

2016-17 APPLICATION CYCLE PROVIDER REFERENCE GUIDE HEALTH PROFESSIONAL FEDERAL-STATE LOAN REPAYMENT PROGRAM (FSLRP)

Website: <http://www.wsac.wa.gov/health-professionals>

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The purpose of the Provider Reference Guide is to provide information about provider eligibility requirements, qualification factors, compliance, roles, and responsibilities. It is the responsibility of the applicant to review this document **prior** to completing the online application. Please feel free to print a copy of this document to use as a reference throughout the contract period.

PROGRAM OVERVIEW

The Washington State Health Professional Loan Repayment and Scholarship (HPLRS) program was established in 1989 to address health care workforce shortage issues in rural and underserved urban communities. The loan repayment programs provide funds to participants to pay toward their outstanding qualifying educational loans. There are two separate programs within this scope: the State Health Professional Loan Repayment Program (HPLRP) and the Federal-State Loan Repayment Program (FSLRP).

The U.S. Department of Health and Human Services–State Loan Repayment Program (**FSLRP**) matches state funds with federal funds. This component is also active for awards that meet criteria as approved in the council grant application submitted to the U.S. Department of Health and Human Services. Washington State received a new four-year matching HRSA Federal grant beginning in 2014-15. For the 2016-17 award cycle, \$1,050,000 is available for FSLRP contracts.

- Participants are required to work full time, a minimum of 40 hours per week.
- Participants have a minimum two-year contract at an eligible site.
- Awards are a maximum of \$70,000 (not to exceed actual loan debt).

The programs are administered by the Washington Student Achievement Council (WSAC) in collaboration with the Department of Health (DOH), as authorized by RCW 28B.115. A planning committee provides expertise related to each member’s professional field. The loan repayment programs have helped to recruit and retain over 650 providers throughout the state.

SECTION ONE: General Information

- Site must be approved and listed on the 2016-17 Loan Repayment Approved Site List posted on our website: www.wsac.wa.gov/healthprofessionals.
- Applicants must meet the eligibility requirements and be working (seeing patients) no later than July 1, 2016 at an approved site.
- Applicant must submit the online 2016-17 application and mail the required attachments postmarked by the **March 13, 2016**, deadline close date.
- All attachments should be mailed in one envelope. If letters of recommendation are in separate envelopes, please remove them from their individual envelopes before mailing application packet. Please do not staple or paper clip documents together.
- Applicants for the FSLRP Provider Application Cycle who are not selected in that review will be automatically rolled over into the HPLRP cycle and included in that review.

PROGRAM CALENDAR 2015-16

Application Time Lines	
October 2015	Site application opens – one application for both programs
November 11, 2015	Site application closes
December 2015	Site receives notification of application request status
January 2016	FSLRP provider application cycle opens
March 13, 2016	FSLRP provider application cycle closes (All required documents for this cycle must be postmarked no later than close of business on this date.)
March 16, 2016	HPLRP provider application program cycle opens
May 29, 2016	HPLRP provider application program cycle closes (All required documents for this cycle must be postmarked no later than close of business on this date.)
June 2016	Applicants receive notification of application status
July 1, 2016	New contract for both program awards begin (Exception – Medical residents contract date may begin October 1, 2016.)

APPLICANT ELIGIBILITY

To be eligible, applicants must meet the following criteria:

- Be a United States or naturalized citizen. (Permanent resident status does not qualify.)
- Have and maintain a current, full, permanent, unrestricted, and unencumbered health professions license in the State in which the approved service site is located, for the duration of the individual's service obligation. *Unencumbered License* is a license that is not revoked, suspended, or made probationary or conditional by the State licensing authority as the result of disciplinary action.
- **Not** have an outstanding contractual obligation for health professional service to the federal government, or to a state or other entity, unless that service obligation will be completely satisfied before the FSLRP contract has been signed. Please note that certain provisions in employment contracts can create a service obligation (e.g., an employer offers a recruitment or moving bonus agreement in return for provider to work at that facility for a certain period of time or pay back the bonus – this is an obligation). **NOTE: Any kind of payback requirement in your contract is considered an obligation and will disqualify you from being eligible unless that requirement is satisfied, null and/or void prior to your submitting an application.**
- Agree to accept reimbursement under Medicare, Medicaid, and the Children's Health Insurance Program, as appropriate for the applicant's designated discipline, to utilize a sliding fee scale, and to see all patients regardless of their ability to pay.
- Not have **Primary Care Loans** through the Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions.
- Be providing primary care. *Primary care* is delivery of continuous and comprehensive professional health services addressing the largest majority of personal health care needs that include health education, disease prevention, initial assessment of health problems, treatment of acute and chronic health problems, and the overall management of an individual's health care services. It entails first-contact care of persons with undifferentiated illnesses, comprehensive care that is not disease or organ specific, care that is longitudinal in nature, and care that includes the coordination of other health services. Primary care dental services and primary care behavioral health services are included within this definition. Nurses (RN and LPN) are included in this definition and should provide these services in collaborative teams in which the ultimate responsibility for patient resides with the primary care physician.
- Begin employment (seeing patients) at an eligible site no later than July 1, 2016.
- Have a current, full, permanent, unencumbered, unrestricted license to practice in the state of Washington by July 1, 2016.
- Not be working at a stand-alone urgent care clinic, emergency department, specialty clinic, or through a placement agency. These are not considered primary care and are not eligible.
- Not be working on an "as needed" basis. Be a full-time permanent employee of the site and have scheduled clinic/hospital hours.
- Submit an online FSLRP Provider application by the **March 13, 2016**, deadline.
- Have current eligible educational debt incurred for licensure in the profession being applied for. *Qualifying educational loans* are a government or commercial loan for actual costs paid for tuition and reasonable educational and living costs related to the undergraduate or graduate degree (as determined by the institution of higher education) for licensure in the profession for eligibility for this loan repayment. Loans for other degrees cannot be included.
- Not owe a service obligation to the military, federal government, state, or other entity unless that obligation will be completely satisfied prior to the beginning of service under this program.
- Not have received an award through the Health Professional Scholarship Program or be a previous Health Professional Loan Repayment Program recipient. Previous recipients cannot reapply.
- Not have a judgment lien against property for a debt to the United States. Debtors with judgment liens for federal debts are ineligible.

