

FY 2024 National Health Service Corps Rural Community Loan Repayment Program Application and Program Guidance Glossary

Addiction Medicine Fellowship Program – As authorized by Section 760(a)(1) of the Public Health Service Act (42 U.S.C. § 294k(a)(1)), trains addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and substance use disorder prevention and treatment services. Program completers will have received training in one of three tracks: (1) a virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, as appropriate, telehealth services; (2) an in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting; or (3) an in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women.

Administrative Duties – May include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment-related activities pertaining to the participant’s approved National Health Service Corps practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are considered primarily administrative, and National Health Service Corps Rural Community Loan Repayment Program participants serving in such a capacity should keep in mind that they cannot count more than four (4) hours per week of administrative and/or management time if serving full-time (two (2) hours if serving half-time) toward the total required 40 hours per week (or 20 hours per week in the case of half-time service).

Advanced Nursing Education Nurse Practitioner Residency Program – As authorized by 42 U.S.C § 296j (Section 811 of the Public Health Service Act), prepares new nurse practitioners in primary care for practice in community-based settings in rural and underserved areas through clinical and academic focused 12- month Nurse Practitioner Residency programs, with a preference for those projects that substantially benefit rural or underserved populations or help meet public health nursing needs in State or local health departments. The Health Resources and Services Administration -funded Nurse Practitioner residency programs must be accredited by a recognized, professional Nurse Practitioner accreditation organization.

Advanced Nursing Education Nurse Practitioner Residency Integration Program – As authorized by 42 U.S.C § 296j (Section 811 of the Public Health Service Act), prepares new primary care or behavioral health nurse practitioners to work in integrated, community-based settings in underserved areas. Under Section 805 of the Public Health Service Act and as directed in the Joint Explanatory Statement accompanying the Further Consolidated Appropriations Act of 2020, the Advanced Nursing Education Nurse Practitioner Residency Integration Program provided a funding preference for applicants with projects that substantially benefited rural or underserved populations or help meet public health

nursing needs in state or local health departments. In addition, this program includes a funding preference for an applicant that is a Federally Qualified Health Center. The Health Resources and Services Administration-funded Nurse Practitioner residency programs must be accredited by a recognized, professional Nurse Practitioner accreditation organization.

Approved Alternative Setting – Alternative settings include any setting in a Health Professional Shortage Area at which the clinician is directed to provide care by the rural National Health Service Corps-approved substance use disorder treatment facility, to address continuity of care (for example, shelters). The alternative sites must provide services that are appropriate for the discipline and specialty of the clinician and the services provided. Approved Alternative Settings may be at a lower Health Professional Shortage Area score than the Health Professional Shortage Area score on the participant’s application. Services at alternative sites must be an extension of the comprehensive primary care provided at the rural National Health Service Corps-approved substance use disorder treatment facility.

Bureau of Health Workforce – The bureau within the Health Resources and Services Administration that administers the National Health Service Corps and Nurse Corps Scholarship and Loan Repayment Programs, the Faculty Loan Repayment Program, Native Hawaiian Health Scholarship Program (a U.S. Department of Health and Human Services Program), and grants for the State Loan Repayment Program.

Care Coordination – For purposes of the National Health Service Corps, “Care Coordination” is the deliberate organization of patient care activities between the patient and two or more health care providers involved in a patient’s care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among health care providers responsible for different aspects of care.

Commercial or Private Student Loans – Also known as college loans, educational loans, or alternative student loans. These are non-government loans made by a private lender specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated educational costs. These loans are 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. These are unsecured loans with various options for repayment and may offer forbearance and deferral options. Loans obtained to cover residency and relocation expenses do not qualify for repayment under the National Health Service Corps Loan Repayment Programs.

Community-Based Settings – Facilities open to the public and located in a Health Professional Shortage Area; they expand the accessibility of health services by fostering a health-promoting environment and may provide comprehensive primary behavioral and mental health care services. These facilities may function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. Only behavioral and mental health providers may serve in community-based settings as directed by the rural National Health Service Corps-approved substance use disorder treatment

facility, and the service must be an extension of the comprehensive primary care provided at the rural National Health Service Corps-approved substance use disorder treatment facility.

