



National Health Service Corps Loan Repayment Program

Full- & Half-Time Service Opportunities

Fiscal Year 2018 Application & Program Guidance

March 2018

Application Submission Deadline: **April 23, 2018, 7:30 pm ET**

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

For questions, please call 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) 8:00 am to 8:00 pm ET.

*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.*

TABLE OF CONTENTS

Privacy Act Notification Statement	3
Paperwork Reduction Act Public Burden Statement	3
Program Overview	5
INTRODUCTION	5
ELIGIBILITY REQUIREMENTS AND AWARD PROCESS	6
UNDERSTANDING THE SERVICE OBLIGATION	19
SERVICE REQUIREMENTS	20
PROGRAM COMPLIANCE.....	32
Application Information	38
APPLICATION DEADLINE.....	38
COMPLETING AN APPLICATION	38
CONFIRMATION OF INTEREST	43
Additional Information.....	45
RESOURCES FOR APPLICANTS	45
DEFINITIONS.....	45

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 that 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 as described in the [System of Record Notice 09-15-0037](#).

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 0915-0127. 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, 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. 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 is critical to successful completion of the mandatory service obligation associated with any NHSC LRP award.

INTRODUCTION

The NHSC LRP is administered by 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 (psychiatrists, 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” section) 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. **NHSC Loan Repayment funds are exempt from federal income and employment taxes.** These funds are not included as wages when determining benefits under the Social Security Act.

The NHSC seeks clinicians who demonstrate an interest in serving the nation’s medically underserved populations and remaining in HPSAs beyond their service commitment. It is important to remember that the primary purpose of the NHSC LRP is to increase access to primary care services to communities in need.

If you sign an NHSC LRP contract, you will be committing to serve in the HPSA to which you are assigned by the Secretary of HHS. Thus, if you do not complete service at the location approved for your award, and you need to be transferred to another NHSC-approved service site, you could be asked to relocate to another area.

Service Options and Award Amounts

NHSC LRP participants have a choice of service options:

- (1) **2-year Full-Time Clinical Practice.** The NHSC will pay up to \$50,000* 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 who will be working at NHSC-approved service sites with HPSA scores of 13 or lower are eligible to receive up to \$30,000* for an initial 2 years of full-time clinical practice.

For a more detailed definition of full-time clinical practice, see the “Service Requirements” section.

- (2) **2-year Half-Time Clinical Practice.** The NHSC will pay up to \$25,000* for an initial 2 years of half-time clinical practice to clinicians serving at an NHSC-approved service site with a HPSA score of 14 or higher. Applicants who will be working at NHSC-approved service sites with HPSA scores of 13 or lower are eligible to receive up to \$15,000* for an initial 2 years of half-time clinical practice.

For a more detailed definition of half-time clinical practice, see the “Service Requirements” section.

NOTE: Half-time practice is not available to those serving under the Private Practice Option. See “Practice Types” section.

* If an applicant’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 working at an NHSC-approved service site, located in a HPSA, designated for their discipline and specialty with a HPSA score of 14 or above throughout the contract period.

ELIGIBILITY REQUIREMENTS AND AWARD PROCESS

Eligibility Requirements

To be eligible for a NHSC LRP award, all applicants must:

- (1) Be a U.S. citizen (either U.S. born or naturalized) or U.S. National;
- (2) Be eligible for, or hold, an appointment as a commissioned officer in the Regular Corps of the Public Health Service or be eligible for selection for civilian service in the NHSC;
- (3) Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Programs, as appropriate;
- (4) Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration in the discipline in which he/she is applying to serve; and
- (5) Submit a complete application as set forth in the “Completing an Application” section covered later in this *Guidance*.

Among eligible applicants, the NHSC LRP determines loan repayment awardees using various selection factors and funding priorities.

Selection Factors

- (1) **Have a history of honoring prior legal obligations.** NHSC LRP applicants will not be selected for an award if they have a history of not honoring prior legal obligations, as evidenced by one or more of the following factors:
 - a. Default on any federal payment obligations, e.g., Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, Federal Housing Administration Loans, federal income tax liabilities, federally-guaranteed/insured loans (e.g., student or home mortgage loans) or any non-federal payment obligations (e.g.,

court-ordered child support payments or state tax liabilities), even if the applicant is currently considered to be in good standing by that creditor.

- b. Write off of any federal or non-federal debt as uncollectible or waiver of any federal service or payment obligation.
- c. Default on a prior service obligation. Applicants who have defaulted 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.
- d. Judgment liens arising from federal debt.

(2) **Are not in breach of any service obligation.** NHSC LRP applicants will not be selected for an award if they are in breach of a health professional service obligation to a federal, state, or other entity.

(3) **Do not have an existing service obligation and will not incur any service obligation that would be performed concurrently with, or overlap with, their NHSC LRP service obligation.** NHSC LRP applicants who are already obligated to a federal, state, or other entity for professional practice or service (e.g., active military duty, the National Health Service Corps Scholarship Program, the NURSE Corps Scholarship Program) will not be selected to participate unless that obligation will be completely satisfied prior to commencement of the NHSC LRP service (see, the section titled “Start of Service Commitment” covered later in this *Guidance*).

- a. An exception to this policy exists for applicants (other than current NHSC LRP participants) whose outstanding service obligation to another entity would be completed by the deadline for meeting the NHSC clinical practice requirements (July 18, 2018). Members of a Reserve component of the Armed Forces or National Guard who are not on active duty prior to receiving an LRP award **are** eligible for the program.

NOTE: Current NHSC LRP participants are only eligible to apply for a new two-year contract provided they incurred additional qualifying educational loans and their existing NHSC LRP service obligation would be fulfilled by the application deadline, which is **April 23, 2018**.

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 seven weeks per service year, the participant should request a suspension. The NHSC LRP service commitment 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 default of his/her service obligation.

- (4) **Are not currently excluded, debarred, suspended, or disqualified by a federal agency.** NHSC LRP applicants are required to report certain information, which is described in the “Certification Regarding Debarment, Suspension, Disqualification and Related Matters” located in the online application. The applicant must sign the certification that is applicable to his/her situation. As a condition of participating in the NHSC LRP, a participant must agree to provide immediate written notice to the NHSC LRP if the participant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changed circumstances.
- (5) **Are committed to providing primary care service in a HPSA.** The NHSC LRP seeks to recruit providers with a strong commitment to primary care and serving in communities most in need of primary care services.

Funding Priorities

The following funding priorities will be applied to all eligible and qualified applicants:

- **Characteristics Likely to remain in a HPSA plus Disadvantaged Background (see “Definitions” section).** The NHSC will give priority to an applicant who has (and whose spouse, if any, has) characteristics that indicate a higher likelihood of continuing to practice in a HPSA once the service commitment is completed *and* who comes from a disadvantaged background. With the respect to the latter, the applicant must submit certification from a school that he/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.
- **Characteristics Likely to Remain in a HPSA.** The NHSC will also give priority to an applicant who has (and whose spouse, if any, has) 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.

The LRP statute also requires that Corps members be assigned to HPSAs of greatest shortage. HRSA measures the relative need of HPSAs and assigns each HPSA a score. These scores are indicated on the Health Workforce Connector (see “Additional Information” section) – the higher the score, the greater the need. The NHSC reviews and approves LRP applications by descending HPSA score, and based on other funding priorities identified above, to the extent that funding is available. The NHSC will use HPSA data as of January 1, 2018, and will do so throughout the FY 2018 application and award cycle to determine the priority for selection and award amounts. The relevant HPSA score is evaluated based on the score of the site where the applicant will perform 100% of their service. If an applicant will serve at multiple NHSC-approved service sites, with differing HPSA scores, the lowest score will be used to determine the order in which the application will be reviewed.