APPLICANT ELIGIBILITY – *Continued*

- Not ever have defaulted on any federal payment obligations (HEAL, Nursing Student Loans, federal income tax liabilities, FHA loans, etc.), even if the obligation is now satisfied.
- Not ever have breached a prior service obligation to any federal/state/local government or other entity, even if the obligation has subsequently been satisfied.
- Not ever have had any Federal debt written off as uncollectible or had any Federal service or payment obligation waived.
- Not have a Perkins Loan being forgiven by service (this is a service obligation).
- Not be in default on any education loans or other service obligations.
- Not be employed in a school based clinic (K-12).
- Not be hired in an administrative position. Must provide direct care to patients.
- Not be hired as a Public Health Nurse working outside of the clinic. Must be working as a clinical nurse with scheduled clinic hours in the ambulatory setting.

Pharmacists must be a general staff pharmacist working in the pharmacy, filling and dispensing prescriptions, and working with the general public. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under the same eight-hour rule as the other professions.

Individuals in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in the FSLRP. If the FSLRP participant's military training and/or service, in combination with the participant's site absences, exceed 35 workdays per service year, the FSLRP service obligation will be extended to compensate for the break in service.

ELIGIBLE LOANS

Include:

- Educational loans (federal and/or commercial loans) obtained for training costs leading to licensure in the profession you are seeking loan repayment for.

Do Not Include:

- Loans that have no current balance.
- Loans for which the applicant incurred a service obligation.
- Loans that have been consolidated under non-educational lenders (*example: home mortgage*).
- Stafford Parent-Plus Loans.
- Primary Care Loan (*this makes you ineligible for the FSLRP program*).
- Loans that have a cosigner.
- Loans that have been consolidated with another person's loans (*example: spouse, child's Parent-Plus Loan that has been consolidated with yours*). This makes the entire loan ineligible.
- Loans obtained under someone else's name, such as a relative, spouse, or friend.
- Loans that are currently being repaid by the employer, unless those payments cease upon your acceptance of the FSLRP award.
- Perkins Loans that are eligible to be forgiven by service, unless applicant can provide documentation that such loans are not subject to cancellation from service.
- Credit card debt or personal lines of credit.
- Loans obtained from family members, private institutions, or other entities that are not subject to federal or state examination and supervision as lenders.
- Loans for other educational degrees that were not required to obtain licensure in the profession you are applying under. If those loans were consolidated – you will not be able to submit the loan.

SELECTION

The FSLRP Provider Application Cycle is scheduled to open the first week of **January 2016 and close on March 13, 2016**. The provider must either be working at or have a contract to begin working (seeing patients) at one of the sites listed on the *Eligible Site List*, no later than July 1, 2016.

Applications are scored based on a combination of site score and provider score. When the site applies, it receives a score comprising these elements: geographic location, ratio of underserved patients, staffing criteria, and use of a sliding fee schedule. When the applicant applies, information is extracted from the application and scored. The provider scoring information is not shared in order to protect the integrity of the application. The two scores are added together to give the applicant a total score, which places the application in rank order in their profession.

In the event of a provider application tie score in the final selection of the award process, the Council may at its discretion initiate an internal committee to review and score the essay questions submitted with the application. Those individual committee member scores will be averaged to create a score that will be added to the total application score. The application with the highest score will be awarded.

