



National Health Service Corps Loan Repayment Program

Full- & Half-Time Service Opportunities

Fiscal Year 2017 Application & Program Guidance

January 2017

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.*

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PRIVACY ACT NOTIFICATION STATEMENT

General

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

Statutory Authority

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

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP) is to recruit and retain medical, nursing, dental, and behavioral/mental health clinicians in eligible communities of need designated as health professional shortage areas. The information 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 described here:

[HRSA/BHW Scholarship and Loan Repayment Program Records](#)

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 Bureau of Health Workforce (BHW) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The NHSC LRP seeks primary care physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers (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” page 40) 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 Health and Human Services – which could be anywhere in the country. Thus, if you do not complete service at the location approved for your award, and you need to be transferred to another NHSC service site, you could be asked to relocate to another area.

Service Options

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 “Site Information & Service Requirements” section on page 18.

- (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 “Site Information & Service Requirements” section on page 18.

Note that half-time practice is not available to those serving under the Private Practice Option. See “Practice Types” on page 28.

* 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, SELECTION FACTORS, and FUNDING PREFERENCES

Eligibility Requirements

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.

Selection Factors

- (1) Applicants who have a history of not honoring prior legal obligations, as evidenced by one or more of the following factors, will not be selected:
 - a. Default on a prior service obligation to the Federal government, a State or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means;
 - b. Default on any federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans (e.g., student loans or home mortgage loans), or non-Federal payment obligations (e.g., court-ordered child support payments);

- c. Did not apply all previously awarded NHSC LRP funds during the period of obligated service to pay back qualifying educational loans that were listed on the last Participant Authorization Worksheet (PAW);
 - d. Is in breach of a health professional service obligation to the Federal, State, or local government;
 - e. Write off of any Federal or non-Federal debt as uncollectible or waiver of any Federal service or payment obligation;
 - f. Has any judgment lien(s) arising from Federal debt; or
 - g. Is currently excluded, debarred, suspended, or disqualified by a Federal agency.
- (2) Additionally, applicants will not be selected if they have any outstanding service obligation as a health professional, or any other service obligation, to the Federal government (e.g., an active duty military obligation, an NHSC Scholarship Program obligation, a NURSE Corps Loan Repayment Program obligation), to a State (e.g., a State Loan Repayment Program obligation), or to any other entity (e.g., a recruitment bonus that obligates them to remain employed at a certain site)
- a. An exception to this policy exists for applicants whose outstanding service obligation to another entity would be completed by the deadline for meeting the NHSC clinical practice requirements (July 18, 2017). 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.

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 7 weeks per service year, the participant should request a suspension (see "Suspension" section, page 32). The NHSC LRP service commitment end date will be extended to compensate for the approved break in NHSC service.
- If the reservist is deployed, he/she is expected to return to the NHSC-approved 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 in breach of the NHSC LRP Contract.

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

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.

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 6, 2017).
- (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 ([School-Based Scholarships and 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.

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.

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 2017 NHSC LRP 2-year award will be able to complete an application by accessing their Customer Service Portal account and must submit a complete application by the deadline (April 6, 2017).

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, 2017, and the service obligation under the NHSC LRP contract will commence on or before September 30, 2017. 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, 2017, 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 a site with an associated 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 Preferences" on page 16). 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 as 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.

NHSC LRP applicants must demonstrate satisfactory professional competence and conduct and meet discipline and specialty-specific education, training and licensure requirements, as described below. Applicants who intend to practice under the NHSC LRP as (i) Federal employees, (ii) Federal contractors, or (iii) employees of a tribal health program (see "Definitions" on page 40) in a State in which the tribal health program provides services described in its contract/compact must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in a State. All other applicants must be licensed, as set forth below, in the State where their NHSC-approved service site is located. The NHSC LRP reserves the right to request documentary proof of completion of discipline-specific 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.**

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, 2017) a residency program in a primary care specialty, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; AND
 - ii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the State in which they intend to practice under the NHSC LRP.

