



National Health Service Corps Loan Repayment Program

Full- & Half-Time Service Opportunities

Fiscal Year 2013 Application & Program Guidance

February 2013

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) 8:00 am to 8:00 pm EST.

*Authority: Section 338B of the Public Health Service Act (42 USC 254I-1), as amended
Section 331(i) 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 described here: <http://www.hrsa.gov/about/privacyact/09150037.html>.

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.

Non-Discrimination Policy Statement

In accordance with applicable Federal laws and U.S. Department of Health and Human Services policy, the Department does not discriminate on the basis of any non-merit factor, including race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.

Program Overview

Please read the Application and Program Guidance (Guidance) in its entirety before proceeding with an application. The Guidance explains in detail the rights and obligations 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, legal, and other consequences of failing to perform that commitment.

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 (health service psychologists, licensed clinical social workers, marriage and family therapists, psychiatric nurse specialists, and licensed professional counselors) to provide culturally competent, interdisciplinary primary health care services to underserved populations located in selected Health Professional Shortage Areas (HPSAs) (See “Definitions” page 35) 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 service options?

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:

- (1) **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 that will be 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 17.

- (2) **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 that will be 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 “Site Information and Service Requirements” section on page 17.

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

- (3) **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 that will be 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 35).

Note that half-time practice is not available to those serving under the 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.

In order to receive the maximum award amount identified above, the applicant must remain in a HPSA of 14 and above throughout the contract period. Further, to remain eligible for the maximum award amount under a continuation contract in the future, participants must continue to serve in a HPSA scoring 14 or higher.

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 NURSE Corps 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 by the application deadline (April 16, 2013) (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 **April 16, 2013**.

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.

What types of loans qualify for repayment?

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. The educational loans must be obtained prior to the date the participant submits his/her online application to the NHSC LRP. 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.

Consolidated or refinanced loans may be considered for repayment, so long as they are from a Government (Federal, State, or local) or commercial lender and include only qualifying educational loans of the applicant. If an otherwise eligible educational loan is consolidated/refinanced with ineligible (non-qualifying) debt of the applicant, **no** portion of the consolidated/refinanced loan will be eligible for loan repayment. For loans to remain eligible, applicants/participants must keep their eligible educational loans segregated from all other debts. Eligible educational loans consolidated with loans owed by any other person, such as a spouse or child, are ineligible for repayment.

Non-qualifying educational loans include:

- (1) Loans for which the applicant incurred a service obligation which will not be fulfilled before the deadline for submission of the NHSC LRP application (April 16, 2013).
- (2) Loans for which the associated documentation does not identify the loan as applicable to undergraduate or graduate education.
- (3) Loans not obtained from a Government entity or commercial lending institution. Most loans made by private foundations to individuals are not eligible for repayment.
- (4) Loans that have been repaid in full.
- (5) Primary Care Loan (<http://www.hrsa.gov/loanscholarships/loans/primarycare.html>).
- (6) Parent PLUS Loans (made to parents).
- (7) Personal lines of credit.

- (8) Loans subject to cancellation.
- (9) Residency loans.
- (10) Credit Card debt.

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?

All scholars wishing to be considered for an FY 2013 NHSC LRP award will be able to complete an application by accessing their Customer Service Portal account and must submit a complete application by the deadline (April 16, 2013).

Those scholars intending to remain at the same NHSC-approved service site where they will complete their NHSC service obligation are eligible to apply for the NHSC LRP, so long as the scholarship obligation will be fulfilled on or before September 29, 2013. These applications will be considered on a non-competitive basis.

However, for scholars who intend on transferring to another NHSC-approved service site, they must complete their NHSC SP obligation and begin working at the alternate NHSC-approved service site by July 15, 2013. When completing the application, scholar applicants who intend on transferring will need to select the new site in order to verify the future employment.

For scholars transferring to a site with a HPSA of 14 or above, applications will be considered on a non-competitive basis.

For scholars transferring to a site with a HPSA of 13 or below, applications will be processed by descending HPSA score with all other applications according to the timeline set forth below (See "How does the NHSC determine which participants will receive loan repayment?" on page 15). If the scholar transfers to a site with a HPSA score of 13 or below, he or she will only be eligible for the lower funding category.

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) 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
- (3) 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.

Can I get additional loan repayment after the first two years of service?

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.