Eligible applications from psychiatrists and Advanced Registered Nurse Practitioners working at DSHS Eastern and Western State Hospitals will receive priority awarding. Remaining funds will be awarded based on score and then determined on a percentage that is based on the provider requests from the sites.

Example: If the total number of requests from the sites for all provider types equaled 500, and of those 100 were for primary care physicians, then 20 percent of the funds would go to primary care physician awards. If 50 requests were for dentists, then 10 percent of the funds would go to dentist awards.

AWARD AND PAYMENTS

The maximum award amount for the 2016-17 award cycle for **FSLRP** is \$70,000, not to exceed the applicant's loan debt (whichever is less). Contract is a minimum of two years.

- Awards are based on the loan debt balance at the time of award.
- The funds are intended to reduce the debt by the award amount. It is not intended to pay the balance in full as interest continues to accrue.
- Awards will be divided into quarterly payments over the two-year contract service obligation period.
- Credit is earned during the quarter. Payments are made after the completion of each quarter and upon receipt, review, and approval of the Quarterly Service Verification Form.
- Verification of payment on loan debt will be required periodically throughout the service obligation. Participants will be asked to submit copies of their payment history from their lender(s) as documentation that **all** program funds were applied to their loan debt in January and July of each year. Failure to document that all funds were applied will place the participant in repayment default.
- The loan repayment contract begins July 1. The participant is responsible for continuing all lender payments, including the first three months of the contract. **Program funds may not be used as reimbursement for those payments.**
- For program audit requirements, payment history tracking begins after the first check is issued, **not** the first day of the contract period.
- Payments will be suspended during medical leave (example: FMLA) and the service obligation will be prorated accordingly.
- Payments will cease upon termination of employment. If you are approved for a transfer and re-employed at an eligible site, your payments will restart at the end of the next completed quarter. You will be paid for any pending payments from past quarters of service that were being held at that time.

SERVICE OBLIGATION

- At the end of each quarter the participant will go to the council website and download the current Quarterly Service Verification Form to report the hours they have worked. This is the document used to start the payment process.
- The site administrator is responsible for verifying the hours worked, faxing, mailing or scanning and emailing a copy of the form and is required to retain the original copy of the form.
- The quarters are: Jan–Mar, Apr–Jun, Jul–Sep, and Oct–Dec.
- When requested, participants are required to send payment history from the lender(s) to verify that all loan repayment funds are being fully applied toward the approved educational lender(s).
- Funds must be applied to the approved lender(s) dollar-for-dollar.

Definition of Full Time

For all health professionals, except as noted below, full-time employment means: At least 32 hours of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining eight hours per week is/will be spent providing clinical services to patients in the ambulatory care office(s), performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities. For OB/GYNs, FPs practicing OB on a regular basis, providers of geriatric services, certified nurse midwives, and pediatric dentists health providers: At least 21 of the minimum 40 hours per week are/will be spent providing direct outpatient care during normally scheduled clinic hours in the ambulatory care office(s). The remaining 19 hours per week is/will be spent providing clinical services to patients in the office, performing clinical support activities in alternate locations as directed by the site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed eight hours per week).

*For hospitals or pharmacies, substitute the word *hospital* or *pharmacy* for *ambulatory care office/clinic* in the above definitions.

- Participants awarded with FSLRP must be employed full time; a minimum of 40 hours each week (may not average hours over a pay period).
- Participants must not exceed 7.14 weeks (approximately 35 work days) per service year (July 1–June 30) away from the approved service site for vacation, holidays, continuing professional education, illness, or any other reason. If the participant submits documentation supporting the need for absence of longer than 7.14 weeks, participant may qualify for a suspension (deferment) of the service obligation.
A suspension of the participant’s FSLRP obligation may be granted for up to one (1) year. In order to qualify for a suspension, the participant must document a medical condition or personal situation that makes compliance with the obligation temporarily “impossible” or an “extreme hardship” such that enforcement would be against equity and good conscience. Examples would be the terminal illness of an immediate family member *for whom the participant is caretaker*.
- **Maternity/Paternity/Adoption Leave (FMLA):**
Leave of up to 12 weeks or less will be automatically approved. The FSLRP Program will allow participant to be away from their site within the timeframes established by the Family Medical Leave Act (up to 12 weeks). Participants planning to take additional leave are required to request a medical deferment and submit medical documentation to support the request.
- **Military Leave**
Military training or service performed by reservists will not satisfy the FSLRP 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 7.14 weeks per service year, the participant should request a suspension of the service obligation. The FSLRP service obligation end date will be extended to compensate for the break in service.

EXTENSIONS

Participants may request an extension; however, extension requests will be determined on a case by case basis, based on available federal grant funds and remaining eligible debt.

If the site loses its federal Health Professional Shortage Area (HPSA) designation before the end of the provider's FSLRP contract, the provider will not be eligible for an extension.