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

The NHSC-approved primary care practice areas for Physician Assistants (PA) are adult, family, geriatric, psychiatry, mental health, geriatrics, and women's health.

- **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.
- **PAs** who meet the education, training, and licensure requirements, and provide mental and behavioral health services, must serve in a designated mental health HPSA.

(2) Primary Nursing Care

a. *Primary Care Certified Nurse Practitioners (NPs)* must have:

- i. A master's degree, post-master's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education, in one of the primary care NP specialties listed below;
- ii. National certification by the American Nurses Credentialing Center (ANCC), the American Academy of Nurse Practitioners (AANP), the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation in one of the primary care NP specialties listed below; AND
- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

The NHSC-approved primary care specialties for NPs are adult, family, pediatric, psychiatric-mental health, geriatrics, and women's health.

- **NPs** who meet the 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:

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

- iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

(3) Primary Care Dentistry

- a. *General Dentists* must have:
 - i. A D.D.S. or D.M.D. degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA); AND
 - ii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

- b. *Pediatric Dentists* must have:
 - i. A D.D.S. or D.M.D. degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA);
 - ii. Completed a 2-year training program in the specialty of pediatric dentistry that is accredited by the ADA, CODA; AND
 - iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the State in which they intend to practice under the NHSC LRP.

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

(4) Primary Care Behavioral and Mental Health

The NHSC recognizes that States have varying educational, experience and testing requirements for the licensing of behavioral and mental health clinicians. The NHSC 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.

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 “Site Information & Service Requirements” on page 18 and “Requirements for School-Based Clinics” on page 25). 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.
- d. *Psychiatric Nurse Specialists (PNSs)* must have:
- i. A master’s degree or higher degree in nursing from a program accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE) with a specialization in psychiatric/mental health and 2 years of post-graduate supervised clinical experience in psychiatric/mental health nursing

-OR-

A baccalaureate or higher degree in nursing from a program accredited by the NLNAC or CCNE;

- ii. Certification by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing; AND
 - iii. A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice as a Registered Nurse (or PNS, if applicable) in the State in which they intend to practice under the NHSC LRP.
- e. *Marriage and Family Therapists (MFTs)* must:
- i. Have completed a master's or doctoral program in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or earned a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited post-graduate degree clinical training program in marriage and family therapy;
 - ii. Have at least 2 years of post-graduate supervised clinical experience as an MFT
-OR-
Be 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
-OR-
If such licensure is not available in the State of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and unsupervised as an MFT in a State.
- f. *Licensed Professional Counselors (LPCs)* must:
- i. Have a master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or State institutional accrediting agency;
 - ii. Have at least 2 years of post-graduate supervised counseling experience; 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
-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 “Site Information & Service Requirements” on page 18 and “Requirements for School-Based Clinics” on page 25). Career or guidance counselors are not eligible to participate in the NHSC LRP.

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

NHSC-approved service sites (see “Definitions” on page 40) 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”), Rural Health Clinics (RHCs) (see “Definitions”), Indian Health Service, Tribal, or Urban Indian Health Clinics (see “Definitions”), Public Health Departments, Hospital-affiliated outpatient primary care practices, solo or group private practices, Critical Access Hospitals (CAHs) (see “Definitions”), or Indian Health Service (IHS) Hospitals (see “Definitions”).

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, 2017. If the applicant’s site has not yet been approved, the applicant is not eligible to apply for an LRP award. Please see “Resources for Applicants” on page 40 for details on future Site Application cycles.

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.**

The site point of contact (POC) is the NHSC on-site official, or greater organizational partner, who has agreed to perform the applicant’s initial employment verification, as well as the participant’s in-service verifications (ISV) 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, 2017). 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 6, 2017 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.

Funding Preferences

To determine which applicants are funded, consideration is given to community need, as determined by HPSA designation scores. These scores are indicated on the Health Workforce Connector (formerly NHSC Jobs Center) (see "Additional Materials" on page 40) – the higher the score, the greater the need. The NHSC will use HPSA data as of January 1, 2017 and will do so throughout the FY 2017 application and award cycle to determine the priority for selection and award amounts.

