those applying to the NHSC who will be working 100 percent of the time at an NHSC service site with a HPSA between 13 and 10, the NHSC will process your application within 16-20 weeks. For those applying to the NHSC who will be working 100 percent of the time at an NHSC service site with a HPSA score of 9 and below, the NHSC will not begin to review your application for funding until the application deadline (May 15, 2012) has passed. At that point, the NHSC will fund qualified applications by descending HPSA score, including those above 9. If an applicant will be working at multiple sites with differing HPSA scores, the lowest score will be used to determine how the application will be processed.

The NHSC LRP will be providing email updates, as applicable, as well as updates on the “Status” page of the online application. It is the applicant’s responsibility to ensure his/her contact information is correct.

NOTIFICATION OF AWARD

How will I learn if I’ve been selected for an award?

Individuals selected for awards will be notified by email to complete the “Confirmation of Interest” form, based on the timeline indicated above (“What happens after my application is submitted?”). All applicants will be notified no later than September 30, 2012. To accept the award, an applicant must respond by the deadline in the notice of award email and Confirmation of Interest form. At that time, the applicant will also be asked to electronically sign the NHSC LRP contract. This electronic signature has the effect of a handwritten signature, and once countersigned by the Secretary or his/her designee, obligates the participant to an NHSC LRP service commitment. In addition, the

applicant will be asked to provide the NHSC LRP with his/her banking information. If the applicant does not respond to the NHSC LRP by the deadline, the offer of award expires and will be offered to an alternate.

What happens if I've been selected for an award, but do not want it anymore?

If an individual selected for an award decides not to accept the award prior to signing the contract, he/she may decline the award by selecting the decline option on the Confirmation of Interest document. This process permits promotion of alternates to selectee status. Once an applicant declines the offer of award, the award will be offered to an alternate. There will not be any opportunities to reclaim the award. A decision to decline the award is final and cannot be changed under any circumstances.

How will I learn if I have not received an award?

Individuals not selected for an award will be notified no later than September 30, 2012.

Additional Materials

RESOURCES FOR APPLICANTS

NHSC-Approved Service Sites

All currently approved NHSC service sites are listed here. Sites are listed by State, and under the “Quick Access Reports” choose “NHSC-Approved Sites List.” Listed sites may or may not have current job opportunities eligible for NHSC participants.

- <http://datawarehouse.hrsa.gov/nhscdetail.aspx>

NHSC Job Opportunities List

The NHSC Job Opportunities List contains a searchable database of vacant positions at NHSC-approved sites.

- <http://nhscjobs.hrsa.gov>

HPSA Find

All NHSC participants must serve in a health professional shortage area.

- <http://hpsafind.hrsa.gov>
- <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Need Help

Any individual with questions about the NHSC LRP may contact the Customer Care Center Monday through Friday (except Federal holidays), 9:00am to 5:30pm ET.

- GetHelp@hrsa.gov
- 1-800-221-9393
- TTY – 1-877-897-9910

NHSC Customer Service Portal

Once an applicant has been selected for an award, he/she will be provided with instructions for establishing an account on the Customer Service Portal. This web-based system will allow NHSC LRP awardees and participants to communicate with the NHSC, to make certain requests (suspensions, transfers, waivers, etc.), and to access the 6-month Service Verification Forms.

- <https://programportal.hrsa.gov/>

DEFINITIONS

Bureau of Clinician Recruitment and Service (BCRS) – The bureau within HRSA that administers the NHSC LRP.

Commercial Loans – Commercial loans are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

Continuation Contract – A continuation contract is an optional 1-year extension of an NHSC LRP contract. The award level is dependent on the service status (i.e., half- or full-time clinical

practice) and the particular year of additional support. NHSC LRP participants must meet all program eligibility criteria in effect at the time they are being considered for a continuation contract, which includes providing documentation that all previously received NHSC LRP payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed. An LRP participant cannot be guaranteed a continuation contract.

Critical Access Hospital – A nonprofit facility that is (a) located in a State that has established with the Centers for Medicare and Medicaid Services (CMS) a Medicare rural hospital flexibility program; (b) designated by the State as a CAH; (c) certified by the CMS as a CAH; and (d) in compliance with all applicable CAH conditions of participation. For more information, please visit: http://www.cms.hhs.gov/Certificationandcompliance/04_CAHs.asp.

Default of payment obligation – Being more than 120 days past due on the payment of a financial obligation.

Default of service obligation – Failure for any reason to begin or complete a contractual service commitment.

Disadvantaged Background – Refers to individuals who have been identified by their schools as having come from a “disadvantaged background” based on environmental and/or economic factors. “Environmental factors” means comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a school. “Economic factors” means comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services (HHS) for adaptation to this program.

Exceptional Financial Need (EFN) – Refers to individuals who have been awarded an Exceptional Financial Need scholarship (Physicians and Dentists).