OTHER INFORMATION

- If you pay your loans in full before the end of the service obligation, your payments will cease but your service obligation is not waived.
- The only permissible basis for canceling a contract is one hundred percent total disability or death of the participant.
- The program will not be held responsible for any payments on principal and interest to any lender.
- Funds are considered educational and cannot be discharged in a bankruptcy.
- Loan debt continues to accrue interest during the service obligation period. Program funds are intended to reduce the debt by the award amount and may not pay the balance in full.
- Participants who enlist in any of the Armed Forces and incur an active duty military obligation before completing their FSLRP obligation are subject to the default provision of their contracts.

SITE TRANSFER POLICY

A participant who has received funding and had to leave their eligible site due to layoff, termination of employment, personal circumstances beyond the individual's control, clinic closure, or employment dissatisfaction may request a transfer to another eligible site. Program staff maintains a list of current and prior eligible sites where the participant may seek employment to continue their obligation.

A transfer from a participant's current loan repayment site to any other site approved for loan repayment at the time of the transfer request **may be approved** based on the following criteria:

Required:

1. The recipient has complied with program requirements such as starting service on the agreed contract start date.
2. The recipient's license or certification has not been revoked, suspended, or restricted, and no disciplinary action is pending.
3. The recipient has not been terminated by the site for documented cause. Recipients who are terminated "for cause" may not receive a transfer to another site and may be placed directly in default repayment.

Preferred, but may not cause a denial of transfer request in some circumstances:

1. Transfer is requested in advance.
2. Both the current site and the transfer site agree to the transfer in advance.

Approval of a service site transfer by the program does not alter any local employment contract requirements in any manner. Any change in service sites within the same health care organization (i.e., an organization or health care system with multiple delivery sites or satellites) is regarded as a transfer and must be approved in advance.

The FSLRP guidelines allow up to a one-year suspension of service while completing the transfer process. Transfer requests are reviewed on a case-by-case basis.

DEFAULT REPAYMENT

Participants who breach their obligation have **one year** to repay debt and will owe the State an amount equal to **the sum of the following**:

- The total of the amounts paid to, or on behalf of, the participant for loan repayments for any period of obligated service not served;
- An amount equal to the number of months of obligated service not completed multiplied by \$7,500; and
- 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, except that the amount the State is entitled to recover shall not be less than \$31,000.

Repayment Cost Examples

	Financial Penalty	Repayment Amount (before interest is assessed) Minimum of \$31,000	Interest Rate	Loan Term*	Monthly Payment	Total Paid (includes penalty and interest)
Example 1	3 months x \$7,500 = \$22,500	\$31,000	10%	1 year	\$2,725.40	\$32,704.67
Example 2	12 months x \$7,500 = \$90,000	\$90,000	10%	1 year	\$7,912.43	\$94,949.14
Example 3	12 months x \$7,500 = \$90,000	\$90,000	8.25%	1 year	\$7,839.37	\$94,072.40
Example 4	24 months x \$7,500 = \$180,000	\$180,000	10%	1 year	\$15,824.86	\$189,898.33

*Contract requires you to repay the loan in one year

INTEREST RATES, PENALTIES, FEES AND COST EXAMPLES

The interest, fees, and examples shown above are in the case of the borrower going into repayment. Interest will begin accruing on the principal balance when the borrower goes into repayment status. The beginning interest rate you will pay will be determined when your account goes into repayment status. The interest rate will be on the notification letter sent to you at the time you enter default repayment. You may contact WSAC for annual interest rates.

INTEREST RATE during the life of the repayment:

The interest rate is variable. This means the interest rate can be adjusted lower or higher than your beginning interest rate. Rate amounts are set at the maximum legal prevailing rate as determined by the Treasurer of the United States, from the date of the breach.

REPAYMENT FEES:

Repayment Financial Penalty: The balance of award funds paid but not served, **plus** the number of un-served months x \$7,500 (minimum repayment amount of \$31,000). Interest will be charged at the highest maximum prevailing government interest rate.

LATE FEES:

A late charge of 5% of the payment due may be charged on any payment received later than 20 days after the due date.

- **Insufficient Funds:** Up to \$50 (*does not include any fees charged by banks or other institutions*). This applies to credit card, electronic fund transfers, ACH, checks, and any other type of payments made on your account that fail to clear due to insufficient funds.
- **Collection and Legal Fees:** Any necessary expenses for collection of any amount not paid when due (to the extent permitted by law) including attorney's fees, whether or not legal proceedings have begun.