Comprehensive Primary Behavioral/Mental Health Care Services – Services that include but are not limited to screening and assessment, diagnosis, treatment plans, therapeutic services including access to medication prescribing and management, crisis care including 24-hour call access, case management, consultative services, and care coordination. Rural National Health Service Corps- approved substance use disorder treatment facilities providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The rural National Health Service Corps-approved substance use disorder treatment facility must also offer or ensure access to ancillary, inpatient, and specialty referrals.

Critical Access Hospital – A facility certified by the Centers for Medicare & Medicaid Services under section 1820 of the Social Security Act. A Critical Access Hospital must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or Critical Access Hospital, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For the purposes of the National Health Service Corps, the Critical Access Hospital must also include a rural National Health Service Corps-approved substance use disorder treatment-affiliated outpatient primary care clinic. For more information, please review the [Critical Access Hospital Booklet](#).

Default of Payment Obligation – Being more than 120 days past due on the payment of a financial obligation or being determined to be in default by the applicable federal program under the standards of that program.

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

Direct Clinical Care – Work directly relating to the prevention, diagnosis, or treatment of physical, dental, or mental illnesses. This may include both face-to-face and telehealth preventive care. Direct clinical care may be provided at rural National Health Service Corps-approved substance use disorder treatment facilities and approved alternative settings.

Disadvantaged Background – As defined by the Scholarship for Disadvantaged Students program (Sec. 737 of the Public Health Service Act, 42 U.S.C. § 293(a)), this refers to individuals who have been identified by their schools or can document having come from a “disadvantaged background” based educational/ environmental and/or economic factors. “Educational/environmental factors” means that the individual comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession. “Economic factors” means that the individual 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 for adaptation to this program.

Distant Site – A site where the National Health Service Corps participant is located while providing health care services via a telecommunications system.

Family and Family Member – As used in the Application and Program Guidance and for the purposes of the National Health Service Corps, “family member” includes spouses, as well as unmarried partners (both same sex and opposite sex) living in the same household.

Federal Direct Student Loans – A student loan offered by the federal government that has a low-interest rate for students and parents and is used to pay for the costs of education for undergraduate, graduate, and professional students at a college or career school. The lender for the Federal Direct Student Loan is the U.S. Department of Education, rather than an institution, such as a bank.

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 (for example, a federal student loan or federally insured home mortgage). An Internal Revenue Service tax lien that is not created pursuant to a court-ordered judgment is not a federal judgment lien.

Federally Qualified Health Centers include:

- (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service Act (that is, health centers);
- (2) FQHC “Look-Alikes”, which are nonprofit entities that are certified by the Secretary of the U.S. Department of Health and Human Services as meeting the requirements for receiving a grant under section 330 of the Public Health Service Act but are not grantees; and
- (3) outpatient health programs or sites 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.

Federal Fiscal Year – 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 a rural National Health Service Corps-approved substance use disorder treatment facility. For a more detailed explanation of the full-time clinical practice requirement, see the Eligible Providers and Clinical Practice Requirements section in the Application and Program Guidance.

Government Loans – Loans made by federal, state and county or city agencies authorized by law to make such loans.

Graduate Psychology Education Program – A Health Resources and Services Administration-funded program authorized by 42 U.S.C. § 294e–1(a)(2) (Section 756(a)(2) of the Public Health Service Act) that trains addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and substance use disorder prevention and treatment services. Program completers will have completed at least 25 percent of the time in the experiential

training site(s) delivering opioid use disorder and other substance use disorder prevention, treatment, and recovery services.

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 a rural National Health Service Corps-approved substance use disorder treatment facility. For a more detailed explanation of the half-time clinical practice requirement, see the Eligible Providers and Clinical Practice Requirements section of the Application and Program Guidance.

Health Professional Shortage Area – A geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of the U.S. Department of Health and Human Services to have a shortage of primary health care professionals based on criteria defined in statute or regulation. Information considered when designating a primary care Health Professional Shortage Area includes health provider-to-population ratios, rates of poverty, and access to available primary health services. Health Professional Shortage Areas are designated by the Shortage Designation Branch within the Health Resources and Services Administration’s Bureau of Health

Workforce, pursuant to Section 332 of the Public Health Service Act (42 U.S.C. § 254e) and implementing regulations (42 C.F.R. Part 5).

