



INSTRUCTIONS FOR COMPLETING THE NATIONAL HEALTH SERVICE CORPS MULTI-YEAR RECRUITMENT AND RETENTION ASSISTANCE APPLICATION

The Bureau of Clinician Recruitment and Service (BCRS), National Health Service Corps (NHSC) Multi-Year Recruitment and Retention Assistance (R&R) Application

SPECIAL NOTICE:

All prospective and current clinical sites are encouraged to establish a relationship with their State Primary Care Office (PCO) prior to completing and submitting your R&R Application. Early familiarization with the PCO will assure the accuracy of the application and that it is processed by the NHSC in a timely manner. To facilitate timely processing of the applications, the NHSC is requesting that the site submit the “official” signed application (application signed by the site authorizing official) to both the PCO NHSC Contact or reviewing authority as appropriate for the Indian Health Service, Bureau of Prisons, Immigration and Customs Enforcement and the NHSC at the same time. Submitting the application via fax is recommended. You may find the PCO contact information for your state by using the following website: <http://bhpr.hrsa.gov/Shortage/pcos.htm>.

GENERAL INFORMATION

A Recruitment and Retention Assistance (R&R) application is required for all clinical practice sites seeking National Health Service Corps (NHSC) approval. Sites are encouraged to contact their State Primary Care Office (PCO) or State Primary Care Association (PCA) prior to submitting the R&R application to the National Health Service Corps. Assistance in completing the R&R Application may be obtained through the appropriate PCO/PCA, as well as the Recruitment Training and Support Center (RTSC). A listing of each PCO by state can be found at <http://bhpr.hrsa.gov/Shortage/pcos.htm>. Submitting the application via fax is recommended. Once approved, participating sites can request vacancies for NHSC Scholar or Loan Repayment clinicians. The instructions for completing the R&R application are given below.

Initial and Continued Site Eligibility

It is important that each eligible clinical practice site, primary and/or satellite, understands the requirements for becoming and remaining in good standing as a NHSC clinical site(s) as outlined in the application's Agreement for All Participating NHSC Sites. All eligible clinical practice sites must meet all requirements in the Agreement **AT THE TIME OF APPLICATION**. A clinical practice site cannot be approved unless all requirements are currently being met. Additionally, clinical practice sites must agree that, if approved, they will continue to meet the requirements until the NHSC approval is terminated or the site terminates its participation in NHSC programs. Clinical practice sites must continue to meet all requirements as long as NHSC obligated clinicians are serving at the site. All approved NHSC clinical practice sites should expect a site visit while participating in the NHSC program to ensure adherence to all NHSC requirements. If there are any questions regarding any of the NHSC requirements listed in the Agreement, please contact the NHSC Recruitment, Training and Support Center (RTSC) at 1-877-313-1823 for clarification before signing and submitting the NHSC R&R application. NHSC clinical practice site approval may remain in good standing for a period not to exceed three (3) years. Approved NHSC clinical practice sites must notify the NHSC of any change in site or NHSC clinician employment status.

The NHSC clinical practice site requirements are universally applied to all eligible health care facilities. Each site's Health Care Administrator or their designee will be held responsible for ensuring that all information reported on this application is true and accurate. If any application information is found to be fraudulent, the application will be deemed ineligible, and all vacancies will be removed from the NHSC Opportunities List, and the applicant organization will not be permitted to participate in the NHSC for a period not to exceed one year. An approved application will remain valid for a period of three years. However, if there are significant changes to the parent organization and/or the clinical practice site an updated R&R application must be submitted. Significant changes include, but are not limited to, a change in the site's name, address, executive management, scope of project, or HPSA designation. All sites are required to submit a new R&R application every three years.

The Uniformed Data System (UDS) Number

The UDS number must be provided on the application **unless** this is the site's first application to the NHSC. First time applicants will have a UDS number assigned by the NHSC when their application is received. Any site that applied previously to become a NHSC clinical practice site or received funding from the Health Resources and Services Administration, Bureau of Primary Health Care will have an existing UDS number. If unknown, the site's existing UDS number can be provided by the NHSC RTSC at 1-877-313-1823. Community Health Centers may also contact the Bureau of Primary Health Care (BPHC) and speak to their Project Officer for assistance.