The NHSC reviews and awards Loan Repayment Program applications by descending HPSA score, and based on other funding preferences identified below, to the extent that funding is available. The relevant HPSA score is evaluated based on the score of the site where the applicant will serve 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.

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

- **Characteristics Likely to Remain in a HPSA plus Disadvantaged Background (see "Definitions" on page 40).** 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.

Award Process

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 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" on page 37). 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). This date will be the date that the Secretary's designee countersigns the contract. Currently, the Secretary may terminate a fiscal year 2017 NHSC LRP 2-year contract if, within sixty (60) days following the contract's execution date, 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 2017 NHSC LRP Contracts executed after April 28, 2017. If a modified contract termination provision is enacted in FY 2017, NHSC LRP applicants will be notified and made aware of the new terms for contract termination.

Updating Contact 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 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).

SITE INFORMATION & SERVICE REQUIREMENTS

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 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” on page 27) every six months during his/her period of obligated service.

NEW REQUIREMENT FOR BEHAVIORAL AND MENTAL HEALTH PROVIDERS:

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” on page 40). 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, care coordination and case management. For additional information regarding this requirement, including certification timelines for sites, please refer to the NHSC Behavioral Health Program Notification ([NHSC Behavioral Health Program Notification](#)). The following NHSC-approved sites are exempt from the Comprehensive Behavioral Health Services Certification process: FQHCs (Health Center Grantees), FQHC Look-alikes, Indian Health Service facilities, Tribally-Operated 638 Health Programs, Urban Indian Health Programs, Federal Prisons, State Prisons, and Immigration and Customs Enforcement (ICE) Health Service Corps sites.

Service Requirements

Every participant is required to engage in the full-time or half-time (as applicable) clinical practice of the profession for which he/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.

Inpatient Settings

Inpatient hospital settings (except CAHs and IHS Hospitals) are not eligible NHSC service sites. Thus, clinicians who are employed in an inpatient setting in a full-time capacity 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.

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 “Suspension, Waiver, and Cancellation” on page 32.

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 at the approved service site(s). All teaching must be conducted at the NHSC-approved service site(s). The clinical education may:

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

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 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 8 hours/week. If the teaching takes place in a HRSA-funded Teaching Health Center (see "Definitions" on page 40), 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.

- 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).

(2) Dental Providers

- a. **For dentists and registered dental hygienists, excluding pediatric dentists:** 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 works 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 are 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 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).

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 are 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 are 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 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 4 hours/week).

- 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 are 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 are 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 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 4 hours/week).

(2) Dental Providers

- a. **For dentists and registered dental hygienists, excluding pediatric dentists:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are 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 are 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 are 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 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 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 are 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 are 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 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 4 hours/week).

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 suitable NHSC-approved sites to meet the clinical practice requirements. Participants at school-based clinics who either fail to provide 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 Loan Repayment Program service obligation.

Telemedicine and Home Health Policies

- (1) **Telemedicine.** Subject to the restrictions below, the NHSC will consider telemedicine as patient care when both the originating site (location of the patient) and the distant site (the NHSC-approved site where the NHSC clinician works) are located in a health professional shortage area (HPSA). Also, both the originating site and the distant site must meet the HPSA score requirements associated with the contract under which the applicant is applying to serve. Further, the individual must follow all applicable licensing requirements and must meet the NHSC requirement to be licensed in the State of practice. Thus, if the originating site and distant site are in different States, the NHSC participant must be licensed in both.
 - a. An NHSC clinician is prohibited from counting telemedicine encounters as more than 25 percent (i.e., no more than 8 hours per week for full-time participants and no more than 4 hours per week for half-time participants) of their patient care hours.
 - b. Telemedicine services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the NHSC clinician at the distant site.
 - c. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

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” on page 21 and “Half-Time Clinical Practice Requirements by Discipline” on page 24).