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

Health Workforce Connector – The [Health Workforce Connector](#) is a searchable database of open job opportunities and information on National Health Service Corps-approved sites, including rural National Health Service Corps-approved substance use disorder treatment facilities.

Holder – The commercial or government institution that currently holds the promissory note for the qualifying educational loan (for example, MOHELA, Aidvantage, etc.).

Indian Health Service Hospitals – A collective term that includes hospitals that are both Indian Health Service-owned and Indian Health Service-operated, or Indian Health Service-owned and tribally operated (that is, a federal facility operated by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical substance use disorder treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally owned and tribally operated.

Indian Health Service, Tribal or Urban Indian Health Clinic – 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 substance use disorder treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For

more information, please read the [Urban Indian Health Program Fact Sheet](#) or [Indian Health Service Profile](#).

Lender – The commercial or government institution that initially made the qualifying loan (for example, Department of Education).

Maternity Care Target Area – A geographic area within a primary care Health Professional Shortage Area that has a shortage of maternity care health professionals.

Medications for Opioid use Disorder Treatment – An approach to opioid use treatment that combines the use of Food and Drug Administration-approved drugs with counseling and behavioral therapies for people diagnosed with opioid use disorder.

National Health Service Corps – “The Emergency Health Personnel Act of 1970,” Public Law 91-623, established the National Health Service Corps on December 31, 1970. The National Health Service Corps Program, within the Department of Health and Human Services, was created to eliminate health professional shortages through the assignment of trained health professionals to provide primary health services in Health Professional Shortage Areas. The National Health Service Corps seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

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

National Health Service Corps-Approved Site – A National Health Service Corps-approved site must be located in and provide service to a Health Professional Shortage Area; provide comprehensive primary medical care, behavioral/mental health, and/or dental services; provide ambulatory care services (no inpatient sites except Critical Access Hospitals or Indian Health Service hospitals affiliated with an outpatient clinic); ensure access to ancillary, inpatient, and specialty referrals; charge fees for services consistent with prevailing rates in the area; discount or waive fees for individuals at or below 200 percent of the federal poverty level; accept assignment for Medicare beneficiaries; enter into agreements with Medicaid and the Children’s Health Insurance Program, 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/Children’s Health Insurance Program); 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 National Health Service Corps support; provide sound fiscal management; and maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. All National Health Service Corps-approved service sites must continuously meet the above requirements. For more information about National Health Service Corps service sites, see the [National Health Service Corps Site Reference Guide](#). While National Health Service Corps Loan Repayment Program participants must serve at National

Health Service Corps-approved sites, National Health Service Corps Rural Community Loan Repayment Program participants must specifically serve at rural National Health Service Corps-approved substance use disorder treatment facilities.

National Health Service Corps Rural Community Loan Repayment Program – The National Health Service Corps Rural Community Loan Repayment Program is authorized by Section 338B of the Public Health Service Act (42 U.S.C. § 254I-1); Section 331(i) of the Public Health Service Act (42 U.S.C. § 254d(i)). The National Health Service Corps Rural Community Loan Repayment Program recruits medical, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-based substance use disorder treatment in rural Health Professional Shortage Areas.

Non-opioid Outpatient Substance Use Disorder Treatment Facility – Sites other than Opioid Treatment Programs and **Office-Based Opioid Treatment** facilities that provide outpatient substance use disorder treatment services to patients with substance use disorders.

Nurse Practitioner Residency – A nurse practitioner residency/fellowship program is a voluntary post-graduate training program through which licensed and certified new advanced practice nurse graduates are provided additional didactic and clinical experiences alongside other healthcare providers, enhancing transition from education to practice. Nurse practitioner residency/fellowship programs aim to prepare novice nurse practitioners to practice as providers and support their professional transition to clinical practice. This form of mentored clinical education occurs within a structured learning environment, typically lasts 12 months long and diversifies the nurse practitioner clinical preparation via varied clinical rotations, supervised hours, and didactic training.

Opioid Treatment Programs – Sites that provide Medications for Opioid Use Disorder for people diagnosed with opioid-use disorder that are certified by the Substance Abuse and Mental Health Services Administration in accordance with 42 C.F.R. Part 8. Opioid Treatment Programs must also be accredited by an independent, Substance Abuse and Mental Health Services Administration-approved accrediting body to dispense opioid treatment medications, licensed by the state in which they operate, and must register with the Drug Enforcement Administration through a local Drug Enforcement Administration office.