If you plan to pursue a Continuation Contract with the NHSC once your initial contract has been fulfilled, you must have a record of compliance with NHSC LRP requirements to be considered as qualified for an award. NHSC LRP participants who fail to timely comply with program requirements applicable during the respective contract period, as evidenced by one or more of the following factors, may not be selected:

- (1) Failure to apply all NHSC LRP funds previously awarded to the applicant's qualifying educational loans;
- (2) Failure to submit 6-month in-service verifications (ISV) on time. If any ISV is more than 60 days delinquent, a participant may be considered as unqualified for a contract.
- (3) Unapproved conversion to half-time. If a participant converts from a full-time to half-time schedule without first requesting a conversion and obtaining the NHSC's approval, the participant may be considered as unqualified for a contract.
- (4) Failure to alert the NHSC that you have left or are going to leave one or more of your NHSC-approved sites. Participants may be considered as unqualified for a contract if they leave the NHSC-approved site of record without notifying the NHSC in advance.
- (5) Unapproved or excessive transfers. Participants who transfer to another site prior to obtaining NHSC approval or who request excessive transfers, defined as more than two voluntary transfers, may be considered as unqualified for a contract.
- (6) Commitment to fulfilling NHSC obligation. Participants who fail to disclose information regarding their service that impacts the terms and conditions of an NHSC contract (e.g. working at an additional site), who fail to submit documentation for service requests in a timely manner (e.g. transfer request documents), or who demonstrate inflexibility in practice locations prior to official NHSC site assignment (in cases of unemployed clinicians) may be considered as unqualified for a contract.
- (7) Excessive absences. Participants with absences in excess of 35 work days per service year, without a documented medical, personal, or otherwise substantiated reason may be considered as unqualified for a contract.

The above selection factors also apply to individuals who previously participated in the LRP and are applying for a new award. For purposes of selecting individuals for a new initial contract or a subsequent continuation contract, an individual may be deemed as unqualified if any of the above factors are present, despite an individual's subsequent actions to return to compliance. Please note

that some of the above factors, if not resolved promptly, may also result in a current participant being placed in default of his/her NHSC LRP contract.

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” on page 35) 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 note that while an applicant may be licensed in the State of intended practice, there may be additional requirements identified below that must be met in order to be eligible for the NHSC.**

Please be advised that the applicant’s National Practitioner Data Bank report will be reviewed as part of the application 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 (or will complete and begin working by July 15, 2013) 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 practice, 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. Physicians who meet the above certification or residency training and licensure requirements may serve in an NHSC-approved geriatric service site, if they have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.). Documentation of appropriate geriatrics training and/or certification will be required in the Online Application.

- b. *Primary Care Physician Assistants (PAs)* must practice under the supervision of a primary care physician and 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. PAs who meet the above education, certification and licensure requirements may serve in an NHSC-approved geriatric service site, if they have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.). Documentation of appropriate geriatrics training and/or certification will be required in the Online Application.

(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-mental health, geriatrics, and women's health. NPs who meet the above education, certification, and licensure requirements may serve in an NHSC-approved geriatric service site, if they have completed discipline-specific advanced training in geriatrics (residency, fellowship, certification, etc.). Documentation of appropriate geriatrics certification will be required in the Online Application.

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 ensure 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 (HSPs)* 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 for the entire calendar year (see “What are the service requirements?” on page 17 and “What if I work at a school-based clinic?” on page 22). 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 without clinical supervision 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 without direct clinical supervision 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 for the entire calendar year (see “What are the service requirements?” on page 17 and “What if I work at a school-based clinic?” on page 22). Career or guidance counselors are not eligible to participate in the NHSC LRP.

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 by July 15, 2013. For scholars completing their obligation and seeking to transition into the NHSC LRP, if transferring to a different NHSC-approved service site, service must either begin: 1) within 30 days of completing the SP obligation or 2) by July 15, 2013, whichever is sooner.

It is important to note that the NHSC will no longer be accepting Site Applications during the LRP application cycle; the period for submission of Site Applications closed on December 17, 2012. If your site has not yet been approved, you are not eligible to apply. Please see “Resources for Applicants” on page 35 for details on future Site Application cycles.