Anticipated Awards

For the 2018 fiscal year, the NHSC LRP is expected to be highly competitive. HRSA anticipates more applicants for loan repayment awards than there are funds available. In the past, NHSC LRP funds have been sufficient to only reach applicants with HPSA scores of 16 or above.

Eligible Disciplines and Specialties

Providers who have been trained and are licensed to provide patient care under the following disciplines and specialties are eligible to apply to the NHSC Loan Repayment Program:

Primary Care Medical

Disciplines	Specialty
Physicians <ul style="list-style-type: none"> • <i>Allopathic (MD)</i> • <i>Osteopathic (DO)</i> 	<ul style="list-style-type: none"> • <i>Family Medicine</i> • <i>General Internal Medicine</i> • <i>General Pediatrics</i> • <i>Obstetrics/Gynecology</i> • <i>Geriatrics</i>
Physician Assistants (PA) Nurse Practitioners (NP)	<ul style="list-style-type: none"> • <i>Adult</i> • <i>Family</i> • <i>Pediatric</i> • <i>Women's Health</i> • <i>Geriatrics</i>
Certified Nurse-Midwives (CNM)	N/A

Dental Care

Disciplines	Specialty
Dentists <ul style="list-style-type: none"> • <i>DDS</i> • <i>DMD</i> 	<ul style="list-style-type: none"> • <i>General Dentistry</i> • <i>Pediatric Dentistry</i>
Dental Hygienists	N/A

Behavioral & Mental Health

Disciplines	Specialty
Physicians <ul style="list-style-type: none"> • <i>Allopathic (MD)</i> • <i>Osteopathic (DO)</i> 	<ul style="list-style-type: none"> • <i>Psychiatry (Child and Adolescent Psychiatrists are eligible)</i>
Health Service Psychologists Licensed Clinical Social Workers Psychiatric Nurse Specialists Marriage and Family Therapists Licensed Professional Counselors	N/A
Nurse Practitioners Physician Assistants	<ul style="list-style-type: none"> • <i>Mental Health & Psychiatry</i>

Qualifying and Non-Qualifying Educational Loans

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 (i.e., private) student 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 that will result in a **change** in discipline (e.g., a Licensed Professional Counselor obtains a doctorate in clinical psychology), he/she will need to apply to the NHSC as a new participant in a subsequent application cycle and will be reviewed competitively against other applicants. If a prior NHSC participant obtains additional educational loans within their **same** discipline, those loans are not eligible for repayment.

Consolidated or refinanced loans may be considered for repayment, so long as they are from a Government (federal, state, or local) or private student loan 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.

Loans that do *not* qualify for loan repayment include, but are not limited to:

- (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 23, 2018).
- (2) Loans for which the associated documentation cannot identify that the loan was solely applicable to the undergraduate or graduate education of the applicant.
- (3) Loans not obtained from a Government entity or private student loan 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 Loans](#)
- (6) Parent PLUS Loans (made to parents).
- (7) Personal lines of credit.
- (8) Loans subject to cancellation.
- (9) Residency loans.
- (10) Credit Card debt.

NOTE: 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.

Award Process

Once an applicant has been selected for an award, the applicant will be provided with information for logging into the [BHW Customer Service Portal](#). This web-based system will allow NHSC LRP applicants and participants to communicate with the NHSC LRP and to manage several customer service actions, such as contact information changes.

Only the Secretary of HHS or his/her designee can make an NHSC LRP award. Awards cannot be guaranteed or granted by another person or entity including service site personnel, NHSC staff, a Primary Care Office, or a Primary Care Association. 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 end dates of the service obligation. In addition, this information is contained in the participant profile on the BHW Customer Service Portal. Participants will **not** receive service credit for any employment at an NHSC-approved service 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 "Application Review and Award Process" section). After a contract has taken effect, the Secretary or his/her designee may terminate the contract under the circumstances set forth below (see "Contract Terminations" below).

Award funds are disbursed in the form of a lump sum payment and will be electronically issued to the bank account provided by the participant 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.

Contract Terminations

An applicant becomes a participant in the NHSC LRP only upon entering into a contract with the Secretary. The contract becomes fully executed (and effective) on the date that the contract is signed by both the participant and the Secretary (or the Secretary's designee). The NHSC LRP statute provides that the Secretary may terminate an NHSC LRP contract only if, no later than 45 days before the end of the fiscal year (i.e., **August 17, 2018**), the participant:

- (1) Submits a written request, via the Customer Service Portal, to terminate the contract; **and**
- (2) Repays all LRP funds paid to, or on behalf of, the participant under that contract. If the NHSC LRP funds have been disbursed to the participant, he/she will receive separate instructions via the Customer Service Portal or directly from an NHSC representative outlining the process for returning the awarded funds.

The Secretary cannot grant a participant's request to terminate their FY 2018 NHSC LRP contracts after the **August 17, 2018** deadline. *Requests to terminate the contract after August 17, 2018 will not be considered.* Participants who don't timely meet the conditions for contract termination will be expected to perform their obligations under the contract. Failure to fulfill the terms of the contract may be considered a breach of contract.

Note: In recent years, Congress has modified the deadline for LRP contract terminations through appropriations language. For example, the Fiscal Year (FY) 2017 Appropriations Act provides that the Secretary may terminate a FY 2017 NHSC LRP contract if, within sixty (60) days following the contract's execution date (i.e., signature of both parties), the participant submits a written request to terminate the contract and returns all loan repayment funds that have been disbursed under that contract. However, there is no guarantee that Congress will retain this termination window for FY 2018 NHSC LRP contracts. If Congress enacts a modified contract termination provision, NHSC LRP applicants will be notified and made aware of the new terms for contract termination.

Transitioning from the NHSC Scholarship Program (SP) to a 2-year NHSC LRP Obligation

Current NHSC Scholars completing their service obligation who wish to be considered for an FY 2018 NHSC LRP 2-year award will be able to complete an application by accessing their BHW Customer Service Portal account and must submit a complete application by the deadline (April 23, 2018).

Scholars intending to *remain* at the same NHSC-approved service site where they will complete their NHSC SP service obligation are eligible to apply for the NHSC LRP, so long as the scholarship obligation will be fulfilled on or before September 29, 2018, and the service obligation under the NHSC LRP contract will commence on or before September 30, 2018. These applications will be considered on a non-competitive basis.

Scholars who intend to transfer to another NHSC-approved service site with a HPSA score of 14 or above must complete their NHSC SP obligation and begin working at the alternate NHSC-approved service site within 30 days of completing the NHSC SP obligation or by July 18, 2018, whichever is earlier. 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 an NHSC-approved service site with a HPSA score of 13 or below, applications will be processed by descending HPSA score with all other applications according to the timeline set forth below (See "Funding Priorities" section). If the scholar transfers to a site with a HPSA score of 13 or below, he/she will only be eligible for the lower funding category.

Information on Continuing 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 awards will be made at the Government's discretion and are subject to the availability of appropriated funds.

If the NHSC LRP participant plans to pursue a Continuation Contract with the NHSC once the initial contract has been fulfilled, the NHSC LRP participant must have a record of compliance with NHSC LRP requirements to be considered as qualified for an award. NHSC LRP participants who fail to comply in a timely manner 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 previously awarded NHSC LRP funds to the applicant's qualifying educational loans, as listed on the applicant's Participant Authorization Worksheet (PAW).
- (2) Failure to submit 6-month In-Service Verification (ISV) forms on time. If any ISV is more than 60 days delinquent, a participant may be considered unqualified for a Continuation Contract.
- (3) Unapproved conversion to half-time. If a participant converts from a full-time to half-time schedule without first obtaining NHSC approval, the participant may be considered to be unqualified for a Continuation Contract.
- (4) Failure to alert the NHSC that the participant has left or is going to leave one or more of his/her NHSC-approved sites. Participants may be considered unqualified for a contract if they leave the NHSC-approved site of record without notifying the NHSC in advance of the departure.
- (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 unqualified for a Continuation Contract.
- (6) Failure to adhere to other program timelines and policies. Participants who fail to disclose information regarding their service that impacts compliance with 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 disqualified from consideration for a Continuation 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 meeting the criteria for a suspension of the service obligation may be considered unqualified for a Continuation 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 2-year contract or a subsequent Continuation Contract, an individual may be deemed 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 breaching the current contract and being placed in default of his/her NHSC LRP contract.