SECTION TWO: Eligible Professions and Sites

FSLRP

FSLRP - 50% Federal Funds/50% State Funds	
Site Eligibility	<ul style="list-style-type: none"> • Must have a federal Health Professional Shortage Area (HPSA) designation or be located in HPSA • Must be a nonprofit • Must have a posted and implemented sliding fee schedule
Provider Eligibility	<ul style="list-style-type: none"> • Must work full time (minimum 40 hours per week) • Minimum two-year service obligation • Awarding is a competitive process
Funding	<ul style="list-style-type: none"> • Current FSLRP award for Washington State is \$1,050,000.
Provider Award	<ul style="list-style-type: none"> • \$70,000 Amount for two-year contract, <i>not to exceed provider's individual loan debt</i>, • Possible extension based on funds available and remaining eligible debt.
Eligible Professions	<p>Determined by Federal HPSA designations.</p> <ul style="list-style-type: none"> • Physician (MD/DO) Family Medicine: OB/GYN; General Internal Medicine: Geriatrics: General Pediatrics: and Psychiatry • General Psychiatrist* Must meet the qualifications for physicians above AND serve exclusively in mental health HPSAs • Physician Assistant* Adult; Family; Pediatric: Psychiatry: Mental Health; Geriatrics: and Women's Health • Nurse Practitioner* Adult; Family; Pediatric: Psychiatry: Mental Health; Geriatrics: and Women's Health • Registered Nurse* • Certified Nurse Midwife(CNM) • Pharmacist Must work in general pharmacy, filling and dispensing prescriptions. Cannot be working exclusively with specialty patients such as warfarin, diabetes, etc., doing educational classes, serving as liaison between lab, patient and doctor. This would fall under the same eight-hour rule as the other professions. • Dentist (DDS, DMD) • Dental Hygienist <p>*Include mental health</p>

Provider must practice full-time providing primary health services. Full-time service is defined as a minimum of 40 hours per week, for a minimum of 45 weeks per year. (This means no more than approximately 35 days per year can be spent away from the clinic for holidays, vacation, sick leave, continuing education or any other reason.)

ELIGIBLE SITE TYPES

Sites approved by the FSLRP program are health care facilities that provide comprehensive outpatient, ambulatory, primary health care services including critical access hospitals, state mental health hospitals, nursing homes, and clinics that have a Health Professional Shortage Area (HPSA) designation or are located in an HPSA. To become approved, the site must submit an online application **each year** during the open application cycle between July and September. Sites are notified by the end of December of their application status. (Dates are posted on the WSAC website: www.wsac.wa.gov/health-professionals.)

HPSA Designation

HPSAs are designated by the Bureau of Clinician Recruitment and Services Division of Policy and Shortage Designation (DPSD) as having shortages of primary medical care, dental, or mental health providers and may refer to a geographic area (e.g. county), a population group (e.g. low-income), a public or private nonprofit medical facility or other public facility. In order to be designated as an HPSA, communities or facilities apply for designations by providing the required data on an area, population, or facility. Applications are submitted through the State Primary Care Offices (PCO's); additional information is provided below.

Federally Qualified Health Centers (FQHC), FQHC Look-Alikes, and Indian Health Service (IHS) sites are automatically designated as being a facility HPSA, and **some** Rural Health Clinics (RHC) that meet additional criteria **may be** automatically designated as a facility HPSA.

To apply for or request an HPSA designation, please contact your State PCO. State PCO contacts can be found at <http://bhpr.hrsa.gov/shortage/hpsas/primarycareoffices.html>. Applicants may also search for this information by Site Address at <http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>, or by state and county at <http://hpsafind.hrsa.gov>.

There are three HPSA categories: primary care, dental, and mental health. In addition to being designated as an HPSA, a community, population, or facility is scored on the degree of shortage that exists based on the same factors used in the designation process. HPSA scores range from 1 to 25 for primary care and mental health, and 1 to 26 for dental health. The numerical score provided for an HPSA reflects the degree of need (the higher the score, the greater the need).

Currently sites must have an HPSA score of 1 or higher to be eligible to apply; however, the actual HPSA score is not used in determining the site score used for approval in the state loan repayment program.

Because dental and mental and behavioral health facilities must be located in a dental or mental health HPSA, these facilities are required to offer comprehensive primary dental or mental and behavioral health services. For example, an orthodontic practice would not meet the definition of comprehensive primary care dental, as it is a specialty. Likewise, a mental health center that sees only developmentally disabled clients would be ineligible because they limit care to a specific population. (See Page 3 for Comprehensive Primary Care definition.)

A pharmacist must be a general staff pharmacist working in the pharmacy, filling and dispensing prescriptions, and working with the general public. Time spent on educational classes, working with specialty patients (such as warfarin, diabetes) would fall under same the eight-hour rule as the other professions.

Approved sites (with the exception of state facilities such as correctional facilities, state mental hospitals, or free clinics) are required to provide services for free or on a sliding fee scale (SFS) or discounted fee schedule for low-income individuals. An SFS or discounted fee schedule is a set of discounts that is applied to a site's schedule of charges for services, based upon a written policy that is non-discriminatory.

Approved sites are required to prominently post signage (onsite and online if applicable) stating that patients will not be denied services based on inability to pay and that discounts are available based on family size and income. The SFS or discounted fee schedule should be presented as an option during a patient's initial visit.