NHSC-approved service sites (see “Definitions” on page 35) 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 Clinics (see “Definitions”), Public Health Departments, Hospital-affiliated outpatient primary care practices, solo or group private practices, or Critical Access Hospitals (CAHs) (see “Definitions”). Note that CAHs are eligible under a 3-year pilot program that began in FY 2012. Clinicians serving at CAHs at the end of the pilot will be allowed to complete their service obligation at the CAH, but may be required to transfer if they would like to remain eligible for a Continuation Contract, should the NHSC no longer deem CAHs as eligible sites.

Private Practices: Solo or group private practice sites must already have received a site visit and be an NHSC-approved site before an applicant can submit an application. For FY 2013, the NHSC will be prioritizing site visits of private practices by HPSA score and does not guarantee that a site visit will be completed in time for an applicant to submit an LRP application. Further, the clinician may be required to submit additional documentation to ensure financial viability and adherence to NHSC program requirements. Failure to submit requested documentation will result in the LRP application being deemed ineligible.

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. Clinics that limit care to veterans and active duty military personnel (e.g. VA and Tricare) are not eligible.

If you work 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 initiate an electronic EV for each site. Selecting a site where you are not providing clinical services will disqualify your application. **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.**

The site must complete the electronic EV in order for the application to be submitted, and it is the applicant's responsibility to ensure that the EV is complete and accurate. An applicant will have the ability to edit his or her application and initiate a new EV if there was an error in the initial EV (e.g., the site mistakenly stated that the applicant was not employed at the site or that the start work date exceeded July 15, 2013). However, the site must complete the corrected EV before the applicant can resubmit the application. In cases where a site does not complete the EV in time for the applicant to submit the application, or inaccurately completes the EV, the NHSC will not make an exception to the application deadline and the applicant will be ineligible for an award.

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

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 Jobs Center (see "Additional Materials" on page 35) – the higher the score, the greater the need. The NHSC will use HPSA data as of January 1, 2013 and will do so throughout the FY 2013 application and award cycle to determine the priority for selection and award amounts.

The NHSC will process applications by descending HPSA score, to the extent that funding is available, and based on other funding preferences identified below. 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.

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 a HPSA.** The NHSC will also give priority to applicants who display characteristics that indicate a higher likelihood of continuing to practice in a HPSA once the service commitment is completed. Generally, the program will assess the applicant's experience in working with underserved populations, which can be demonstrated through past work and volunteer experiences, as well as an applicant's background.

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

What is the process once my application is approved?

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. The participant's award letter will note the beginning and projected 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.

An applicant may withdraw his/her application any time **before** a contract is countersigned by the Secretary or his/her designee (see "What happens after my application is submitted?" on page 33). 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 NHSC LRP contract be terminated?" below).

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 accrued during the period between the contract start date and the disbursement of 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.

Once a contract is in place, the NHSC LRP participant is required to participate in a New LRP Awardee webinar that will review program requirements. Participants will be notified by email of upcoming webinars and other training opportunities.

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 (45 days before the end of the fiscal year is **August 17, 2013**), the participant has requested a termination through the Customer Service Portal. In addition, if funds have been disbursed, the participant will receive separate instructions via email outlining the process for returning funds. Funds must also be returned prior to August 17th. The termination will not be effective unless and until the participant submits a written termination request and repays all loan repayment funds paid to, or on behalf of, the participant under that contract by August 17, 2013.

The check must be payable to the "DHHS Collections Officer." The check should be mailed to:

NHSC LRP
Contract Termination
5600 Fishers Lane, Room 8-37
Rockville, Maryland 20857

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 on the “Account Settings” page. Once an applicant becomes a participant, he or she will be provided with information for logging in to the Customer Service Portal.

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).

SITE INFORMATION & SERVICE REQUIREMENTS

Most NHSC LRP participants are employees or independent contractors of non-Federal facilities that have been approved by the NHSC for performance of the service obligation. Employment contract negotiations are solely the responsibility of the clinician and are between the clinician and the service site. However, the NHSC strongly discourages service sites from considering the loan repayment funds the clinician will be receiving when site management is negotiating the clinician’s salary. 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.

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 service requirements?