Absences Policy

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

- (1) Full-time participants are allowed to spend no more than 35 full-time workdays per service year away from the NHSC-approved service site for vacation, holidays, continuing professional education, illness, or any other reason.
- (2) Half-time participants are allowed to spend no more than 35 half-time workdays per service year away from their site for vacation, holidays, continuing professional education, illness, or any other reason.

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 “In-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 meets the NHSC’s minimum service requirement of 20 hours a week.

NHSC-approved 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 “Suspension, Waiver, and Cancellation” on page 32.

Maternity/Paternity/Adoption Leave Policy

Maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the NHSC 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 for a longer period as permitted under State law where the participant resides; 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” on page 32), which may or may not be approved by the NHSC. Requests should be submitted through the Customer Service Portal. Remember that a participant is required to serve a minimum of 45 weeks per service year and is allowed to be away from the NHSC-approved service site for no more than 35 workdays per service year; therefore, a participant’s obligation end date will be extended for each day of absence over the allowable 35 workdays.

In-Service Verification

Every 6 months, the NHSC verifies that participants are fulfilling their service obligation by meeting program requirements. The In-Service Verification must be completed by the participant and the NHSC-approved site point of contact (POC) through the NHSC Customer Service Portal. By completing and electronically signing the In-Service Verification, the participant and the site POC are certifying

the participant's compliance or noncompliance with the clinical practice requirements during the preceding 6-month period. The verification will also record the time spent away from the service site, and hours that fall below 40 (full-time) and 20 (half-time) hours/week. Under the full-time contract a day is counted as an 8-hour day, while under the half-time contract a day is considered a 4-hour day.

The site POC must complete the 6-month In-Service Verification in order for the participant to remain in compliance, and it is the participant's responsibility to ensure that the In-Service Verification is accurate and timely submitted. Participants who fail to ensure that their 6-month In-Service Verifications are completed and submitted on time risk not receiving service credit and being recommended for default. **Participants who do not submit 6-month In-Service Verifications or who are consistently late in submitting them will not be selected for a continuation contract.**

Changing to a Half-Time Service Commitment

Conversions from full-time to half-time service during the service obligation period are allowable if ALL of the following conditions are met:

- (1) The participant's NHSC-approved service site agrees in writing, via the online Employment Verification Form (EV) that he/she may convert to half-time clinical practice (as defined by the NHSC LRP above);
- (2) The participant is a Federal employee or serving under the Private Practice Assignment (see "Practice Types" below). The half-time service option is not authorized for participants serving under the Private Practice Option; and
- (3) The participant agrees in writing (by signing an addendum to his/her NHSC LRP full-time contract) to complete his/her remaining service obligation through half-time clinical practice for twice the participant's remaining full-time commitment.

Requests should be submitted through the 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 approval to serve half-time must fulfill the rest of their service commitment serving half-time. Participants will not be allowed to switch back to full-time service once they have been approved 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:

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);

- (1) 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
- (2) The participant agrees to perform one year of full-time clinical practice at his/her NHSC-approved service site.

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 participant must enter into a PPO Agreement that stipulates the special provisions that apply to those serving under the PPO. The PPO service option is open only to full-time participants.

NOTE: Federal Assignments and Private Practice Assignments require the NHSC-approved service site to accept Medicare assignment, enter into the appropriate agreements under Medicaid and the Children’s Health Insurance Program, and utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient’s ability to pay. See definition of NHSC-approved service site on page 44. 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)

CHANGING JOBS

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 Loan Repayment Program 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 NHSC 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.

Site Change

Participants who require a site change to another NHSC-approved service site must request a transfer through the NHSC 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

The NHSC recognizes that circumstances may arise whereby a participant feels that he/she can no longer continue serving at his/her assigned service site. In some of these situations, the participant may be eligible to transfer to another NHSC-approved site to continue service in accordance with the requirements specified in his/her contract.