ELIGIBLE SITES

1. Federally Qualified Health Centers (FQHCs)
 - Community Health Centers (CHCs)
 - Migrant Health Centers
2. FQHC Look-A-Likes
3. Centers for Medicare & Medicaid Services Certified Rural Health Clinics (RHCs)
4. Other Health Facilities
 - Community Outpatient Facilities
 - Community Mental Health Facilities
 - State and County Health Department Clinics
 - Free Clinics
 - Mobile Units
 - Critical Access Hospitals (CAH) affiliated with a qualified outpatient clinic
 - Long-Term Care Facilities
 - State Mental Health Facilities
5. Indian Health Service Facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs
 - Federal Indian Health Service (IHS) Clinical Practice Sites
 - Tribal/638 Health Clinics
 - Urban Indian Health Program
6. Correctional or Detention Facilities
 - Federal Prisons
 - State Prisons
7. Private Practices (Solo or Group) as with all other FSLRP practice sites, solo or group practices must be a public or private non-profit entity.
8. Urgent Care Clinic if attached to an eligible site. The clinic cannot be a stand-alone urgent care or walk-in clinic.

FSLRP SITE ELIGIBILITY CRITERIA

1. Public and nonprofit private entities located in and providing health care services in HPSAs. "Non-profit private entity means an entity which may not lawfully hold or use any part of its net earnings to the benefit of any private shareholder or individual and which does not hold or use its net earnings for that purpose" (42 C.F.R. 62.52). For-profit health facilities operated by non-profit organizations must follow the same guidelines as all other FSLRP sites. They must accept reimbursement from Medicare, Medicaid, and the Children's Health Insurance Program, utilize a sliding fee scale, and see all patients regardless of their ability to pay.
2. All sites must be located in federally-designated HPSAs or have a HPSA designation.
3. Providers must work in a HPSA that corresponds to their training and/or discipline. For example, psychiatrists and other mental health providers must serve in a mental health HPSA.
4. Eligible sites must charge for professional services at the usual and customary prevailing rates.
5. Hospitals must be a Critical Access Hospital to be eligible.
6. Only Registered Nurses and Pharmacists are eligible for loan repayment at a (CAH) hospital.
7. The site understands and agrees that no aspect of the provider's employer-provided wage and/or benefit(s) will be reduced in any way as a result of the provider's receipt of the Federal State Loan Repayment Program award.
8. **The site application is to be completed by an authorized HR staff or other site personnel.** The provider is not allowed to complete the site application. This is a conflict of interest. If during the provider application review it is found that the provider completed both – the provider will be disqualified. The exception to this is if the site is a private practice owned by a solo provider.

FSLRP SITE ELIGIBILITY CRITERIA - Continued

9. If the site has a pay-back clause of any kind in the employment agreement/contract (such as a sign-on bonus or moving expense allowance that has a pay-back clause if the provider leaves before a specified time) it will make the provider ineligible for the program, unless that obligation has been fulfilled prior to the provider applying for the loan repayment program.
10. Site must have been in business and have patient data for a minimum of **one** year prior to submitting the site application.
11. Site cannot promise loan repayment to an employee or when recruiting for an employee. The provider application process is competitive and there are no guarantees that a provider will be awarded even if the site has been approved.
12. Site may receive a maximum of two provider awards per profession (one recruitment and one retention) per year.
- **Retention** status means that the site submitted the site application for someone who began working on or before June 30, 2015.
 - **Recruitment** status means the provider was hired or will be hired on or after July 1, 2015.
The exception to this rule is Eastern and Western State Hospital - all eligible requests for Psychiatrists and mental health Nurse Practitioners will be filled per legislative mandate - based on funds available.
13. If the organization has more than one clinic, the site must submit a **separate** application for each **physical location/clinic** and for **each clinic type**, (dental, medical, behavioral health and pharmacy).
14. The site cannot discriminate in the provision of services to an individual because: a) the individual is unable to pay; b) because payment would be made under Medicare, Medicaid, or the Children's Health Insurance Plan (CHIP); or c) based upon the individual's race, color, sex, national origin, disability, religion, *age, or sexual orientation.
15. The site must:
- Use a schedule of fees or payments consistent with locally prevailing wages or charges and designed to cover the site's reasonable cost of operations;
 - Use a discounted/sliding fee schedule to ensure that no one who is unable to pay will be denied access to services;
 - Make every reasonable effort to secure payment in accordance with the schedule of fees;
16. Site must accept assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and CHIP beneficiaries;
17. Site must provide culturally competent, comprehensive primary care services (medical, dental, and/or behavioral) which correspond to the designated HPSA type.
18. Site must function as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
19. Site must use a provider credentialing process including reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) (<http://www.npdhipdb.hrsa.gov>).
20. Site will adhere to sound fiscal management policies and adopts provider recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits.
21. Site will communicate to WSAC any change in site or provider employment status.
- *EXCEPTION: "Age" is not an applicable discriminatory factor for pediatric or geriatric sites.*

SLIDING FEE SCHEDULE

The SFS or discounted fee schedule is based upon the Federal Poverty Guidelines, and patient eligibility is determined by annual income and family size. Specifically, for individuals with annual incomes at or below 100% of the HHS Poverty Guidelines, approved sites should provide services at no charge or at a nominal charge. For individuals between 100% and 200% of the HHS Poverty Guidelines, approved sites should provide a schedule of discounts, which should reflect a nominal charge. To the extent that a patient who otherwise meets the above criteria has insurance coverage from a third party (either public or private), an approved site can charge for services to the extent that payment will be made by the third party.