Every participant is required to engage in the full-time or half-time (as applicable) 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.** Full-time clinical practice is defined, for the purposes of the NHSC, 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 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. Of the 40 hours per week, a minimum of 32 hours must be spent providing direct patient care (including teaching, as outlined below). No more than 8 hours per week can be spent in an administrative capacity, as outlined below. 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 commitment, except to the extent the provider is directly treating patients during that period. Additional rules apply based on discipline and practice location. For these rules, please see “What are the full-time clinical practice requirements, by discipline?” on page 18.
- (2) **Half-Time Clinical Practice.** Half-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks each service year. The 20 hours per week may be compressed into no less than 2

days per week, with no more than 12 hours of work to be performed in any 24-hour period. Of the 20 hours per week, a minimum of 16 hours must be spent providing direct patient care (including teaching, as outlined below); no more than 4 hours can be spent in an administrative capacity or teaching, as outlined below. 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. Also time spent “on call” will not be counted towards the service commitment, except to the extent the provider is directly treating patients during that period. Additional rules apply based on discipline and practice location. For these rules, please see “What are the half-time clinical practice requirements, by discipline?” on page 19.

As previously noted, inpatient hospital settings (except CAHs) are not approvable as NHSC service sites. Thus, clinicians whose employment is fully in an inpatient setting are ineligible for an NHSC LRP award.

What are the full-time clinical practice requirements for NHSC providers, by discipline?

Teaching and practice-related administrative activities shall not exceed a total of 8 hours/week. If the teaching takes place in a HRSA-funded Teaching Health Center (see Definitions), teaching activities shall not exceed 20 hours/week.

(1) Medical Providers

- a. **For providers of primary medical care services, excluding obstetrics/gynecology and geriatrics:** Clinician works a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 8 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 8 hours).

If working in a Medicare-approved Critical Access Hospital (CAH), at least 16 hours/week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient clinic. The remaining 24 hours/week are spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated outpatient clinic, providing direct patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities (practice-related administrative time is limited to 8 hours).

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse midwives) or geriatric services:** Clinician works a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 19 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 8 hours).

If working in a CMS-approved Critical Access Hospital (CAH), at least 16 hours/week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient clinic. The remaining 24 hours/week are spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated outpatient clinic, providing direct patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities (practice-related administrative time is limited to 8 hours).

(2) Dental Providers

- a. **For dentists and registered dental hygienists, excluding pediatric dentists:** Clinician works a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 8 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 8 hours).
- b. **For pediatric dentists:** Clinician works a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 19 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 8 hours).

- (3) Mental & Behavioral Health Providers:** Clinician works a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 19 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 8 hours).

If working in a CMS-approved Critical Access Hospital (CAH) (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least 16 hours/week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient clinic. The remaining 24 hours/week are spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated outpatient clinic, providing direct patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities (practice-related administrative time is limited to 8 hours).

What are the half-time clinical practice requirements, by discipline?

Teaching and practice-related administrative activities shall not exceed a total of 4 hours/week.

(1) Medical Providers

- a. **For providers of primary medical care services, excluding obstetrics/gynecology and geriatrics:** Clinician works a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 4 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 4 hours).

If working in a Medicare-approved Critical Access Hospital (CAH), at least 8 hours/week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient clinic. The remaining 12 hours/week are spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated outpatient clinic, providing direct patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities (practice-related administrative time is limited to 4 hours).

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse midwives) or geriatric services:** Clinician works a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 9 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 4 hours).

If working in a Medicare-approved Critical Access Hospital (CAH), at least 8 hours/week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient clinic. The remaining 12 hours/week are spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated outpatient clinic, providing direct patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities (practice-related administrative time is limited to 4 hours).

(2) Dental Providers

- a. **For dentists and registered dental hygienists, excluding pediatric dentists:** Clinician works a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 4 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 4 hours).

b. **For pediatric dentists:** Clinician works a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 9 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 4 hours).

(3) **Mental & Behavioral Health Providers:** Clinician works a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week are spent providing direct patient care or teaching at the approved service site(s). The remaining 9 hours/week are spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities (practice-related administrative time is limited to 4 hours).

If working in a Medicare-approved Critical Access Hospital (CAH) (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least 8 hours/week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient clinic. The remaining 12 hours/week are spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated outpatient clinic, providing direct patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities (practice-related administrative time is limited to 4 hours).

Note: Hospitalists will generally not qualify for the NHSC LRP unless they can consistently meet the required minimum number of hours per week in an approved outpatient setting, as set forth in the clinical practice requirements above.