Originating Site – A site where the National Health Service Corps participant's patient(s) is located while providing health care services via a telecommunications system.

Postgraduate Training – Refers to additional training that a health professions student may participate in after they graduate from a health professions education program (for example, internships, residencies, chief residency, and fellowships).

Primary care – Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

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

other health professionals, and for purposes of the National Health Service Corps Rural Community Loan Repayment Program, includes clinical substance use disorder treatment services.

Qualifying Educational Loans – Government and private student 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 their submission of an application to participate in the National Health Service Corps Loan Repayment Program or National Health Service Corps Rural Community Loan Repayment Program. 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 and/or refinanced loan will be eligible.

Rural Communities Opioid Response Program Consortium Member Site – As used in the Application and Program Guidance for the National Health Service Corps Rural Community Loan Repayment Program, the use of the term Rural Communities Opioid Response Program Consortium Member Site refers to a site operated by all domestic public or private, non-profit or for-profit entities, including faith-based and community-based organizations, tribes, and tribal organizations, that are past or current grant recipients (either the applicant organization or consortium member) under one or more Rural Communities Opioid Response Program funding opportunities. Please visit the Rural Communities Opioid Response Program website for more information regarding current and past [Rural Communities Opioid Response Program funding opportunities](#).

Reasonable Educational Expenses – 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. Debt associated with residency programs or relocation is not considered "reasonable educational expenses" under the National Health Service Corps Loan Repayment Program or National Health Service Corps Rural Community Loan Repayment Program.

Reasonable Living Expenses – 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. Debt associated with residency programs or relocation is not considered "reasonable living expenses" under the National Health Service Corps Loan Repayment Program or National Health Service Corps Rural Community Loan Repayment Program.

Rural-Urban Commuting Area Codes – Rural-Urban Commuting Area codes or Rural-Urban Commuting Area, are a Census tract-based classification scheme that utilizes the standard Census Bureau urban area and place definitions in combination with commuting information to characterize all of the nation's census tracts regarding their rural and urban status, and relationships.

Rural Communities – Geographical areas located in Health Resources and Services Administration-designated rural counties or rural census tracts in urban counties as defined by the Rural Health Grants Eligibility Analyzer. To determine if your community is rural, you can use the [Rural Health Grants Eligibility Analyzer](#). Look up [eligible census tracts within urban counties](#).

Rural National Health Service Corps-Approved Substance Use Disorder Treatment Facility – A health care site that is: located in, or provides service to a Health Professional Shortage Area; located in an area designated as rural by Federal Office of Rural Health Policy; provides comprehensive primary medical care, behavioral/mental health, and/or dental services; provides ambulatory care services (no inpatient sites, except Indian Health Service hospitals or Critical Access Hospitals; ensures access to ancillary, inpatient, and specialty referrals; charges fees for services consistent with prevailing rates in the area; discounts or waives fees for individuals at or below 200 percent of the federal poverty level; accepts assignment for Medicare beneficiaries; enters into agreements with Medicaid and the Children’s Health Insurance Program, as applicable; does not discriminate in the provision of services based on an individual’s inability to pay for services or the source of payment (Medicare, Medicaid, or Children’s Health Insurance Programs); prominently posts signage that no one will be denied access to services due to inability to pay; agrees not to reduce clinician’s salary due to National Health Service Corps support; provides sound fiscal management; and maintains a recruitment and retention plan, as well as a credentialing process, for clinicians.

As used in the National Health Service Corps Rural Community Loan Repayment Program Application and Program Guidance, the term rural National Health Service Corps-approved substance use disorder treatment facility is also a collective term used to refer to opioid treatment programs, office-based opioid treatment facilities, and non-opioid outpatient substance use disorder treatment facilities that meet the requirements described in the previous paragraph. To determine if a site is considered “rural” for purposes of the National Health Service Corps Rural Community Loan Repayment Program, use this Health Resources and Services Administration Data Warehouse tool: [the Rural Health Grants Eligibility Analyzer](#).

School – A public or private institution (including home schools), providing instruction to children of compulsory school age in kindergarten, grades 1-12, or their equivalent. The operation and administration of the school must meet applicable federal, state, and local laws, and services provided by National Health Service Corps participants in a school must be an extension of the comprehensive primary care provided at the rural National Health Service Corps-approved substance use disorder treatment facility.