Participants who resign or are terminated from their NHSC–approved site(s) must contact the NHSC immediately through the NHSC Customer Service Portal. If the NHSC deems the participant eligible for a transfer, the NHSC will give the participant a certain time frame in which to obtain and accept an employment offer at an approved service site identified by the NHSC or at another suitable NHSC-approved site identified by the participant. 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: Participants who voluntarily resign from their sites without prior approval from the NHSC or are deemed ineligible for site assistance may be placed in default.

Working at Sites That Are NOT NHSC-approved

Participants who are asked to work at a clinic that is not listed in the provider's profile on the NHSC Customer Service Portal must immediately notify the NHSC through the Customer Service Portal. Time spent at unapproved clinics will not count towards the 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 are allowed to impose sanctions, including suspension or revocation of a defaulter's professional license, if the defaulter fails to satisfactorily address repayment of his/her NHSC LRP debt.

Bankruptcy

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 7 years after the debt becomes due (i.e., for 7 years from the end of the one-year repayment period). After the 7-year period of absolute non-dischargeability expires, the debt may be discharged in bankruptcy only if a bankruptcy court determines that it would be unconscionable not to discharge the debt.

Sample Default Scenarios

Scenario 1: Dr. Jane Smith entered into a 2-year NHSC LRP full-time service contract effective January 14, 2016. Her service end date is January 13, 2018. 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, 2017. The NHSC determines that she defaulted on her LRP contract on April 1, 2017, and served 443 days of her 2-year (731-day) service obligation.

Dr. Smith is liable to the United States for: (1) \$19,726 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, 2017), and is due to be paid in full on March 31, 2018.

Scenario 2: Dr. Smith entered into a 2-year NHSC LRP half-time service contract effective January 15, 2016. Her service end date is January 14, 2018. 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, 2017 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, 2017, and served 625 days of her 2-year (731-day) service obligation.

Dr. Smith is liable to the United States in the amount of \$31,000, since the loan repayments she received for obligated service not completed ($106/731 \times \$25,000 = \$3,625.17$) 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, 2018.

SUSPENSION, WAIVER, AND CANCELLATION

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 NHSC 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 NHSC 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 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 NHSC Customer Service Portal. The participant will be contacted by the BHW Division of Participant Support and Compliance/Legal and Compliance Branch regarding the medical and financial documentation necessary to complete the waiver request. All documents can be submitted through the 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 EST on April 6, 2017**. 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) The Online Application;
- (2) Required Supporting Documentation; and
- (3) Additional Supplemental Documentation (if applicable).

Online Application

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

- (1) **Eligibility.** If an individual does not pass the initial screening portion of the online application, he/she will not be able to continue with the application. Please refer to the “Eligibility Requirements” section of the Guidance on page 5 for further details.
- (2) **General Information.** Answers to this section pertain to the applicant’s name, social security number, mailing and email addresses, and other contact information. Answers also pertain to individual and family background.
- (3) **Discipline, Training and Certification.** Answers to this section pertain to the 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 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.

- (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, which can be accessed at [NSLDS Student Access National Student Loan Data System](#). The applicant will need a Federal Student Aid ID (FSAID) to log in to his/her secured area; if the applicant does not have a FSAID, go to [NSLDS Login](#). 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 6, 2017).
- (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. It must be 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 reinstate 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 6, 2017).

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 6, 2017) has passed. See page 16 for the funding preferences.

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.

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.

NOTIFICATION OF AWARD

Applicants who are offered an award are notified by email to log into their application account to confirm their continued interest in receiving an award, based on their review of the application information verified by the NHSC and their understanding of the LRP contract they will be asked to sign if they accept an award. This Confirmation of Interest is not a guarantee that the individual will receive an award.

To confirm interest, 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.**

OR

They have accepted an offer of employment at an NHSC-approved service site and will begin working there by July 18, 2017.

- 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, the applicants must provide their banking information for direct deposit of award funds if approved for an LRP contract, as well as read and e-sign the contract document.