Training and Licensure Requirements

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" section) 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 have a current, full, permanent,

unencumbered, unrestricted health professional license, 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 advanced 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.** See, for example, the “Telehealth and Home Health Policies” section for licensure requirements pertaining to participants providing telehealth services.

NOTE: Clinicians who are in residency programs may apply to the NHSC LRP with a provisional license; however, they must possess a current, full, permanent, unencumbered, unrestricted health professional license before accepting an NHSC LRP award.

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 18, 2018) 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 unless practicing in a federal facility.

The NHSC approved primary care specialties for physicians are family practice, obstetrics/gynecology, general internal medicine, geriatrics, general pediatrics, and psychiatry (including child and adolescent psychiatry).

- **Psychiatrists** must meet the qualifications for physicians as listed above, but are required to serve exclusively in mental health HPSAs.
- **Physicians** who meet the above residency training and licensure requirements may serve at an NHSC-approved service site, providing geriatric services, if they have completed discipline-specific advanced training in geriatrics. This includes, but is not limited to, a residency, fellowship, or certification in geriatric medicine. Documentation of appropriate geriatrics training and certification is required when completing the Online Application, and will be reviewed by the NHSC to determine whether the training or certification qualifies.

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 unless practicing in a federal facility.

The NHSC-approved primary care practice areas for PAs are adult, family, geriatric, psychiatry, mental health, geriatrics, and women's health.

- **PAs** who meet the above education, training, and licensure requirements, and provide **mental and behavioral health services**, must serve in a designated primary care or mental health HPSA.
- **PAs** who meet the above education, training, and licensure requirements, and provide **primary health care services**, must serve in a designated primary care HPSA.
- **PAs** who meet the above education, training, and licensure requirements may serve at an NHSC-approved service site, and provide geriatric services, if they have completed discipline-specific advanced training in geriatrics. This includes, but is not limited to, fellowships or certification in geriatrics. Documentation of appropriate geriatrics training and certification is required when completing the Online Application, and will be reviewed by the NHSC to determine whether the training or certification qualifies.

(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 unless practicing in a federal facility.

The NHSC-approved primary care specialties for Nurse Practitioners (NP) are adult, family, pediatric, psychiatric-mental health, geriatrics, and women's health.

- **NPs** who meet the education, training, and licensure requirements as listed above, may serve at an NHSC-approved service site, and provide geriatric services, if they have completed discipline-specific advanced training in geriatrics. This includes, but is not limited to, fellowships or certification in geriatrics. Documentation of appropriate geriatrics training and certification is required when completing the Online Application, and will be reviewed by the NHSC to determine whether the training or certification qualifies.
- **NPs** who meet the education, training, and licensure requirements, and provide mental and behavioral health services, must serve in a designated mental health HPSA.

b. *Certified Nurse-Midwives (CNMs)* must have:

- A master's degree or post-baccalaureate certificate from a school accredited by the American College of Nurse-Midwives (ACNM);
- National certification by the American Midwifery Certification Board (formerly the ACNM Certification Council); AND
- 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 unless practicing in a federal facility.

(3) **Primary Care Dentistry**

a. *General Dentists* must have:

- 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
- 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 unless practicing in a federal facility.

b. *Pediatric Dentists* must have:

- A D.D.S. or D.M.D. degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA);
- Completed a 2-year training program in the specialty of pediatric dentistry that is accredited by the ADA, CODA; AND
- 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 unless practicing in a federal facility.

c. *Registered Dental Hygienists (RDHs)* must have:

- 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;
- 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 unless practicing in a federal facility.

Please note that General Dentists, Pediatric Dentists, and Registered Dental Hygienists must serve in dental HPSAs.

(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 generally adheres to national certification and licensing standards to facilitate the clinician's ability to meet licensure requirements in other states if a transfer to another site in a different state is requested.

a. *Psychiatrists* must:

- i. Meet the qualifications for physicians (see Allopathic (MD) or Osteopathic (DO) Physicians [see (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. Passed the Examination for Professional Practice of Psychology (EPPP);
- iii. The ability to practice independently and unsupervised as a health service psychologist; AND
- iv. 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 unless practicing in a federal facility.

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 "Service Requirements" and "Requirements for School-Based Clinics" sections). 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 LCSW Standard Written Examination and the Clinical Vignette Examination;
- iii. Completed state required number of years or hours of clinical social work experience under the supervision of a licensed independent social worker and passing the clinical level of the ASWB exam.; 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 unless practicing in a federal facility.
- 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 unless practicing in a federal facility.
- 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 a Clinical Fellow member of the American Association for Marriage and Family Therapy (AAMFT);
-OR-
Successfully passed the MFT Standard Written Examination; 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 unless practicing in a federal facility

-OR-

If practicing in a federal facility, 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; 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 LPC in the state in which they intend to practice under the NHSC LRP unless practicing in a federal facility

-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 "Service Requirements" and "Requirements for School-Based Clinics" sections). Career or guidance counselors are *not* eligible to participate in the NHSC LRP.

Please note that primary care behavioral and mental health providers, including Psychiatrists, Health Service Psychologists, Licensed Clinical Social Workers, Psychiatric Nurse Specialists, Marriage and Family Therapists, and Licensed Professional Counselors, must serve exclusively in mental health HPSAs.

UNDERSTANDING THE SERVICE OBLIGATION

Service Obligation

In return for receiving an NHSC award, participants agree to provide an initial two (2) years of either full-time or half-time clinical practice at an NHSC-approved service site in a HPSA. "Full-time clinical practice" is defined as no less than 40 hours per week, for a minimum of 45 weeks per service year. "Half-time clinical practice" is defined as no less than 20 hours per week, for a minimum of 45 weeks per service year. At the participant's request and with written concurrence of the NHSC-approved service site, the Secretary of HHS may subsequently allow the participant to convert to half-time service for double the period of the full-time service obligation, by entering into an addendum to his/her contract.

SERVICE REQUIREMENTS

Service Commitment

Site Information

NHSC LRP applicants **must** have accepted a position at an NHSC-approved service site. NHSC-approved service sites (see “Definitions” section) are health care 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” section), Rural Health Clinics (RHCs) (see “Definitions” section), Indian Health Service, Tribal, or Urban Indian Health Clinics (see “Definitions” section), Public Health Departments, Hospital-affiliated outpatient primary care practices, solo or group private practices, Critical Access Hospitals (CAHs) (see “Definitions” section), or Indian Health Service (IHS) Hospitals (see “Definitions” section). [Get further details on site eligibility and necessary documents.](#)

To qualify for the NHSC LRP, applicants 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 by the date they submit their application and will begin meeting the NHSC clinical practice requirements at the NHSC-approved service site(s) they selected when submitting their application, by July 18, 2018. If the applicant’s site has not yet been approved, the applicant is not eligible to apply for an LRP award. If the applicant intends to remain at the site at which he/she currently works, and it is not an NHSC-approved site, he/she will not be eligible to participate in the NHSC LRP. Furthermore, the NHSC is not currently accepting new Site Applications. Site Application cycles will be announced on the [NHSC website](#).