Federal Judgment Lien – A lien that is placed against an individual’s home or property when a court-ordered judgment is entered against the individual for an unpaid Federal debt (e.g., a Federal student loan or Federally-insured home mortgage). An IRS tax lien that is not created pursuant to a court-ordered judgment is not a Federal judgment lien.

Federally-Qualified Health Centers (FQHC) – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC “Look-Alikes” which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

Fiscal Year (FY) – The Federal FY is defined as October 1 through September 30.

Full-Time Clinical Practice – Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the full-time clinical practice requirement, please see the Program Overview, “Service Requirements.”

Government Loans – Government loans are loans made by Federal, State, and county or city agencies authorized by law to make such loans.

Half-Time Clinical Practice – Working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the half-time clinical practice requirement, please see the Program Overview, “Service Requirements.”

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of Department of Health and Human Services to have a shortage of primary health care professionals. HPSAs may be identified on the basis of agency or individual requests for designation. Information considered when designating a primary care HPSA include health provider to population ratios, rates of poverty, and access to available primary health services. These HPSAs are designated by the Office of Shortage Designation, within HRSA’s Bureau of Health Professions, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

Health Resources and Services Administration (HRSA) – An operating agency of the U.S. Department of Health and Human Services.

Holder – The commercial or Government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.).

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A non-profit health care facility (whether operated directly by the Indian Health Service or by a tribe or tribal organization, contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act) that is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to person of Indian or Alaskan Native descent as described in 42 CFR Section 136.12. For more information, please visit: <http://www.ihs.gov>.

Lender – The commercial or Government institution that initially made the qualifying loan (e.g., Department of Education).

National Health Service Corps (NHSC) – “The Emergency Health Personnel Act of 1970,” Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary

health services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

National Health Service Corps Job Opportunities List (JOL) – An online list of approved NHSC vacancies at NHSC-approved service sites. Note: approved vacancies that are filled may not appear on the JOL.

National Health Service Corps (NHSC) Loan Repayment Program (LRP) – The NHSC LRP is authorized by Sections 338B and 331(i) of the PHS Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of HPSA communities.

National Health Service Corps (NHSC)-Approved Service Site – Each community site must submit an NHSC Site Application to request approval as an NHSC service site. In order for a site to be eligible for NHSC approval, it must: Be located in and providing service to a federally designated Health Professional Shortage Area (HPSA); Provide comprehensive primary medical care, mental and behavioral health and/or dental services; Provide ambulatory services; Ensure access to ancillary, inpatient and specialty referrals; Charge fees for services consistent with prevailing rates in area; Discount or waive fees for individuals at or below 200% of the Federal poverty level; Accept assignment for Medicare beneficiaries; Enter into agreements with Medicaid and the Children’s Health Insurance Program (CHIP), as applicable; Not discriminate in the provision of services based on an individual’s inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); Prominently post signage that no one will be denied access to services due to inability to pay; Agree not to reduce clinician’s salary due to NHSC support; Provide sound fiscal management; and Maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. If the Site Application is approved, the community site becomes an NHSC-approved service site. All NHSC-approved service sites must continuously meet the above requirements.

Primary Health Services – Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.

Qualifying Educational Loans – Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to his or her submission of an application to participate in the NHSC LRP. Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible for repayment.

Reasonable Educational Expenses – Reasonable educational expenses are the costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, certification/licensing exams, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment.

Reasonable Living Expenses – Reasonable living expenses are the costs of room and board, transportation and commuting costs which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment.

Rural Health Clinics – A Rural Health Clinic (RHC) is a facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse midwife available to furnish patient care services not less than 50 percent of the time the clinic operates.

Solo or Group Private Practice – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

State – As used in this *Guidance*, State includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

Teaching – As used in this *Guidance*, teaching is providing clinical education to students/residents in their area of expertise at the NHSC-approved service site. The clinical education may: (1) be conducted as part of an accredited clinical training program; (2) include the clinical supervision of a student/clinician that is required in order for that student/clinician to receive a license under state law; or (3) include mentoring that is conducted as a part of the Student/Resident Experiences and Rotations in Community Health (SEARCH) program, the Health Careers Opportunity Program (HCOP) or the Centers of Excellence program, which are all funded through HRSA grants. Teaching must be conducted at the NHSC-approved practice site specified in the Customer Service Portal Profile. If the NHSC participant is actually providing the service while a student/clinician observes, the activity should be treated as direct clinical care.

Teaching Health Center – A Teaching Health Center (THC) is an entity that (1) is a community based, ambulatory patient care center and (2) operates a primary care residency program (i.e., an approved graduate medical residency training program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics). THCs may be located in FQHCs; community mental health

centers; RHCs; health centers operated by the Indian Health Service, an Indian tribe or tribal organization, or an urban Indian organization; and Title X family planning programs.

Tribal Health Program – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et. seq.).

Unencumbered License – An unencumbered license means a license that is not revoked, suspended, or made probationary or conditional by the State licensing or registering authority as the result of disciplinary action.