The following definitions apply to both full-time and half-time clinical practice:

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. The duties of a medical director are considered primarily administrative, and NHSC LRP applicants serving in such a capacity should keep in mind that they cannot count more than 8 hours per week of administrative time (4 hours in the case of half-time) toward the total required 40 hours per week (or 20 hours in the case of half-time). Teaching activities are not necessarily considered to be administrative – see definition below.

Teaching activities, to qualify as clinical practice, require NHSC LRP participants to provide clinical education to students and residents in their area of expertise at the approved service site(s). 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 a license under State law; or

- (3) Include mentoring that is conducted as part of the Health Careers Opportunity Program (HCOP), or the Centers of Excellence program.

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

What if I work at a school-based clinic?

For providers working in a school-based clinic that is an NHSC-approved service site, the NHSC may require documentation that the school-based clinic is open year-round with sufficient patient visits to meet clinical practice requirements. If such documentation is not provided, the clinician will be required to work at additional sites to meet the clinical practice requirements. Failure to provide documentation or obtain additional employment necessary to maintain compliance with NHSC clinical practice requirements may result in a breach of the NHSC LRP contract.

Can I provide telemedicine or home health as part of my clinical practice requirements?

- (1) **Telemedicine.** Subject to the restrictions below, the NHSC will consider telemedicine as direct patient care when both the originating site (location of the patient) and the distant site (the NHSC-approved site where the NHSC clinician works) are located in a health professional shortage area (HPSA). Also, to be considered as direct patient care, both the originating site and the distant site must meet the HPSA score requirements associated with the contract under which the participant was awarded (i.e. if awarded \$60,000 for a two-year full-time contract, both sites must be in a HPSA of 14 or above). Further, the individual must follow all applicable licensing requirements and must meet the NHSC requirement to be licensed in the State of practice (i.e. if the originating site and distant site are in different States, the participant must be licensed in both).
 - a. An NHSC clinician is prohibited from counting telemedicine encounters as more than 25 percent (i.e., no more than 8 hours per week for full-time participants and no more than 4 hours per week for half-time participants) of their direct patient care hours.
 - b. Telemedicine services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the NHSC clinician at the distant site.
 - c. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.
 - d. The NHSC may require a participant to provide documentation of interactive telemedicine encounters, and may require that the NHSC-approved service site document compliance with this policy when a site visit is conducted.
- (2) **Home Health.** The NHSC does not currently recognize the homes of patients as NHSC-approved sites. As such, home visits may only be conducted at the direction of the NHSC-approved site and may only be counted in the alternative setting allotment for clinical services (see “What are the full-time clinical practice requirements, by discipline?” on page 18 and “What are the half-time clinical practice requirements, by discipline?” on page 19).

How many days am I allowed to be away from my site?

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 “How does the NHSC verify my service?” below) 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.

Maternity/paternity/adoption leave of 12 weeks or less will be automatically approved, if documented in the Customer Service Portal (see “Suspension, Waiver, and Cancellation” page 28).

If a participant has 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 and provide supporting documentation. 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” on page 28.

How does the NHSC verify my service?

The NHSC verifies every 6 months that participants are meeting program requirements and fulfilling their service obligation. The In-Service Verification (ISV) is completed by both the participant and the NHSC-approved site through the NHSC Customer Service Portal. By completing and electronically signing the verification, the participant and the site are certifying the participant’s compliance or noncompliance with the applicable clinical practice requirement during that 6-month period. The verification 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 ISV on time may jeopardize receiving service credit. It may also impact eligibility for a Continuation Contract.

Can I convert from full-time to half-time status during my contract?

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?” on page 24). The half-time service option is not authorized for PPO practitioners;
- (3) You complete the “conversion request form,” accessible at: <http://nhsc.hrsa.gov/downloads/conversionrequest.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 during my contract?

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.

What are the different practice types?

Generally, NHSC LRP participants will serve in the NHSC as either federal employees (Public Health Service Commissioned Officers or Civil Servants) or as Private Practice Assignees who are employees of a public or private entity, receiving an income at least equal to what he or she would have received as a civilian employee of the U.S. Government, including malpractice insurance with tail coverage (either commercial or through the Federal Tort Claims Act).