The following are *not* eligible NHSC service sites, even if they are located in a HPSA: county/local prisons, inpatient hospitals (except for CAHs or IHS Hospitals), and other inpatient facilities. Clinics that limit care to veterans and active duty military personnel (e.g., VA Medical Centers and clinics, military bases, and civilian health care providers in the Tricare network) are not eligible.

Applicants who work at more than one site (e.g., several satellite clinics) must include all service locations in their application by selecting from the drop-down menu and initiating an electronic Employment Verification (EV) for each site. Selecting a site where the applicant is not providing patient care will disqualify his/her application. **To receive the highest award level for working in a high-need HPSA, all service sites at which a clinician will satisfy the NHSC service obligation must have a HPSA score of 14 or above.**

For the NHSC LRP, the site point of contact (POC) is the NHSC on-site official who has agreed to and is qualified to perform the applicant’s initial employment verification, as well as the participant’s In-Service Verifications (ISV) – including verification that the participant is meeting his/her service obligations – throughout the obligated service period. Once initiated by the applicant, the POC must complete the online EV in order for the application to be completed and ultimately submitted by the applicant, prior to the application cycle deadline. The applicant should initiate regular communication and follow up with the POC to ensure that EV is completed accurately and in a timely manner.

The POC will receive periodic reminders to complete the EV; however, it is the applicant’s responsibility to ensure that the EV is complete and accurate, within a timeframe that will allow

him/her to submit the NHSC application by the application deadline. The applicant will receive notification that the POC has completed the EV and should work to complete and submit the application, as soon as possible. The applicant must contact the POC to resolve any concerns regarding the responses provided on the EV. Applicants will have the ability to edit their application and initiate a new EV if necessary (e.g., the site mistakenly stated that the applicant was not employed at the site or that the start work date is later than July 18, 2018). However, the site must complete the corrected EV before the applicant can resubmit the application, which must be done before the application deadline. The resubmitted application with corrected EV must be received by the April 23, 2018 deadline or the applicant will be ineligible for an award. Errors made by applicants and/or site points of contact cannot be corrected after the application deadline.

Most NHSC LRP participants are employees or independent contractors of non-federal facilities in or serving HPSAs 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. The NHSC strongly discourages service sites from considering the loan repayment funds as income to the clinician when negotiating the clinician's salary. The terms of the employment contract should be carefully reviewed and fully understood by the clinician before the employment 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 the participant's service contract with the NHSC LRP is separate and independent from the participant's employment contract with the service site. Please note that the NHSC LRP requires a participant to work a specified minimum number of hours per week (defined below). If the participant's employment contract stipulates fewer hours (and his/her salary is based on those hours), the participant is still required to meet the NHSC LRP service obligation requirements, and the participant's site administrator must verify the participant's total work hours (paid and unpaid) and NHSC full-time or half-time work status (see "Service Verification" section) every six months during his/her period of obligated service.

Comprehensive Primary Care and Behavioral Health Sites

Participants who are providing behavioral and mental health services in a non-exempt NHSC behavioral health service site will only be provided an LRP award if the site can verify that it offers comprehensive primary behavioral and mental health care services (see "Definitions" section). If the site does not provide all of these services on-site, the site must demonstrate a formal affiliation with a comprehensive community-based primary behavioral health setting or facility to provide these services. Note that non-exempt NHSC behavioral health service sites must provide the following services directly, not through affiliation or referral: screening and assessment, treatment plans, and care coordination and case management. For additional information regarding this requirement, please refer to the including certification timelines for sites, please refer to the [NHSC Behavioral Health Services Checklist Program Notification](#). The following NHSC-approved service sites are exempt from the Comprehensive Behavioral Health Services Certification process: FQHCs (Health Center Grantees), FQHC Look-alikes, Indian Health Service (IHS) facilities, Tribally-Operated 638 Health Programs, Urban Indian Health Programs, federal Prisons, state Prisons, and Immigration and Customs Enforcement (ICE) Health Service Corps sites.

Inpatient Settings

Inpatient hospital settings (except CAHs and IHS Hospitals) are not eligible NHSC service sites. Thus, clinicians whose employment is fully in an inpatient setting are not eligible for an NHSC LRP award. Hospitalists do 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 below.

The CAHs and IHS Hospitals must provide comprehensive primary care and related inpatient services. They must also demonstrate an affiliation (either through direct ownership or affiliation agreement) with an outpatient, primary care clinic. Both the CAHs and IHS Hospitals and their affiliated primary care clinics must submit separate site applications during the same application cycle and certify compliance with the NHSC Site Agreement.

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 Assignment assignees who are employees of a public or private entity, receiving an income at least equal to what they 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/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 the site. In these cases, the clinician can request to fulfill his/her obligation through the Private Practice Option (PPO). Under the PPO, an NHSC LRP participant may be (a) self-employed (i.e., a solo practitioner); (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible NHSC-approved service site who is not receiving a salary and malpractice coverage at least equal to what he/she would receive as a federal civil servant. To serve under the PPO, participants must certify that they meet applicable PPO requirements by signing a *PPO Agreement*. If it is identified during the application review that an applicant meets the PPO requirements, the applicant will be directed to electronically certify the applicant's PPO request and e-sign the *PPO Agreement*. This electronic signature has the effect of a handwritten signature, and once countersigned by the Secretary or his/her designee, the *PPO Agreement* that stipulates the special provisions that apply to those serving under the PPO is in effect. 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 in "Definitions" section. 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	<i>less than</i> what you would earn as a civilian employee of the U.S. Government	Private Practice Option (PPO)
NOT a federal employee but an independent contractor to an eligible HPSA site, or a member of a group practice in an eligible HPSA site, or a solo practitioner in an eligible HPSA site	whatever income you earn or generate; whatever malpractice coverage you purchase or receive	Private Practice Option (PPO)

Period of Obligated Service

Participants are expected to begin service immediately on the date that the NHSC LRP contract becomes effective, which is on the date it is countersigned by the Secretary or his/her designee. The participant’s award letter will note the beginning and projected end dates of the service obligation. In addition, this information is contained in the participant profile on the BHW Customer Service Portal. Participants will not receive service credit for any employment at an NHSC-approved service site prior to the effective date of their NHSC LRP contract.

The last day of the service commitment is determined in whole years from the start date. For example, the last day of service for a participant with a two-year full-time service commitment that began on July 15, 2018, would be July 14, 2020. Adjustments in the end date will be made by the NHSC if a participant is away from the NHSC-approved service site for more than seven weeks (roughly 35 workdays) per service year (see “Absences” section).

Serving Half-Time Instead of Full-Time

At the discretion of the Secretary or his/her designee, a waiver may be granted to allow a full-time participant to complete the service commitment through half-time service. The following conditions must be met to be considered for half-time service:

- (1) A participant’s NHSC-approved service site agrees in writing that the participant may convert to half-time clinical practice (as defined by the NHSC);
- (2) A participant is a federal employee or a Private Practice Assignee (see “Practice Types” section). The half-time option is not authorized for PPO practitioners; and

- (3) A participant agrees in writing (by signing an amendment to the NHSC LRP full-time contract) to complete the remaining service commitment through half-time clinical practice for twice as long as the full-time commitment.

The current half-time clinical practice policies are set forth below and are subject to change. Requests must be submitted through the BHW Customer Service Portal. If the participant is approved to convert to half-time status, his/her service obligation end date and his/her allowable leave will be adjusted accordingly. Participants who receive waivers to serve half-time must fulfill the remainder 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.**

Half-time participants are only allowed to convert to full-time service at the point they enter into a new full-time Continuation Contract under the following conditions:

- (1) The participant has *completed* his/her existing half-time service obligation. 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) The participant's NHSC-approved service site agrees via the online EV that he/she will convert to full-time clinical practice (as defined by the NHSC LRP above); and
- (3) The participant agrees to perform one year of full-time clinical practice at his/her NHSC-approved service site.