Recruitment and Staffing Limitations

NHSC obligated clinicians are NHSC Scholars or Loan Repayment Program (LRP) participants who incur a contractual obligation to provide primary health care services in an

outpatient/ambulatory setting at a NHSC approved clinical practice site. If the NHSC clinician will be practicing at more than one practice site, **EACH** site must complete an R&R application and must be approved for participation in the NHSC program(s). The projected clinical time spent at each location should be noted on the R&R application as a percentage, i.e., 50% at Site 1 and 50% at Site 2. NHSC clinicians may divide their services between a maximum of four NHSC approved clinical practice sites.

All sites, including satellite locations, must be approved by the NHSC before a NHSC clinician may begin to work. If the clinician begins his/her employment at any unapproved clinical practice site, the time served will **NOT** count toward their obligated service credit. Creditable service time may begin only after an eligible clinical practice site has been approved. The NHSC will provide written notification to the site's Health Care Administrator when a site has been approved. **The application review process will take approximately 6 - 8 weeks.**

The NHSC has an annual limit on the number of vacancies that can be approved and posted for the NHSC Scholarship and Loan Repayment Programs. This limit is published annually in the Federal Register and available at <http://nhsc.bhpr.hrsa.gov/applications/rraa.asp>. Once a site has met the maximum number allowed in the placement cycle, all remaining vacancies will be categorized as VL for volunteer. Clinical practice sites are not required to complete an additional NHSC Multi-Year Recruitment and Retention Application when the site's recruitment needs change, as long as the practice site remains in a HPSA and continues to meet **ALL** NHSC requirements. Vacancies can be added to an approved site by contacting the NHSC RTSC at 1-877-313-1823.

ALL NHSC clinicians must be engaged full-time in a primary care clinical practice, as defined in the application, "Agreement for All Participating NHSC Sites." This means that **ALL** NHSC obligated clinicians must provide direct (hands-on) primary health care services in an outpatient/ambulatory setting. **PLEASE NOTE:** Approval of an NHSC clinical practice site does not guarantee that the clinician you hire will be eligible for NHSC support and/or to serve at your site. All clinicians must individually apply to the NHSC and be approved for service. Please direct interested clinicians to 1-800-221-9393.

APPLICATION INSTRUCTIONS

Please read the instructions carefully before completing the R&R Application. Prior to submission, each applicant (primary organization and/or satellite clinical practice site) must contact their respective State Primary Care Office (PCO) to obtain pertinent HPSA and other technical assistance necessary to complete the R&R Application. Also note that the review process for each application will take approximately 6-8 weeks.

1. **Practice Site Information:** This section should include only information regarding the clinical practice site where the NHSC clinician(s) will serve. Organizations with more than one site, i.e., satellites, must submit an NHSC R&R application for each clinical practice site where the NHSC clinician will practice. **PLEASE NOTE:** Each clinical practice site must obtain written approval from the NHSC in order for the NHSC clinician(s) to receive service credit for time spent at all clinical practice site locations.
 - a. Health Professional Shortage Area (HPSA) type(s): Check the HPSA type that you will be recruiting. Include in the space provided the HPSA ID number and the HPSA score.
 - b. Uniformed Data System (UDS) Number: Provide the site's UDS number in the space provided. This number can be 6-8 digits long.
 - c. Practice Site Name and Location: In this section, provide information regarding the physical location of the practice site. You must indicate the complete site name, street address, city, state, zip code, county, congressional district, site telephone number, fax number, e-mail address, web site address, and type of site (primary or satellite). **THIS MUST BE THE LOCATION WHERE THE NHSC CLINICIAN WILL PROVIDE SERVICES.**
 - d. Site Point of Contact: Provide a designated and alternate point of contact for the practice site. Include their name, title, street address, city, state, zip code, direct telephone number, fax number and e-mail address.
 - e. Mailing Address for the Practice Location: Complete this section only if the mailing address is different from the physical address given for the "Practice Site Name and Location" indicated in item 1c.
2. **Information Regarding the Practice:**
 - a. Type of Practice: Place an "x" next to the appropriate category that best describes the type of practice at the site. The description for each type of practice is defined below. Please select only one category.