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 insurance (including tail coverage) by their site. In these cases, the clinician can request to fulfill his or her obligation through the Private Practice Option (PPO). Under the PPO, an NHSC LRP participant may be (a) an independent contractor or (b) a salaried employee of an eligible NHSC-approved service site who is not receiving salary and malpractice insurance (including tail 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 by submitting a PPO Request 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 on page 38. The Private Practice Option requires the individual to comply with the same 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	whatever income you earn or generate; whatever malpractice coverage you purchase or receive	PPO

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. 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-approved 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 to a site prior to obtaining NHSC approval, he/she will not receive service credit for the time period between his/her last day providing patient care at the initial service site and resumption of service at the transfer site following 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, may be deemed as unqualified for a Continuation Contract, 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 the NHSC immediately through the Customer Service Portal. The NHSC provides regional assistance to help unemployed participants identify a position at an approved NHSC site, so long as the unemployment is not the result of a termination for cause.

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. Prior to breaching your contract, please make sure that you understand the following monetary damages required by Section 338E of the Public Health Service Act (42 U.S.C. 254o), as amended.

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.

Bankruptcy. You should also be aware that it is not easy to discharge an NHSC LRP debt by filing for bankruptcy. A financial obligation under the NHSC LRP is not dischargeable in bankruptcy for 7 years after the debt becomes due (i.e., for 7 years from the end of the one-year repayment period). After the 7-year period of absolute non-dischargeability expires, the debt may be discharged in bankruptcy only if a bankruptcy court determines that it would be unconscionable not to discharge the debt.

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 13, 2014. She received \$60,000 in LRP financial support to apply toward her qualifying educational loans. She was terminated for cause by 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 because she found a higher paying job at a clinic that is not located in a HPSA. 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

How do I inform the NHSC about my upcoming maternity/paternity/adoption leave?

If you plan to be away from your site for maternity/paternity/adoption leave, you are required to inform the NHSC before taking the leave. The NHSC will allow participants to be away from their site within the timeframes established by either the Family Medical Leave Act (up to 12 weeks) or the participant's state of residence; however, the participant must adhere to the leave policies of his or her NHSC-approved service site. If a participant plans to take additional leave, they are required to request a medical suspension (see "Suspension" below), which may or may not be approved by the NHSC. Requests should be submitted through the Customer Service Portal. Remember that a participant is required to serve a minimum of 45 weeks per service year and is allowed to be away from the NHSC-approved service site for no more than 35 workdays per service year; therefore, a participant's obligation end date will be extended for each day of absence over the allowable 35 workdays.

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

The NHSC requires participants to fulfill their contract without excessive absences or significant interruptions in service. Participants are allowed approximately 7 weeks of leave per service year; however, there are some circumstances that occur which will prevent a participant from staying within this timeframe. In these cases, 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 the NHSC. 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.

APPLICATION INFORMATION

COMPLETING AN APPLICATION

When is the application deadline?

A complete online application must be submitted by 5:00 PM ET on **April 16, 2013**. 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. Also, the electronic Employment Verification (EV) (see below) must also be completed before an applicant can submit his or her application.

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 supporting/supplemental documents.

What makes up a complete online application?

The NHSC LRP complete application consists of:

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

Online Application

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

- (1) **Eligibility.** 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) **Discipline, Training and Certification.** Answers to this section pertain to the educational and training background of the applicant.
- (4) **Employment.** In this section, an applicant will select the NHSC site(s) at which he or she is or will be working. If an applicant does not see his or her site on the drop down menu, he/she should immediately contact the NHSC. Note that the NHSC is no longer accepting Site Applications for the FY 2013 cycle. If the site at which the applicant works is not currently an approved site, he or she is not eligible to apply.
- (5) **Employment Verification.** Once an applicant selects the site(s) at which he or she is or will be working, the applicant will need to initiate an electronic EV. Once initiated, the designated points of contact at the NHSC-approved site will be notified electronically through the Site Customer Service Portal that an EV has been requested by the applicant. Once completed, the applicant will be notified. The site must complete the electronic EV before an applicant will be allowed to submit the application. If an EV is not submitted by every site identified by the applicant, the application cannot be submitted. It is the applicant’s responsibility to ensure that the EV is completed by the site administration. The NHSC will make no exceptions.