Requirements for Full-Time or Half-Time Clinical Practice

Every participant is required to engage in the full-time or half-time (as applicable) clinical practice of the profession for which he/she applied and was awarded an NHSC LRP contract, at his/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/week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the practice requirements by discipline (below), participants must spend a designated minimum number of hours/week providing patient care. Participants do not receive service credit for hours worked over the required 40 hours/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 providing patient care during that period. Additional rules apply based on discipline and practice location. For these rules, please see "Full-Time Clinical Practice Requirements, by Discipline" below.
- (2) **Half-Time Clinical Practice.** Half-time clinical practice is defined, for the purposes of the NHSC, as 20-39 hours/per week, for a minimum of 45 weeks each service year. The minimum 20 hours/week may be compressed into no less than 2 days/ week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the practice requirements by discipline (below), participants must spend a designated minimum number of hours/week providing patient care. Participants do not receive service credit for hours worked over the required 20 hours/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 providing patient care during that period. Additional rules apply based on discipline and practice location. For these rules, please see “Half-Time Clinical Practice Requirements, by Discipline” below.

Military Service

Reservists and National Guard members are eligible to apply for NHSC LRP funding. Participants with a Reserve or National Guard obligation who are called to active duty while performing NHSC service will not receive NHSC service credit for the period of active duty, but may qualify for a suspension of their NHSC obligation. See “Suspensions & Waivers” section.

NHSC LRP participants who enlist in any of the Armed Forces and incur an active duty military obligation before completing their NHSC obligation are subject to the default provision of their NHSC LRP contract.

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

Clinical-related administrative, management or other activities 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 NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are also 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 and/or management time (4 hours in the case of half-time participants) toward the total required 40 hours per week (or 20-39 hours in the case of half-time participants).

Teaching activities, to qualify as clinical practice, require NHSC LRP participants to provide clinical education to students and residents in their area of expertise. All teaching must be conducted as directed by the NHSC-approved service site(s), subject to the NHSC limits on the number of hours per week allowed for teaching (see Full-Time or Half-Time Clinical Practice Requirements section, as applicable). 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.

Clinical service provided by NHSC participants while a student/resident observes, should be counted as patient care, not teaching, as the NHSC LRP participant is treating the patient.

Full-Time Clinical Practice Requirements, by Discipline

Please note these rules apply to the “full-time clinical practice” definitions below:

- Of the overall minimum 40 hours/week, clinical-related administrative activities shall not exceed a total of 8 hours per week. For more information, please see the definition for Clinical-Related Administrative, Management or Other Activities in the “Definitions” section.
- Of the minimum number of hours/week allotted for patient care as noted for each category of providers below, teaching shall not exceed a total of 8 hours/week. If the teaching takes place in a HRSA-funded Teaching Health Center (see “Definitions” section), teaching activities shall not exceed 20 hours/week.

(1) Medical Providers

- a. **For providers of primary medical care services, excluding obstetrics/gynecology and geriatrics:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved site(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 8 hours/week may be spent providing patient care for patients at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours/week must be spent providing patient care at the approved site(s), 8 hours/week of which may be spent providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week.

If working in a CMS-approved CAH or IHS Hospital, at least 16 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 16 hours/week spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 24 hours/week may be spent providing patient care at CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week. **Note:** When serving at a CAH or IHS Hospital, all applicants must include the hospital-affiliated outpatient clinic in your application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse-midwives) or geriatric services:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing patient care at the approved service site(s). Of the minimum 21 hours spent providing patient care, no more than 8 hours per

week may be spent in a teaching capacity. The remaining 19 hours/week may be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a CMS-approved CAH or IHS Hospital, at least 16 hours/week must be spent providing patient care in the hospital affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 24 hours/week are spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week). **Note:** When serving at a CAH or IHS Hospital all applicants must include the hospital-affiliated outpatient clinic in your application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

(2) Dental Providers

- a. **For general dentists and registered dental hygienists:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 8 hours/week may be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in alternative settings (e.g., hospitals, and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

- b. **For pediatric dentists:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing patient care at the approved service site(s). Of the minimum 21 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 19 hours/week are spent providing patient care at the approved site(s), providing

patient care in alternative settings (e.g., hospitals and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in alternative settings (e.g., hospitals and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

(3) Behavioral & Mental Health Providers:

NOTE: Please read the following section carefully, as the requirements for behavioral and mental health providers have changed.

Clinician must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 8 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a CMS-approved CAH or an IHS Hospital (***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 patient care in the hospital-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 24 hours/week must be spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week). **NOTE:** When serving at a CAH or IHS Hospital all applicants must include the hospital-affiliated outpatient clinic in your application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

Half-Time Clinical Practice Requirements, by Discipline

Please note these rules apply to the “half-time clinical practice” definitions below:

- Of the overall minimum 20 hours/week, clinical-related administrative activities shall not exceed a total of 4 hours per week. For more information, please see the definition for Clinical-Related Administrative, Management or Other Activities on page 40.
- Of the minimum number of hours/week allotted for patient care as noted for each category of providers below, teaching 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:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 4 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in a CMS-approved CAH or an IHS Hospital, at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 12 hours/week must be spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

NOTE: When serving at a CAH or IHS Hospital all applicants must include the hospital-affiliated outpatient clinic in your application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse-midwives) or geriatric services:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 11 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 9 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in a CMS-approved CAH or an IHS Hospital, at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 12 hours/week must be spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the

hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

NOTE: When serving at a CAH or IHS Hospital all applicants must include the hospital-affiliated outpatient clinic in your application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

(2) Dental Providers

- a. **For general dentists and registered dental hygienists:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 4 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).
- b. **For pediatric dentists:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 11 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 9 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

(3) Behavioral & Mental Health Providers:

NOTE: Please read the following section carefully, as the requirements for behavioral and mental health providers have changed.

Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week must be spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours/week may be spent in a teaching capacity. The remaining 4 hours/week must be spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in a CMS-approved CAH or an IHS Hospital (***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 patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week must be spent providing patient care at the CAH/IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing

clinical-related administrative activities (limited to 4 hours/week). **Note:** When serving at a CAH or IHS hospital all applicants must include the hospital- affiliated outpatient clinic in your application. This allows the NHSC to verify that all service requirements are met at the time of application submission.

Requirements for School-Based Clinics

For providers working at an NHSC-approved school-based clinic, the NHSC requires that the school-based clinic be open year-round with sufficient patient visits to meet the clinical service requirements, or the provider will be required to work at additional NHSC-approved sites to meet the clinical practice requirements. Participants at school-based clinics who either fail to provide required documentation that they are meeting NHSC practice requirements at the school-based clinic year-round or who fail to obtain additional employment necessary to maintain compliance with NHSC clinical practice requirements may be placed in default of the NHSC LRP service obligation.

Telehealth and Home Health Policies

- (1) **Telehealth.** Please read the following section carefully, as the requirements for telehealth have changed.

Subject to the restrictions below, the NHSC will consider telehealth as patient care when both the **originating site** (location of the patient) and the **distant site** (location of the NHSC clinician) are located in a health professional shortage area (HPSA) and are NHSC-approved.