School-Based Clinics – A part of a system of care located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; organized through school, community, and health provider relationships. This facility provides - through health professionals - primary health care services to school-aged children and adolescents in accordance with federal, state, and local law, including laws relating to licensure and certification. In addition, this rural National Health Service Corps-approved substance use disorder treatment facility satisfies such other requirements as a state may establish for the operation of such a clinic.

Solo or Group Private Practice – A clinical practice that is made up of either one or more 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.

Spanish Language Assessment – An assessment administered by a General Services Administration-approved vendor to determine if an applicant meets the language proficiency standard to receive a National Health Service Corps Rural Community Loan Repayment Program award enhancement above the standard maximum award.

Spanish Language Award Enhancement – A supplemental enhancement award of up to \$5,000 will be awarded to providers who demonstrate a proficiency in communicating in Spanish based on the results of an assessment administered by a General Services Administration-approved vendor. In addition, the provider’s site point of contact must verify on the employment verification form that the provider directly provides oral Spanish-speaking services to patients with limited English proficiency.

Spouse– As used in this Application and Program Guidance and for the purposes of the National Health Service Corps, “spouse” includes same-sex married couples, as well as opposite-sex married couples. In accordance with the Supreme Court decisions in United States v. Windsor and in Obergefell v. Hodges, the Department of Health and Human Services will treat as valid marriages of same-sex couples. The term “spouse” does not include individuals in registered domestic partnerships, civil unions, or similar formal relationships recognized under state law as something other than a marriage.

State – As used in this Application and Program 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.

Substance Use Disorder – Involves the overuse of, or dependence on, one or more substances leading to a clinically significant impairment whose effects are detrimental to the individual's physical and mental health, or the welfare of others.

Substance Use Disorder Professional – As used in the National Health Service Corps Rural Community Loan Repayment Program Application and Program Guidance, substance use disorder professionals are allopathic/osteopathic physicians, physician assistants, psychiatrists, nurse practitioners, certified nurse midwives, psychiatric nurse specialists, physician assistants, licensed substance use disorder counselors, health service psychologists, licensed clinical social workers, marriage and family therapists, licensed professional counselors, pharmacists, registered nurses and certified registered nurse anesthetists who satisfy the discipline specific training, licensure and credentialing requirements identified in the “Required Credentials for Eligible Disciplines” section of the Application and Program Guidance.

Substance Use Disorder Treatment – As used in the Guidance and for purposes of the National Health Service Corps Rural Community Loan Repayment Program, substance use disorder treatment refers to

substance use disorder-related care that is delivered based on a standardized assessment of substance use disorder treatment needs.

Teaching Activities – As used in the National Health Service Corps Rural Community Loan Repayment Program Application and Program Guidance, teaching is providing clinical education to students or residents in their area of expertise at the rural National Health Service Corps-approved substance use disorder treatment facility. All teaching must be conducted as directed by the rural National Health Service Corps-approved substance use disorder treatment facility and/or facilities.

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 or the Centers of Excellence Program, which are both funded through Health Resources and Services Administration grants. Teaching must be conducted at the rural National Health Service Corps-approved substance use disorder treatment facility specified in the [Bureau of Health Workforce Customer Service Portal](#) profile. If the National Health Service Corps participant is actually providing the clinical service while a student/clinician observes, the activity should be treated as patient care.

Teaching Health Center Graduate Medical Education Program – As authorized by Section 340H of the Public Health Service Act [42 U.S.C. 256h], the Teaching Health Center Graduate Medical Education Payment Program provides funding to support the training of residents in primary care residency programs in community-based ambulatory patient care centers.

Teaching Health Center – An entity, funded by the Health Resources and Services Administration under 42 U.S.C. § 256h, that (1) is a community based, ambulatory patient care center and (2) operates a primary care postgraduate training program (that means, an approved graduate medical residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics). Currently funded Teaching Health Centers are listed on the [Health Resources and Services Administration Data Warehouse](#) site.

Telehealth – Telehealth 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 National Health Service Corps participant at the distant facility. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

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 through, or provided

for in, a contract or compact with the Indian Health Service under the Indian Self- Determination and Education Assistance Act (25 USC 450 et seq.).

Unencumbered License – A license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.