- (6) **Loan Information.** Answers in this section pertain to each qualifying educational loan for which an applicant is seeking repayment. All loans submitted will be verified to determine whether they are eligible for repayment under the NHSC LRP through a review of the supporting documents; by contacting lenders/holders; and checking the applicant's credit report. Applicants are strongly encouraged to view the link provided in the application for detailed instructions on the types of documents that need to be provided to help the NHSC verify loan information. Applicants must enter the following information about each of the loans they wish to submit for repayment, and upload the *Required Supporting Documentation* (see below) separately:
- a. Name and contact information for the lender/holder.
 - b. Loan account number.
 - c. Original amount disbursed.
 - d. Date of the loan.
 - e. Current outstanding balance (no more than 30 days from the date of the NHSC application submission).
 - f. Current interest rate.
 - g. Type of loan. If a consolidated loan, additional questions will be asked:
 - i. Original date of consolidation.
 - ii. Original balance of consolidation.
 - iii. Account number.
 - h. Purpose of loan.

Required Supporting Documentation

It is the applicant's responsibility to upload supporting documents into the online application. All information in the supporting documentation must match with answers provided in the Online Application or an application will be deemed ineligible. 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 copy of 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) **Loan Information Verification.** Applicants will be required to provide two types of documentation for each loan that is being submitted for consideration: an account statement and a "disbursement report."
 - a. **Account Statement.** This document is used to provide current information on your qualifying educational loans. Often borrowers receive monthly statements indicating the status of your loan balance. This document should:
 - i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower (i.e. the NHSC LRP applicant);
 - iii. contain the account number;
 - iv. include the date of the statement (cannot be more than 30 days from the date of LRP application submission);
 - v. include the current outstanding balance (principal and interest) or the current payoff balance; and
 - vi. include the current interest rate.

- b. **Disbursement Report.** This report is used to verify the originating loan information and should:
- i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower;
 - iii. contain the account number;
 - iv. include the type of loan;
 - v. include the original loan date (must be prior to the date of the NHSC LRP application submission);
 - vi. include the original loan amount; and
 - vii. include the purpose of the loan.

For *Federal* loans, the disbursement report is satisfied 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>. If you have multiple Federal loans, you will only need to upload one NSLDS Aid Summary Report. The NSLDS report will generally contain information on all your federal loans.

For all other loans, the disbursement report can be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated in (b) above). You may be able to obtain this disbursement information on your lender's web site; however, all documentation must be on official letterhead from the lender.

Additional Supplemental 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) **Geriatric Certification.** If an applicant selects geriatrics as a specialty, he or she will be required to upload a copy of the appropriate certification.
- (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 the application deadline (April 16, 2013).
- (4) **Payment History.** If the applicant is a former NHSC LRP participant who had a break in service and needs to reapply in the competitive cycle, documentation must be provided to confirm that all previously disbursed NHSC LRP funds have been used to repay qualifying educational loans that were approved as part of your previous NHSC LRP award. A payment history must be provided for each qualifying educational loan that was approved as part of your most

recent NHSC LRP award. The online application will only support one document, so please include all payment histories in one document when completing the online application.

- a. Cancelled checks and bank statements will not be accepted as proof that loan payments were properly applied.
- b. It must be an official document and include the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the contract period.
- c. The payment history must show that all NHSC LRP funds received have been paid toward your qualifying educational loans.
- d. For loans consolidated during the current contract period, loan documents, including the lending institution's list of the loans included in the consolidation and their original disbursement dates, are required. If you consolidated your loans and the NHSC does not receive an itemized loan list, an applicant will not be given credit for payments made toward those loans. If you consolidated your qualifying educational loans with non-qualifying debt, the NHSC cannot give credit for payments made toward the consolidated loans.

What happens after my application is submitted?

Applicants will receive a receipt of submission once the application has been successfully submitted online. Applicants will be able to view the overall status of their application, as well as a copy (.pdf) of their submitted application, uploaded supporting documents, and completed EVs through their application account. It is the applicant's responsibility to ensure that the entirety of the application and supporting documents (including EVs) are accurately submitted.

Once the online application has been submitted, applicants will have an opportunity to make edits to their online application and resubmit their application by the application deadline (April 16, 2013). The ability to edit and resubmit an application will be disabled after the application deadline. Applications not resubmitted by this deadline will not be considered for an award. No exceptions will be made in cases where an applicant fails to resubmit an edited application. The "edit" option will be available in the applicant's account on the "Submitted" page.

Applicants that no longer are interested in receiving a 2013 NHSC LRP award may withdraw their application at any time prior to the contract being countersigned by the Secretary or his/her designee. To do so, applicants should log into their application account, and select the "withdraw" option on the "Submitted" page.