NON-DISCRIMINATION NOTICE

Approved sites must prominently display a statement/poster in common areas (and on the site's website, if applicable) that explicitly states that no one will be denied access to services due to inability to pay or method of payment. In addition, the signage should clearly communicate that the site accepts Medicare, Medicaid, and CHIP. The statement should be translated into the appropriate language and/or dialect for the service area. To review the appropriate and downloadable signage, please visit the NHSC website:

<http://nhsc.hrsa.gov/currentmembers/membersites/downloadableresources/index.html>

A photograph of the common area and this sign must be submitted with your application.

TRIBAL HEALTH PROGRAM EXCEPTION

At the request of a tribal health program, the services of a provider may be limited to tribal members or other individuals who are eligible for services from that Indian Health Program. However, tribal health programs are required to respond to emergency medical needs as appropriate.

FOR PRIVATE PRACTICES (SOLO/GROUP) ONLY

Please be aware that private practices may require a site visit before the application review is completed.

SECTION THREE: Application Process

The Washington Student Achievement Council may, at its discretion, request and consider additional documentation regarding any response you provide on this application. Failure to provide the requested additional documentation in the time requested may result in the disqualification of your application.

Before you begin the application you will need to have the following information available:

- Employer name and address, and employer contact name, phone number, and email address.
- Lender names and current balances.
- Name, dates and degree from college/universities you have attended.
- If applicable, dates, and place of residency, internship, or preceptorship.
- Licensure information, date of license and license number (includes licenses from other states).
- Employment start date (month, day, and year).
- Break-out of the number of patients **you** see (insured, private pay, Medicare/Medicaid, uninsured, sliding fee, charity)
- List of rural counties (both Washington and other states) you have lived in, the dates, zip code, and length of time you lived there.
- If applicable, Medicare Core Provider Number. (This is not a required number—supply only if you have one.)

COMPLETING THE APPLICATION

- Fill out the online application and submit **by 5:00 PM on March 13, 2016.**
- You will need to be able to print out the forms at the end of the application when you click the “submit” button.
- Review the application carefully before clicking the “submit” button to make sure all fields are completed.
- Do not submit non-requested documents in the packet you mail. Do not include separate envelopes, or use paper clips or staples.
- Any packets that are missing documents or have incomplete information will be considered an incomplete packet and will not be reviewed. . (Submit your packet early – this may allow time to correct for incorrect or incomplete applications. Corrections and submissions after the deadline are not accepted.)
- Documentation cannot be emailed or faxed.
- Make a copy of your documentation for your records before mailing.
- You will receive a notification by email within two weeks of receipt that your application packet has been received at our office. If you want confirmation sooner, please use a return receipt or send via a delivery service that can confirm delivery.
- Notifications of award and non-award will go out by mail. **Please do not call the office to check on the status of your application prior to June 30th.**
- Most of our communication will be done by email. Please check your email for any messages we might send after you submit your application.

REQUIRED ATTACHMENTS

Once you click the “submit” button, the forms will become available for you to print.

- Signed and dated **Agreement** (Agreement/Signature page)
- **Current** loan statement(s) with outstanding educational debt amount.
 - Be sure to include **all** eligible debt. Once the application is submitted, you will not be able to add lenders to your list.
 - Debt must be related to obtaining licensure **for this profession only**. Do not include debt for other degrees or programs. If the loans were consolidated with other degrees, you will not be able to submit the loan.
 - Do not submit promissory notes, school statements, etc.
 - You must submit statements from the lender showing the lender name, your name, account balance, and date on the lender statement. Please submit the most current lender statement.
 - Do not submit loans that can be cancelled by service. They are not eligible. (Perkins Loans, for example.)
 - If you have a Primary Care Loan you may only apply for the HPLRP, not the FSLRP.
- Three letters of recommendation from training supervisors/professional colleagues. The letters should *support your experience and commitment to serving rural and underserved urban populations*. We will not accept faxed letters or letters sent directly to our office. Please remove any letters from envelopes and do not staple documents together before submitting them in your packet.
- Completed **Site Administrator Confirmation Form**. This form is to be completed by someone who has signature authority to sign on behalf of your site. Include it with your application packet that you mail to us. **You are not to complete this form – your site is responsible for completing it. You will need a separate form for each clinic you work at.**
- Copy of employer/employee contract and/or agreement.
If a contract or agreement does not exist, submit a signed/dated letter from your Human Resource Director on letterhead stating the following:
 - that an employer/employee contract/agreement does not exist,
 - the date you were employed,
 - the site(s) you currently work at,
 - your job title,
 - the number of hours you work each week,
 - that you provide primary care and not specialty care, and
 - that your employer is not providing funds to pay toward your educational debt (or that this will cease upon your receiving a Loan Repayment award).
- Current job description (this is to be a **separate** document **from** your Human Resource Department. Do not submit something you write yourself).
- Photo of the Non-Discrimination signage **and** the Sliding Fee Schedule posted in your clinic’s lobby.