- **Federally Qualified Health Center (FQHC):** FQHCs include all organizations receiving federal grants under Section 330 of the Public Health Service Act. This Act defines federal grant funding opportunities for organizations to provide care to underserved populations. Types of organizations that may receive 330 grants include: Community Health Centers, Migrant Health Centers, Health Care for the Homeless Programs, and Public Housing Primary Care Programs. FQHCs are public or non-profit entities.
- **Federally Qualified Health Center (FQHC) Look-Alike:** An organization that meets all of the eligibility requirements of an organization that receives a Public Health Service Section 330 grant as described under FQHCs entry above, but does not receive grant funding. FQHC Look-Alike sites are public or non-profit entities.
- **Certified Rural Health Clinics (RHC):** Public, private or non-profit clinics located in rural shortage areas certified to receive special Medicare and Medicaid reimbursement. RHCs are required to use a team approach of physicians, nurse practitioners, physician assistants, and certified nurse midwives to provide services.
- **Federal Indian Health Service (IHS) Clinic:** An IHS clinic that provides comprehensive health services to Native Americans and Alaskan natives. These clinics are administered by the Federal government through the Indian Health Service. The service models range dramatically from hospital and ambulatory clinics to health centers and satellite clinics.
- **Tribally Run (638 Compacted/Self Governance) Indian Health Service Ambulatory Care Clinic:** These clinics provide comprehensive health services to Native Americans and Alaskan natives and are administered by the tribe(s). These sites must also agree to treat all members of the community, regardless of their tribal status or Native American background, in order to be eligible for NHSC clinicians.
- **Solo Practice/Partnerships:** A solo or two-person practice or partnership site must focus on any one or combination of the following types of primary and preventive health care: primary medical, dental or mental health.
- **Group Practices:** These practice types can range from three practitioners to hundreds. Group practices can be organized as entities on a fee-for-service basis, a capitation basis or a combination of the two. They can be family practice groups, primary care groups, or multi-specialty groups.
- **Clinic Network:** A group of individual clinics that are managed by teams of practitioners and/or administrators where a central management structure exists. The central structure often provides computerized systems for accounting, billing and personnel management.
- **Managed Care:** Includes organizations such as Health Maintenance Organizations (HMOs) or Individual Practice Associations (IPAs).
- **Hospital Affiliated Primary Care Practice:** These practice types are often provided as part of a diversification program. Services are provided on-site at the hospital or in hospital-sponsored satellite clinics located in inner city or rural communities.

- **Public Health Departments:** Primary or mental health clinics operated by a State, County or Local health department.
 - **State Prison Systems:** Clinics within state prisons. Clinical sites within county and local prisons are not eligible.
 - **Federal Bureau of Prisons:** Clinical sites that are administered by the U.S. Department of Justice, Federal Bureau of Prisons (BOP).
 - **Department of Immigration Health Services (ICE):** Clinical sites administered by the U.S. Immigration, Customs, and Enforcement, Homeland Security.
- b. Classification of Practice Site: Indicate if the practice site is private non-profit, private for-profit, or public (federal, state, city, or local), by placing an “x” in the appropriate place.
- c. Site Geographic: Place an “x” to indicate if the site is in an urban or rural geographic setting.

3. **Contact Information of Parent Agency** *(if applicable):*

- a. Parent Agency: This section must provide the NHSC with the practice site’s parent agency official and complete name and address of the parent/primary organization.
- b. Uniformed Data System (UDS) Number: Provide the parent agency’s UDS number in the space provided only if different from 1b.
- c. Human Resources/Recruitment Contact: List the recruitment contact in c.I and an alternate in c.II. Those are individuals who will accept resumes and communications from potential recruits and other NHSC correspondence. Include their names and titles, direct telephone numbers, fax, and e-mail addresses. **IT IS CRITICAL THAT THIS INFORMATION IS ACCURATE. IT WILL APPEAR ON THE NHSC ON-LINE OPPORTUNITY LIST AS THE CONTACT PERSON FOR JOBS AT THE SITE.**

4. **Staffing Levels:**

For current placement limitations, please view the 2009 Federal Register available at <http://nhsc.bhpr.hrsa.gov/applications/rrea.asp>.