Applicants wishing to continue in the process will be directed to electronically sign the NHSC LRP contract. This electronic signature has the effect of a handwritten signature, and once countersigned by the Secretary or his/her designee, obligates the participant to an NHSC LRP service commitment. All selected applicants will receive final notification of an award, including the service obligation dates, no later than September 30, 2017.

Applicants wishing to decline the offer of award must do so prior to signing the contract. He/she may decline the award by selecting the “decline” option on the Confirmation of Interest. This process permits promotion of alternates to selectee status. Once an applicant declines the offer of award, the award will be offered to an alternate. There will not be any opportunities to reclaim the award. A decision to decline the award is final and cannot be changed under any circumstances.

Once the fiscal year 2017 NHSC LRP contract is countersigned by the Secretary (or designee), the Secretary may terminate the contract if, within sixty (60) days following the contract’s execution date, the participant submits a written termination request through the Customer Service Portal, and repays any funds that were disbursed (or as otherwise authorized by Congress). See “Contract Terminations” on page 18.

ADDITIONAL MATERIALS

RESOURCES FOR APPLICANTS

NHSC-Approved Service Sites

Before applying for an NHSC LRP award, the applicant must be working at an NHSC-approved service site or have accepted an offer of employment and will begin working at the site and meeting the NHSC clinical practice requirements by July 18, 2017. If the applicant is not currently working at an NHSC-approved service site, potential applicants can search the Health Workforce Connector for all NHSC-approved service sites, including those with current job openings. The Health Workforce Connector can be accessed at [NHSC Jobs Center](#).

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 for the FY 2017 NHSC LRP cycle. The NHSC is not currently accepting new Site Applications. If the applicant's site is in a currently designated HPSA, it can submit a Site Application during the next cycle. Site Application cycles will be announced on the NHSC website: [Health Resources & Service Administration](#).

Need Help

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

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

NHSC Customer Service Portal

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

DEFINITIONS

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.

Bureau of Health Workforce (BHW) – The bureau within the Health Resources and Services Administration (HRSA) that administers the National Health Service Corps (NHSC) and NURSE Corps scholarship and loan repayment programs, the Faculty Loan Repayment Program (FLRP), Native Hawaiian Health Scholarship Program (NHHSP), and grants for State Loan Repayment Programs (SLRP).

Clinical-related Administrative, Management or Other Activities – May include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, and 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, care coordination, and case management. 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 1-year extension of an NHSC LRP contract. The award level is dependent on the service status (i.e., half- or full-time clinical practice) and the particular year of additional support. NHSC LRP participants must meet all program eligibility criteria in effect at the time they are being considered for a continuation contract, which includes providing documentation that all previously received NHSC LRP payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed and the continuation contract has been countersigned by the Secretary of Health and Human Services' 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. For more information, please visit: [Centers for Medicare & Medicaid Services Critical Access Hospital](#).

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.

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 is used to pay for the costs of education for undergraduate, graduate and professional students at a college or career school. The lender for the Federal Direct Student Loan is the U.S. Department of Education, rather than an institution, such as a bank.

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

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

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

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

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

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

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals based on criteria defined in statute and regulation. Information considered when designating certain primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are designated by the Shortage Designation Branch, within HRSA’s Bureau of Health Workforce, 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 [NHSC Jobs Center](#).

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 Indian Health Service; or by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1651 et seq.) which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For more information, please see:

Urban Indian Health Program fact sheet:
[Indian Health Services Fact Sheets](#).

Indian Health Service Year 2015 Profile:
[IHS 2015 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.

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.

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 Loan Repayment Program.

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. For more information, please see: [Centers for Medicare & Medicaid Services Rural Health Clinic](#).

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

Teaching Health Center – A Teaching Health Center (THC) is an entity that (1) is a community based, ambulatory patient care center and (2) operates a primary care 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). Currently funded THC's are listed on the HRSA website at [HRSA Data Warehouse - Find Grants](#).

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

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