The NHSC will not begin to review applications for funding until the application deadline (April 16, 2013) has passed. At that point, the NHSC will fund qualified applications by descending HPSA score. If an applicant works at multiple sites with differing HPSA scores, the lowest HPSA score will be used to determine how the application will be processed.

If review of the electronic EV indicates that the applicant's position would be identified as a Private Practice Option (PPO) (see "What are the different practice types?" on page 24), the applicant will be contacted and asked to complete a PPO Request Form, as required by law. In addition, the applicant will complete the PPO Agreement, also required by law, which sets forth the requirements and limitations for a PPO. Once submitted, the NHSC LRP will review the request form along with the EV

to ensure that the information provided matches. Once review is complete and only if the individual is selected for an award, the Secretary or his/her Designee will countersign the PPO Agreement.

The NHSC Loan Repayment Program will be providing email updates, as applicable. It is the applicant's responsibility to ensure his/her contact information is correct. If updates are necessary, applicants can make changes on the Account Settings page.

NOTIFICATION OF AWARD

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

Individuals identified as being pre-selected for awards will be notified by email to complete the "Confirmation of Interest" form. This Confirmation of Interest does not guarantee that the individual will receive an award.

To confirm interest, an applicant must respond by the deadline in the notice of award email and Confirmation of Interest form. At the same time, the applicant will be asked to provide the NHSC LRP with his/her banking information. In addition, the applicant will be asked to confirm that he/she is still employed either full- or half-time (as applicable) at the site identified in the Confirmation of Interest. **If the applicant is not employed at that site, he/she should not complete the Confirmation of Interest and should contact the NHSC immediately.**

Applicants wishing to continue in the process will be directed 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.

If an individual pre-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.

If you confirm interest and a contract is countersigned by the Secretary or his/her designee, a participant may terminate the contract up until August 17, 2013 (see "Can the NHSC LRP contract be terminated?" on page 16).

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

All applicants will receive final notification of an award, including the obligation dates, no later than September 30, 2013.

Additional Materials

RESOURCES FOR APPLICANTS

NHSC-Approved Service Sites

Before you apply for an NHSC LRP award, you must be working at an NHSC-approved service site or an offer of employment that will begin by July 15, 2013. If you are not currently working at an NHSC-approved service site, potential applicants can search the NHSC Jobs Center for all NHSC-approved service sites, including those with current job openings. The Jobs Center can be accessed at <http://nhscjobs.hrsa.gov/external/search/index.seam>.

If you intend to remain at the site at which you currently work, and it is not an NHSC-approved site, you will not be eligible for the FY 2013 NHSC LRP cycle. The NHSC is not currently accepting new Site Applications. If your site is in a currently designated HPSA, it can submit a Site Application during the next cycle, which will run from July 2013 through October 2013.

Need Help

Any individual with questions about the NHSC LRP may contact the Customer Care Center Monday through Friday (except Federal holidays), 8:00am to 8:00pm EST.

- gethelp@hrsa.gov
- 1-800-221-9393 or 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.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CAHs.html>.

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 – As defined by the Scholarship for Disadvantaged Students program (Sec. 737 of the Public Health Service Act), this 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, “Site Information and 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, “Site Information and 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 Shortage Designation Branch, within the Bureau of Clinician Recruitment and Service, 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 health care facility (whether operated directly by the Indian Health Service; or by a tribe or tribal organization contracting with the Indian health Service pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1651 et seq.) which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For more information, please visit:

Urban Indian Health Program fact sheet:

http://www.ihs.gov/factsheets/index.cfm?module=dsp_fact_urban_ihp and

Indian Health Service Year 2013 Profile:

http://www.ihs.gov/factsheets/index.cfm?module=dsp_fact_profile

Lender – The commercial or Government institution that initially made the qualifying loan.

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 Jobs Center – An online list of approved NHSC vacancies at NHSC-approved service sites. Note: approved vacancies that are filled may not appear on the Jobs Center.

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.

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 Health Careers Opportunity Program (HCOP) or the Centers of Excellence program, which are both 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 clinical service while a student/clinician observes, the activity should be treated as direct patient care.

Teaching Health Center – A Teaching Health Center (THC) is an entity that (1) receives HRSA grant funds; (2) is a community based, ambulatory patient care center; and (3) 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 U.S.C. 450 et seq.).

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