- a. Number of NHSC Vacancies Requested: Enter the total number of NHSC vacancies requested for each discipline and specialty. If there is a preference for a Scholar (HP) or a Loan Repayor (LR) to fill that vacancy, please indicate as HP or LR next to each vacancy requested (i.e. 1 HP, 1 LR). The NHSC only approves **full-time positions**. Therefore, if a vacancy is split between 2 or more sites, all sites **must be approved by the NHSC** prior to the NHSC clinician joining the practice. Please indicate if the vacancy is a full time equivalent (FTE) or a percentage of the FTE (i.e., 50%, 25%).
- b. Projected Hire Date: Indicate, as accurately as possible, the projected hire dates in month and year (mm/yyyy) format. If the applicant site is not actively recruiting for

positions (i.e., accepting resumes and scheduling interviews), write “0” as the projected hire date. A vacancy should be requested only when the clinical practice site is ready to actively recruit for a position. The recruitment date applies ONLY to NHSC Scholars and Loan Repayors who **ARE NOT** already on site. If requesting a NHSC vacancy for a clinician currently employed at the clinical practice site, please indicate “filled” in the “Projected Hire Date” column. *Note: these positions **will not** be posted as vacant on the NHSC On-Line Opportunities List since they are “filled vacancies.*

- c. **Name of Clinician(s):** If a vacancy is being filled by a current or potential NHSC clinician, provide the full name of the clinician and indicate whether they are a NHSC Scholar (HP) or Loan Repayor (LR).
 - d. **Is the Clinician a Commissioned Officer:** Indicate if the position will be filled by a United States Public Health Service Commissioned Officer for EACH VACANCY by writing “yes” or “no” in the space provided. If that Commissioned Officer is also a Ready Responder, type/write “RR” in the same space.
5. **Filled Positions:** If a vacancy is being filled by a current NHSC clinician or potential Loan Repayor, provide the full name of the clinician. Under this section indicate: the name(s) and title(s) of each individual, the discipline and specialty of the individual being hired, whether the individual is a potential NHSC loan repayment program applicant or scholar, whether they are transferring from another site (if so, they must be pre-approved by the NHSC), whether they are USPHS Commissioned Corp Officer and Ready Responder, whether or not they are a salaried employee, indicate if the salary is comparable to other salaries of trained/experienced clinicians in the area, and if there is professional liability coverage, that includes tail coverage, provided. **REMINDER: Clinician must work 100% of their 40 hour week at an approved practice site. NHSC clinicians may meet this requirement through practice at a maximum of four (4) NHSC approved sites.** If the clinician will be working at other sites, please give the name and location of those sites in the space provided.
6. **Open Positions (Vacancies):** Open/vacant positions will be posted on the NHSC On-line Opportunities List.
- a. Verify that the clinicians hired to fill the vacancies listed on the Staffing Level Chart will be salaried employees. If yes, indicate if the salaries in the area are comparable to other trained/experienced clinicians.
 - b. Verify if the site is offering professional liability coverage, including tail coverage for the open positions.
7. **Agreement for All Participating NHSC Sites:**

Enter the complete name and address of the clinical practice site(s) where the NHSC clinician will work (the location where direct primary care services will be provided.)

The application must have the name, title, date and signature of the approving site official. The Approving Site Official is the person with the authority to attest that the site agrees to abide by all NHSC requirements, as outlined in Section 7. Any false statement(s) herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject signer to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).

8. **Contact Information and Mailing Instructions:**

Concurrently, mail or fax the completed (OFFICIAL) application *to both:*

*Bureau of Clinician Recruitment and Service
Division of Site and Clinician Recruitment
Site and Community Development Branch
5600 Fishers Lane, Room 8A-30
Rockville, MD 20857
Fax Number: 301-594-2721*

and to

*Primary Care Office or reviewing authority as appropriate for the
Indian Health Service, Bureau of Prisons, Immigration and Customs Enforcement.*

If you have any questions, please call the NHSC Recruitment, Training and Support Center at 1-877-313-1823.

Updated 9/23/09 dmc

National Health Service Corps (NHSC)

Multi-Year Recruitment & Retention Assistance Application

**Please be sure to read all
instructions carefully.**



NHSC USE ONLY

UDS # _____

HPSA TYPE: Primary Care

HPSA ID #: _____

HPSA TYPE: Dental Care

HPSA ID #: _____

HPSA TYPE: Mental Health

HPSA ID #: _____

1. PRACTICE SITE INFORMATION *This information pertains to only the clinical practice site where the NHSC clinician(s) will serve. Organizations with more than one site (i.e. satellites) must submit a NHSC R&R application for each clinical practice site where the NHSC obligated clinician will practice. Please note, each clinical practice site must obtain written approval from the NHSC in order for NHSC obligated clinicians to receive service credit for time spent at any clinical practice site location.*

a. **Type of Health Professional Shortage Area (HPSA):** Place an "x" to indicate the appropriate HPSA type(s) that you are recruiting for:

<input type="checkbox"/>	Primary Care	_____	HPSA ID Number	_____	Score
<input type="checkbox"/>	Dental	_____	HPSA ID Number	_____	Score
<input type="checkbox"/>	Mental Health	_____	HPSA ID Number	_____	Score

b. **Uniformed Data System (UDS) Number:** _____

c. **Practice Site Name and Location:** (where the NHSC clinician will serve their obligation):

Site Name: _____

Site Street Address: _____

Site City: _____ State: _____ Zip Code: _____

Site County: _____ Congressional District: _____

Site Telephone #: _____ Site Fax #: _____

Site E-mail Address: _____

Site Web Address: _____

Practice Site Type (Place an (x) to indicate): _____ Primary Site _____ Satellite Site

d. **Site Point of Contact**

I. **Designated NHSC Point of Contact and Title** (i.e., Dr. Jane Doe, Clinical Director):

Name/Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Direct Telephone Number: _____ FAX #: _____

E-Mail Address: _____

II. **Alternate NHSC Point of Contact and Title** (i.e., John Doe, CFNP, Associate Director):

Name/Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Direct Telephone Number: _____ FAX #: _____

E-Mail Address: _____

e. **Mailing Address of the Practice Site Location** (Provide **only if different** from 1c above).

Site Name: _____

Site Street Address: _____

City: _____ State: _____ Zip Code: _____

2. **INFORMATION REGARDING THE PRACTICE:** Indicate the site's practice type by placing an "x" at the appropriate indicator. See instructions for descriptions of type of practices.

a. **Type of Practice:**

___ Federally Qualified Health Center (FQHC)

___ Federally Qualified Health Center Look-Alike

___ Certified Rural Health Clinic (RHC)

___ Federal Indian Health Service Site

___ Tribally (638) Run Indian Health Service Site

___ Solo Practice/Partnership

___ Group Practice

___ Clinic Network

___ Managed Care

___ Hospital Affiliated Primary Care Practice

___ State Prison

___ Federal Bureau of Prisons

___ US Immigration, Customs & Enforcement (ICE)

___ Public Health Department

b. **Classification of Practice Site:**

___ Private Non-Profit ___ Private For-Profit ___ Public (___ Fed ___ State ___ City ___ Local)

c. **Site Geographic:** ___ Urban ___ Rural

3. **CONTACT INFORMATION:** (complete only if different from 1b above)

a. **Parent Agency Name:** _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

b. **Uniformed Data System (UDS) Number** (if different from 1b): _____

c. **Human Resources/Recruitment Contact** (If different from NHSC Point of Contact on Page 1):
Please provide the recruitment contact (person receiving resumes and other important NHSC correspondence). This information must be accurate. It will be posted on the NHSC Opportunities List as the person to call regarding site information and job opportunities at the site.

I. **Designated NHSC Point of Contact and Title** (i.e., Dr. Jane Doe, Clinical Director):

Name/Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Direct Telephone Number: _____ FAX #: _____

E-Mail Address: _____

II. **Alternate NHSC Point of Contact and Title** (i.e., John Doe, CFNP, Associate Director):

Name/Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Direct Telephone Number: _____ FAX #: _____

E-Mail Address: _____

4. STAFFING LEVELS

APPROVED PRIMARY CARE DISCIPLINES AND SPECIALTIES	NUMBER OF NHSC VACANCIES REQUESTED (Indicate if each position is a FTE or what percentage (%) at the site)	PROJECTED HIRE DATE The projected hire date (mm/yyyy) applies ONLY to clinicians NOT already employed at the site. If the clinician is already on site, write "filled" in this column.	NAME OF CLINICIAN Indicate the clinician's name if the vacancy has been filled by NHSC clinician.	Is the clinician a COMMISSIONED OFFICER (CO)? Write Yes or No for each position If CO is a READY RESPONDER indicate as RR
PRIMARY CARE PHYSICIANS				
Family Practice				
Family Practice w/OB Requirement				
Internal Medicine/Geriatrics				
Pediatricians				
Obstetrician/ Gynecologists				
PRIMARY CARE NURSING/ PHYSICIAN ASSISTANTS				
Family Nurse Practitioners				
Adult Nurse Practitioners				
Geriatric Nurse Practitioners				
Pediatric Nurse Practitioners				
Women's Health Nurse Practitioners				
Certified-Nurse Midwives				
Physician Assistants				
ORAL HEALTH				
General Dentists				
Pediatric Dentists				
Dental Hygienists				