- a. All of a clinician's originating sites and distant sites must be identified in the clinician's NHSC LRP application and must meet the HPSA score requirements of the LRP contract signed by the participant (e.g., if the participant's LRP contract requires service in a HPSA scoring 14 or higher, both the originating site(s) and the distant site(s) must have associated HPSA scores of 14 or higher). Unless an NHSC LRP participant receives prior written approval from the NHSC, the participant will not receive NHSC service credit for telehealth services provided from a distant site, or to an originating site, that was not identified in the participant's LRP application.
- b. NHSC clinicians must be available, at the discretion of the NHSC-approved site, to provide in-person care at the direction of each telehealth site on the LRP application regardless of whether such sites are distant or originating.
- c. Self-employed clinicians are not eligible for NHSC service credit for telehealth services.
- d. If telehealth services are provided to patients in another state, the clinician must be licensed to practice (including compacts) in both the state where the clinician is located (i.e., the distant site) and the state where the patient is physically located (i.e., the originating site).
- e. 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 NHSC clinician at the distant site. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

- (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 patient care (see “Full-Time Clinical Practice Requirements by Discipline” and “Half-Time Clinical Practice Requirements by Discipline” sections).

PROGRAM COMPLIANCE

Worksite Absences

Please note that the information provided below pertains to compliance with the NHSC LRP service commitment 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 7 weeks (approximately 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 7 weeks (approximately 35 half-time workdays) per service year away from the NHSC-approved service site for vacation, holidays, continuing professional education, illness, or any other reason.

If a participant works more than the minimum number of hours per week (40 for full-time participants, 20 for half-time participants), the only time spent away from the site that will need to be reported (see below “Service Verification”) and deducted from the allowed absences per service year (as set forth above) are the hours of absence that cause a participant’s work hours to fall below the NHSC’s required minimum number of hours per week. For example, a half-time participant who works 32 hours a week would not need to report 12 hours of sick leave because the participant has still met the NHSC’s minimum service requirement of 20 hours a week.

Absences over 35 workdays will result in the extension of the participant’s service commitment. Participants who have a medical or personal emergency that will result in an extended period of absence *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 “Suspensions and Waivers” section. **Note that absences above the 35 allotted workdays without a documented medical or personal reason may render a participant unqualified for a Continuation Contract.**

Service Verification

Every NHSC LRP participant must submit service verification documentation for each six months of service. The In-Service Verification form will be available through the BHW Customer Service Portal and must be completed and electronically signed by the participant. Once completed by the participant, it will be forwarded to an appropriate site POC at the NHSC-approved service site for electronic verification through the BHW Customer Service Portal. By completing and electronically signing the In-Service Verification (ISV) form, the participant and the site POC are certifying the participant’s compliance or noncompliance with the clinical practice requirements during the preceding six-month period. The ISV will also record the time spent away from the service site during the six-month period and hours that fall below 40 (full-time) and 20 (half-time) hours/week.

The site POC must complete each ISV in order for the participant to remain in compliance, and it is the participant’s responsibility to ensure that the ISV is accurate and timely submitted. **Participants**

who fail to ensure that their ISV forms are completed and submitted on time risk not receiving service credit and being recommended for default, and participants who do not submit ISVs or who are consistently late in submitting them will not be selected for a Continuation Contract. While the NHSC will take steps to alert both the participant and the site to the due date for an ISV submission, it is the participant's responsibility to ensure that his/her NHSC-approved service site completes the verification in a timely manner.

If a participant works more than the minimum number of hours per week (40 hours for full-time and 20 hours for half-time), then the participant only needs to report absences (or time spent away from the site) that will impede them from meeting the minimum weekly service requirement. This time should be deducted from the participant's bank of allowable absences, which is 35 workdays per service year. For example, a half-time participant whose work schedule is 32 hours per week would not need to report twelve hours of sick leave because the participant has still met the minimum service requirement of 20 hours per week.

Leaving an Approved Service Site Prior to Completion of Service

The NHSC expects that participants will fulfill their obligation at the NHSC-approved service site(s) identified in the "Confirmation of Interest" notification that applicants are required to electronically sign when they accept the offer of an NHSC LRP contract. 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 his/her NHSC-approved service site management and must contact the NHSC immediately through the BHW 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 stopped providing patient care at the NHSC-approved service site and become liable for the monetary damages specified in the participant's NHSC LRP contract.

Transfer Request to another NHSC-Approved Service Site

Participants who require a site change to another NHSC-approved service site must request a transfer through the BHW Customer Service Portal. The site change must be approved and processed by the NHSC prior to the participant beginning work at the new site. If a participant begins employment at a site before obtaining NHSC approval, he/she may *not* receive service credit for the time period between his/her last day providing patient care at the prior service site and resumption of service at the transfer site following NHSC approval. If the proposed site is disapproved by the NHSC and the participant refuses assignment to another NHSC-approved service site, he/she may be placed in default. Clinicians serving in a high-need HPSA (defined as a HPSA score of 14 or above) must transfer to another NHSC-approved service site in a high-need HPSA.

Unemployment during Service Obligation

The NHSC recognizes that circumstances may arise when a participant does not complete his/her service at the assigned service.

Participants who resign or are terminated from their NHSC-approved site(s) must contact the NHSC immediately through the BHW Customer Service Portal. If the participant is eligible for a transfer, the NHSC will give the participant a certain time frame in which to obtain employment at an approved service site identified by the NHSC or at another suitable NHSC-approved site identified by the participant (please see "Transfer Request to Another NHSC-Approved Service Site" section above).

Although the NHSC may assist unemployed participants with identifying suitable positions at NHSC-approved sites (referred to as “site assistance”), **it is the participant’s responsibility to obtain employment at an NHSC-approved site.** Unemployed participants may be expected to relocate in order to fulfill their NHSC LRP obligation.

NOTE: Approval of a transfer or reassignment is at the NHSC's discretion, and available service opportunities may not be in the participant's preferred geographic area. Participants who voluntarily resigned from their sites without prior approval from the NHSC, were terminated for cause, or are deemed ineligible for site assistance may be placed in default.

Work at an Unapproved Satellite Clinic

Participants who are asked by their service site to work at a satellite clinic that is not listed in the provider’s profile on the BHW Customer Service Portal must immediately notify the NHSC through the BHW Customer Service Portal. Time spent at unapproved clinics will not count towards the participant’s service commitment.

Breaching the 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 contract. Participants should make sure that they understand the following monetary damages that are required by federal law when an LRP contract is breached.

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.

See Section 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254o(c)(1)), as amended.

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.

See Sections 331(i)(F) and 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254d(i)(F) and 254o(c)(1)).

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 as delinquent 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 up to 15% of their take-home pay garnished to pay a delinquent NHSC LRP debt.
- (4) **Licensure Sanctions.** In some states, health professions licensing boards may 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

The participant 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 seven 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, 2017. Her service end date is January 13, 2019. She received \$50,000 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, 2018. The NHSC determines that she defaulted on her LRP contract on April 1, 2018, and served 442 days of her 2-year (730-day) service obligation.

Dr. Smith is liable to the United States for: (1) \$19,726.03 for the loan repayments received for obligated service not completed ($288/730 \times \$50,000$) and (2) \$75,000 for the months of service not completed ($\$7,500 \times 10$). Her total LRP debt of \$94,726.03 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2018), and is due to be paid in full on March 31, 2019.

Scenario 2: Dr. Smith entered into a 2-year NHSC LRP half-time service contract effective January 15, 2017. Her service end date is January 14, 2019. She received \$25,000 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, 2018 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, 2018, and served 624 days of her 2-year (730-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 ($106/730 \times \$25,000 = \$3,630.14$) 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 applicable maximum legal prevailing rate (in accordance with 45 CFR 30.18), and is due to be paid in full on September 30, 2019.

Maternity/Paternity/Adoption Leave

Maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the BHW Customer Service Portal. If participants plan to be away from their site for maternity/paternity/adoption leave, they 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 also adhere to the leave policies of his/her NHSC-approved service site. If participants plan to take additional leave, they are required to request a medical suspension (see "Suspension" section), which may or may not be approved by the NHSC. Requests should be submitted through the BHW 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.