MENTAL & BEHAVIORAL HEALTH				
Psychiatrist				
Clinical Psychologists				
Clinical Social Workers				
Nurse Practitioner – PSY Specialty				
Psychiatric Nurse Specialists				
Licensed Professional Counselors				
Marriage & Family Therapists				

5. Filled Positions

If you are requesting to be approved as an NHSC clinical practice site for an individual already on staff indicate “filled” in the “projected hire date” column on the Staffing Levels Chart (above) and provide the following details: *(Note: these positions will not be posted as openings on the NHSC On-Line Opportunities List since they are “filled vacancies”.)* Please be aware that a NHSC clinician can provide primary care services at a maximum of four clinical practice sites.

Name and Title of Clinician: _____

Discipline _____ Specialty: _____

Potential NHSC Loan Repayment Program Applicant: ____ Yes ____ No

NHSC Scholar ____ Yes ____ No

NHSC Clinician transferring (Must be pre-approved by NHSC): ____ Yes ____ No

USPHS Commissioned Officer: ____ Yes ____ No _____ Rank

Ready Responder: ____ Yes ____ No _____ Rank

Is the clinician a salaried employee? ____ Yes ____ No

Is the salary comparable to other salaries in the area for comparably trained/experienced clinicians?
 ____ Yes ____ No

Is professional liability coverage, that includes tail coverage, provided? __ Yes __ No

Will the clinician work 100% of time at the practice site listed in 1c? ____ Yes ____ No

If no, what percentage will the clinician work at this clinical practice site? _____%

If applicable, at which other clinical practice site(s) will the clinician work?

Clinical Practice Site # 2: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/ Parrish/ State/Zip Code:_____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? __ Yes __ No

Clinical Practice Site # 3: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/ Parrish/State/Zip Code:_____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? __ Yes __ No

Clinical Practice Site # 4: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/Parrish/State/ /Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? __ Yes __ No

Name and Title of Clinician: _____

Discipline _____ Specialty: _____

Potential NHSC Loan Repayment Program Applicant: ____ Yes ____ No

NHSC Scholar ____ Yes ____ No

NHSC Clinician transferring (Must be pre-approved by NHSC): ____ Yes ____ No

USPHS Commissioned Officer: ____ Yes ____ No _____ Rank

Ready Responder: ____ Yes ____ No _____ Rank

Is the clinician a salaried employee? ____ Yes ____ No

Is the salary comparable to other salaries in the area for comparably trained/experienced clinicians?

____ Yes ____ No

Is professional liability coverage, to include tail coverage provided? Yes No

Will the clinician work 100% of time at the practice site listed in 1c? Yes No

If no, what percentage will the clinician work at this clinical practice site? _____%

If applicable, at which other clinical practice site(s) will the clinician work?

Clinical Practice Site # 2: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/ Parrish/ State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Clinical Practice Site # 3: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/ Parrish/State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Clinical Practice Site # 4: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/Parrish/State/ /Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? Yes No

Name and Title of Clinician: _____

Discipline _____ Specialty: _____

Potential NHSC Loan Repayment Program Applicant: Yes No

NHSC Scholar Yes No

NHSC Clinician transferring (Must be pre-approved by NHSC): Yes No

USPHS Commissioned Officer: Yes No _____ Rank

Ready Responder: Yes No _____ Rank

Is the clinician a salaried employee? Yes No

Is the salary comparable to other salaries in the area for comparably trained/experienced clinicians?

_____ Yes _____ No

Is professional liability coverage, to include tail coverage provided? _____ Yes _____ No

Will the clinician work 100% of time at the practice site listed in 1c? _____ Yes _____ No

If no, what percentage will the clinician work at this clinical practice site? _____%

If applicable, at which other clinical practice site(s) will the clinician work?

Clinical Practice Site # 2: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/ Parrish/ State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? _____ Yes _____ No

Clinical Practice Site # 3: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/ Parrish/State/Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? _____ Yes _____ No

Clinical Practice Site # 4: _____

What percentage will the clinician work at this clinical practice site? _____%

Street Address: _____

City/Parrish/State/ /Zip Code: _____

Uniformed Data System (UDS) Number, if known: _____

Is professional liability coverage, to include tail coverage provided? _____ Yes _____ No

6. Open Positions: *(If answers do not apply to all requested clinicians, please provide this information for each specific vacancy listed on the Staffing Level Chart.)*

For all open positions listed in the Staffing Level Chart (which will be posted on the NHSC On-line Opportunities List), will the clinician(s) filling the position(s) be hired as salaried employees?

_____ Yes _____ No

If yes, is the salary comparable to other salaries in the area for comparably trained/ experienced clinicians?

_____ Yes _____ No

Is the site offering professional liability coverage, including tail coverage, for the open positions?

_____ Yes _____ No

7. AGREEMENT FOR ALL PARTICIPATING NHSC SITES

This is to certify that the above site **currently** meets all NHSC requirements as outlined below, and I am authorized to provide such certification for the above named site. (If you have questions regarding any of the following requirements, please see the application instructions or contact the NHSC at 1-800-221-9393 for clarification.) Any false statement(s) herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject you to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79). **Sites must meet all requirements at the time of application and must continue to meet requirements in order to maintain status as an approved NHSC clinical practice site.**

I certify that the site named above:

1. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children's Health Insurance Program or (ii) based upon the individual's race, color, sex, national origin, disability, or religion.
 - a. Uses a schedule of fees or payments for the site's services that is consistent with locally prevailing rates or charges and is designed to cover the site's reasonable cost of operation.
 - b. Provides health care services at no charge, or at a nominal charge, to patients whose incomes are at or below 200% of the federal poverty guidelines, which are revised annually in March. *For example, the poverty level for a family of four is \$18,400 (100%); thus, a 200% poverty level for this family would be \$36,800. NHSC sites utilize different practices to ensure that no barriers to care exist, including establishing a schedule of discounts based on patients' ability to pay.*
 - c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party.
 - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and State Children's Health Insurance Program beneficiaries.
 - e. Prominently advertises a statement expressing that no one will be denied access to services due to inability to pay.
2. Ensures the site will treat patients who come from or reside in the federally-designated Health Professional Shortage Area (HPSA) where the practice is located.
3. Provides culturally appropriate ambulatory primary medical, dental, and mental and behavioral health care services.
4. Uses a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) of those clinicians for whom the NPDB maintains data.
5. Functions as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits. Additionally, the site will maintain a copy of the current Board of Directors or Board of Owners recruitment and retention plan on site for review.
7. Will not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.

8. Will require NHSC clinicians to maintain a full-time primary care clinical practice as defined below:

For all health professionals (except obstetrician/gynecologist (OB/GYN) physicians, family practice physicians who do OB consistently), including mental and behavioral health professionals, at least 32 of the minimum of 40 hours per week must be spent providing clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care setting office(s) for which the vacancy is approved. The remaining hours must be spent providing inpatient care to patients of that clinic and/or in practice-related administrative activities.

For OB/GYN physicians, family practice physicians who do OB consistently, and CNMs, at least 21 of the minimum 40 hour week must be spent providing outpatient clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care clinic(s) for which the vacancy is approved. The remaining hours must be spent providing inpatient care to patients of that clinic and/or performing practice-related administrative activities, with administrative activities not to exceed 8 hours of the 40 hour week.

The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked in excess of 40 hours per week will not be applied to any other workweek.

NHSC clinicians can spend no more than 7 weeks (35 workdays) per year away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in an NHSC service year will extend the service commitment end date. Site must inform the NHSC when a NHSC clinician goes on extended medical leave or exceeds their 35-day allowance.

9. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC sponsored meetings and other continuing education programs.
10. Will communicate to the NHSC any change in site or clinician employment status, including moving a NHSC clinician to a satellite site for any or all of their 40 hour work week, termination, etc.
11. Maintain and make available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation which contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
12. Submit a Uniformed Data System (UDS) report to HRSA annually.

The signature of the Site Official below 1) certifies that the information provided in paragraphs 1-6 of this application is true and correct and 2) signifies that the above named site agrees to comply with the requirements set forth in Paragraph 7 of this application. *(If you have questions regarding any of the requirements listed above, please see the application instructions or contact the NHSC at 1-800-221-9393 for clarification. Any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject you to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).)*

Site Name: _____

Site Address: _____

Name of Site Official: _____

Title of Approving Site Official: _____

Signature: _____ Date: _____

Updated 02/21/2008