Suspensions and Waivers

The NHSC requires participants to fulfill their service obligation without excessive absences or significant interruptions in service. Participants are allowed approximately 7 weeks of leave per service year; however, circumstances might occur that will prevent a participant from staying within this timeframe. In these cases, the Secretary of HHS may, under certain circumstances, suspend (i.e., put "on hold") the NHSC LRP service obligation. In addition, the Secretary of HHS may waive (i.e., 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 BHW 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 (e.g. – child or spouse, including same-sex spouse

regardless of where the couple lives), which results in the participant's temporary inability to perform the NHSC LRP service obligation.

- b. **Maternity/Paternity/Adoption Leave.** If the participant's maternity/paternity/adoption leave will exceed 12 weeks (or a longer period as permitted under state law where the participant resides) during a 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 military reservists and are called to active duty must submit a request for an NHSC service suspension through the BHW Customer Service Portal. The period of active military duty will not be credited towards the NHSC service obligation. Suspensions for active duty military assignment are granted for up to one year, beginning on the activation date described in the reservist's call to active duty order. A copy of the order to active duty must be provided to the NHSC with the request for a suspension. In the event that the NHSC participant's period of activity duty with the Armed Forces entity is extended beyond the approved suspension period, the participant must contact the NHSC through the BHW Customer Service Portal for guidance on how to request an extension of the suspension period.
- (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 through the BHW Customer Service Portal. The participant will be contacted by HRSA regarding the medical and financial documentation necessary to complete the waiver request. All documents can be submitted through the BHW Customer Service Portal. Note that waivers are not routinely granted, and require documentation of compelling circumstances.

Cancellation of NHSC Obligation

The NHSC obligation will be cancelled in its entirety in the event of a participant's death. No liability will be transferred to the participant's heirs.

Application Information

APPLICATION DEADLINE

A complete online application must be submitted by **7:30 PM ET on April 23, 2018**. 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. The electronic Employment Verification (EV) (see below) must also be completed before an applicant can submit his/her application.

Applicants should print and keep a copy of the completed application package for their records. Applicants are responsible for submitting a complete and accurate online application, including ALL required documentation in a legible format. ***If during the initial review of the application, the NHSC discovers that documentation is missing, or not legible, the application may be deemed “incomplete” and rejected. If the answers provided in the online application do not match the supporting/ supplemental documents, or if the documentation provided does not accurately verify the answers provided, the application will be rejected.***

COMPLETING AN APPLICATION

A **complete** NHSC LRP Online Application consists of:

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

Applicants should keep a copy of the application package for their records. Applicants are responsible for submitting a complete application. It is required that the information in the online application match the submitted supporting documentation. Application packages will be initially reviewed to determine their completeness. Application packages deemed incomplete (e.g., missing, illegible, or incomplete application materials) as of the application deadline will not be considered for funding.

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

On average, it takes approximately 3 weeks to complete an application accompanied with all required and supplemental documentation.

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 applicant’s education, training, and licensure/certification.
- (4) **Employment.** In this section, applicants will search for and select the NHSC-approved site(s) where they are providing or will provide patient care. If any of the service sites are not listed in the search results, applicants are required to select the option below the search tool, which states to “Click this box if your site is not listed in the search results.” If selected, the applicant is provided instructions on how to resolve the site concern. The NHSC is no longer accepting Site Applications for the FY 2016 cycle. If any of the sites where the applicant provides patient care are not currently an NHSC-approved site, the provider is not eligible to apply.
- (5) **Employment Verification.** Once an applicant selects the NHSC-approved site(s) at which he/she is or will be working, the applicant will need to initiate an electronic EV. Once initiated, the designated point(s) of contact at the NHSC-approved service site will be notified electronically through the BHW Customer Service Portal that an EV has been requested by the applicant. Once completed by the site(s) point(s) of contact, 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 point of contact. The NHSC will make no exceptions. **Note:** When serving at a CAH or IHS Hospital all applicants must include the hospital- affiliated outpatient clinic in your application. This allows the NHSC to verify that all service requirements are met at the time of submission.
- (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 by 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. The following information must be entered about each of the loans applicants wish to submit for repayment, and the *Required Supporting Documentation* (see below) must be uploaded separately:
 - a. Name and contact information for the lender/holder.
 - b. Loan account number.
 - c. Original amount disbursed.
 - d. Original date of the loan.
 - e. Current outstanding balance (no more than 30 days from the date of the LRP 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 provide/upload supporting documentation into the online application. All information in the supporting documentation must match answers provided in the online application or the 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 supporting documents:

- (1) **Proof of Status as a U.S. Citizen or U.S. National.** This document may include a copy of a birth certificate, the ID page of a current U.S. passport, or a certificate of citizenship or naturalization. Copies of a driver's license or a Social Security card are **not acceptable documents**.
- (2) **Loan Information Verification.** Applicants will be required to provide two types of documentation for each loan that is being submitted for consideration: (a) an account statement and (b) a disbursement report.
 - a. **Account Statement.** This document is used to provide current information on his/her qualifying educational loans. Often borrowers receive monthly statements indicating the status of his/her 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.

NOTE: For all **federal** loans, the [National Student Loan Data System \(NSLDS\) Aid Summary](#) Report is used to verify the originating loan information. The applicant will need a Federal Student Aid ID (FSAID) to log in to his/her secured area—[create an FSAID](#). If the applicant has multiple federal loans, he/she will only need to access one NSLDS Aid Summary Report. The NSLDS report will contain information on all his/her 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). The applicant may be able to obtain this disbursement information on his/her lender's website; 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) **Geriatrics Certification.** If an applicant selects geriatrics as a specialty, he/she will be required to upload a copy of the certificate of completion or diploma from the geriatrics training program where they matriculated.
- (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 from the entity to which the obligation is owed that the existing service obligation will be completed prior to the application deadline (April 23, 2018).
- (4) **Payment History.** Former NHSC LRP participants must provide verification that all NHSC LRP funds were used to repay the qualifying educational loans that were approved as part of the applicant's most recent NHSC LRP contract. Generally, this information is in the form of a payment history that is provided by the lender servicer for each of the approved loans. The verification document must be uploaded to the application and clearly show that the entire award amount was applied to the approved loans during the most recent NHSC LRP service period. Documentation requirements include the following:
 - a. An official document or printed webpage that includes the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the contract period.
 - b. The payment history must show that all NHSC LRP funds received have been paid toward his/her qualifying educational loans that were approved by the NHSC with the most recent contract.
 - c. For loans consolidated during the most recent 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 the applicant's loans were consolidated and the NHSC does not receive an itemized loan list, the applicant will not be given credit for payments made toward those loans. If the applicant consolidated his/her qualifying educational loans with non-qualifying debt, the NHSC cannot give credit for payments made toward the consolidated loans.

NOTE: Cancelled checks and bank statements will not be accepted as proof that loan payments were properly applied.

Application Review and Award Process

Applicants receive a receipt of submission pop-up immediately upon submitting the online application. Applicants are 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 by logging into the application account that was set up when the applicant registered to apply. **It is the applicant's responsibility to ensure that the entirety of the application and required supporting documents (including EVs) and applicable supplemental documents are accurately submitted.**

Once the online application has been submitted, applicants will have an opportunity to make edits to their online application, including the ability to upload new documents, cancel and reinitiate employment verifications, change answers to questions and loan data, and withdraw their applications from consideration. Final edits and resubmissions must be made before the close of the application cycle (April 23, 2018).

Each time the application is reopened for editing, or to check specific elements of the application, the applicant must 1) complete the Self Certifications section, and 2) click the "Submit" button to resubmit their application, or the application will not be submitted. The NHSC advises that providers submit their complete applications as early in the open application period as possible. Applicants who wait until the end of the application cycle risk submitting incomplete or ineligible applications if errors are found later during the open application cycle. The "edit" option is available in the applicant's account on the "Submitted" page, until the close of the application cycle. 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.

Applicants may withdraw their application at any time prior to the contract being countersigned by the Secretary of HHS or his/her designee. To withdraw, applicants must 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 23, 2018) has passed. See "Funding Priorities" section.

If review of the electronic EV indicates that the applicant's position would be identified as a Private Practice Option (PPO) (see "Practice Types" on page 28), the applicant will electronically certify a PPO Request, as required by law. In addition, the applicant will e-sign the *PPO Agreement*, also required by law, which sets forth the requirements and limitations for a PPO. If the individual is selected for an award and the NHSC determines that the practice meets PPO requirements, the Secretary or his/her designee will countersign the *PPO Agreement*.

All participants must notify the NHSC of changes in personal information. Applicants and participants must provide the NHSC with notification of any changes to their contact information (e.g., name change, email, mailing address, or telephone number) prior to the change occurring, if possible, or immediately 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/she will be provided with information for logging into the BHW Customer Service Portal .

The NHSC LRP frequently corresponds with applicants by email. It is important that the applicant check his/her email during the application process for correspondence from the NHSC office and make certain to disable SPAM blockers (or check the SPAM folder). The NHSC LRP will provide email updates, as applicable; however, it is the applicant's responsibility to ensure the contact information that the NHSC has on file is correct. If updates are necessary, applicants can make changes prior to the close of the application cycle by logging into their application account. When submitted applications are opened for editing during the open application cycle, applicants must complete ALL steps to resubmit their application prior to the close of the application cycle. Applications that remain in the "In Progress" state (not submitted) after the close of the application cycle are not eligible for review or award.

CONFIRMATION OF INTEREST

Award finalists are notified by email to log into their application account to confirm their continued interest in receiving an award, and to confirm that the loan and employment information provided to the NHSC on their LRP Application remains valid. Applicants are also asked to confirm that they have read and understand the LRP contract they will be asked to sign if they accept an award. Please note that this Confirmation of Interest is not a guarantee that the individual will receive an award, as awards are subject to the availability of funds.

To confirm interest in receiving an NHSC LRP award, an applicant must respond by the deadline provided with the Confirmation of Interest email and verify that:

- They are currently employed by (i.e., are already working at) the NHSC-approved service site(s) they selected when they submitted their application. **Applicants who are not employed at the site(s) verified by the NHSC, must check "NO" where asked.**
- They are currently meeting and will, to the best of their knowledge, continue to meet the clinical practice requirements for their discipline and specialty, as outlined in this Application and Program Guidance, throughout the period of obligated service.
- The loans approved by the NHSC for repayment are correct.

In addition, applicants are asked to provide their direct deposit banking information for award funds in the event they receive a LRP contract. All finalists must read and electronically sign the contract document. This electronic -signature has the effect of a handwritten signature, and once the LRP contract is countersigned by the Secretary or his/her designee, the applicant (now a participant) incurs an NHSC service obligation in return for loan repayment.

All participants will receive final notification of an award, including the service obligation dates, no later than September 30, 2018.

Once the fiscal year 2018 NHSC LRP contract is countersigned by the Secretary (or designee), the Secretary may terminate the contract only if the participant submits a written termination request *and* repays any funds that were disbursed under the contract, by August 17, 2018 (or such other date as is authorized by Congress). See "Contract Terminations" section.

Applicants who no longer wish to receive NHSC LRP funding will be asked to log into their Application Portal Account and check the "decline" box on the Confirmation of Interest. Once an applicant

declines the offer of award, the award will be offered to another applicant. The applicant's decision to decline the award is final and cannot be changed under any circumstances.

If an applicant does not complete the Confirmation of Interest process by the deadline, his or her application may be withdrawn from consideration and (if interested in participating in the program) he or she will be required to submit a new application during a future application cycle for first-time participants and compete with other providers based on program requirements in effect at that time.

Additional Information

RESOURCES FOR APPLICANTS

Health Workforce Connector

The [Health Workforce Connector](#) contains a searchable database for all NHSC-approved service sites, including those with current job openings.

HPSA Find

All NHSC participants must serve in a federally-designated HPSA appropriate to their discipline, as noted. Find locations of current HPSAs:

[HPSA Find](#)

[Find Shortage Areas by Address](#)

Customer Care Center

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

- 1-800-221-9393 or TTY: 1-877-897-9910

BHW Customer Service Portal

Once an applicant has been selected for an award, he/she will be provided with instructions for establishing a [BHW Customer Service Portal](#) account. The system allows NHSC LRP participants to access pertinent program materials and their participant profile, to make service requests, and to communicate with the NHSC directly.

NHSC Social Media

- [NHSC Facebook page](#)
- [NHSC Twitter page](#)
- [NHSC LinkedIn page](#)

DEFINITIONS

Approved Alternative Setting – Alternative settings include any setting in a HPSA at which the clinician is directed to provide care by the approved site (e.g., hospitals, nursing homes, and shelters). The alternative sites must provide services to a HPSA that is appropriate for the discipline and specialty of the clinician and the services provided. Services at alternative sites must be an extension of the comprehensive primary care provided at the approved site.

Clinical-related Administrative, Management or Other Activities – 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 NHSC 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 NHSC LRP participants serving in such a capacity should keep in mind that they cannot count more than 8 hours per week of administrative and/or management time if serving full-time (4 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).

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 NHSC Loan Repayment Program.

Comprehensive Primary Behavioral and Mental Health 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, consultative services, and care coordination. Sites providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must also offer or ensure access to ancillary, inpatient, and specialty referrals.

Continuation Contract – An optional one-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 and the Continuation Contract has been countersigned by the Secretary of HHS or his/her designee. An LRP participant cannot be guaranteed a Continuation Contract.

Critical Access Hospital (CAH) – A facility certified by the Centers for Medicare and Medicaid Services (CMS) under section 1820 of the Social Security Act. A CAH 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 CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads.

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 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 school. “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 of HHS for adaptation to this program.

Family and Family Member – As used in the *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).

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 any form of education after high 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 (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) – 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, see “Service Requirements” section.

Government Loans – 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, see “Service Requirements” section.

Health Professional Shortage Area (HPSA) – A geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary medical care, dental, or mental health professionals based on criteria defined in regulation. Information considered when designating a primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are designated by HRSA

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.

Health Workforce Connector – A searchable database of open job opportunities and information on NHSC-approved sites.

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 (IHS) Hospitals – A collective term that includes hospitals that are both IHS-owned and IHS-operated, or IHS-owned and tribally-operated (i.e., a federal facility operated by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical 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 (ITU) – A health care facility (whether operated directly by the IHS; or by a tribe or tribal organization contracting with the IHS 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](#)

[IHS Profile](#)

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

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

National Health Service Corps (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 medically underserved HPSA communities.

National Health Service Corps (NHSC)-Approved Service Site – Each health care site must submit an NHSC Site Application to become 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 care services (no inpatient sites, except CAHs or IHS Hospitals); 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% 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.

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

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 – 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 his/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 – 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 NHSC LRP.*

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 NHSC LRP.

Rural Health Clinic – A facility certified by the Centers for Medicare & 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.

Spouse and Marriage – As used in this *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 *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 or residents in their area of expertise. All teaching must be conducted as directed by the NHSC-approved service site(s), subject to the NHSC limits on the number of hours per week allowed for teaching (see Full-Time or Half-Time Clinical Practice Requirements section, as applicable). 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 may be conducted at the NHSC-approved practice site specified in the BHW 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 patient care.

Teaching Health Center – An entity that (1) is a community-based, ambulatory patient care center and (2) operates a primary care postgraduate training program (i.e., 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). [Find currently funded THCs.](#)

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

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