SECTION FOUR: Frequently Asked Questions

Q. Can I apply for both the FSLRP and the HPLRP programs?

A. Yes, but in order to do so, you must apply during the FSLRP application cycle. Your application will be reviewed during the FSLRP cycle and, if you are not awarded for FSLRP, your application will automatically roll over into the HPLRP application cycle for review.

Q. What are the differences between the awards for FSLRP and HPLRP?

A.

Difference	FSLRP	HPLRP
Award amount	\$70,000	\$75,000
Contract service obligation period	Minimum two (2) years	Minimum three (3) years
Employment type	Full-time only	Less than full-time allowed
Default penalties	Minimum \$31,000 See default section for details	Amount disbursed, paid back at double penalty plus interest
Eligibility requirements	Vary for site and provider	Vary for site and provider

Q. Are the site qualifications the same for both programs?

A. The FSLRP has more requirements. For example, the site must have a federal Health Professional Shortage Area (HPSA) designation, and they must have an implemented and posted sliding fee discount schedule.

Q. If I apply for FSLRP and receive notice for an award, does that mean my score is high enough that I would be guaranteed an award for HPLRP if I declined the FSLRP award?

A. You will be in a larger pool of applicants when the non-awarded applications for FSLRP rolls over into the applicant pool for HPLRP, and therefore are no longer guaranteed an award. Your score could rank lower among the scores of a larger pool of applicants.

Q. What if I don't have a job by the application deadline. Can I still apply?

A. You must be employed at one of the eligible sites, or have a contract stating you will be starting employment by July 1, 2016, in order to be eligible to apply.

Q. Do you accept late applications?

A. We receive more applications than we can fund. In fairness to the providers who submit complete applications by the deadline, we do not accept late applications, or missing documents from incomplete applications, after the application deadline. It is very important to submit your application as early as possible.

Q. What are my chances of receiving an award?

A. Every year is different. It is going to depend on the applicant pool. The program plans to make 12-14 FSLRP awards and about 50 HPLRP awards for the 2016-17 cycle. Awards are given based on score. See page five for scoring elements.

Q. I am a pharmacist that works with patients outside of the pharmacy. I work as a liaison with the lab, the doctor, and the patient. Do I qualify to apply?

A. Pharmacists must work in the pharmacy, filling and dispensing prescriptions. No more than eight hours of their work week can be spent working outside of the pharmacy doing education or any case management type of work. This position must be a clinical pharmacist

Q. I see there is a limit on the number of days per year I can be away from the clinic/site. I was planning to take a month off next year to go on an extended vacation. Will this impact my contract?

A. Yes, you are only allowed a certain number of days under each program to be away from the clinic/site for any reason (holidays, sick leave, paid time off, etc.). If you exceed the number of days, it will put your account into default, and you will have to pay back according to your contract.

Q. How long after I submit my application before I will know whether or not I am selected for an award?

A. As soon as decisions are made you will be contacted by mail. Please do not call or email regarding application status.

Q. What happens if I get laid off or—worse yet—terminated?

A. Contact our office immediately. We have a Transfer Policy and will work with you to try and keep your account from going into default repayment. You may have the option to look for another site where you can complete your service obligation. If you are terminated for cause, you will go into default repayment immediately.

Q. What happens if more than one person from my site applies?

A. More than one person at a site may be able to receive loan repayment. There are a number of variables. If the applicants are in different professions, or if one is recruitment and the other is retention, there can be more than one award at a site. If two people are both in the same profession, and both are recruitment, then the person with the highest ranking score would have the opportunity for receiving an award.

Q. I am a nurse that sometimes works outside of the ambulatory clinic. I do home visits, educational classes, and other activities. Do I qualify for the program?

A. To be eligible for the program you must work in a clinic (or hospital) with scheduled appointments. Programs such as WIC, immunization programs, etc. are not included. If you are a Public Health Nurse, you may not qualify for the program. Please review the section related to the definition of full time and the number of hours permitted for non-scheduled appointments.

Q. I have a student loan but my child's Parent Plus Loan got consolidated into it. Can I submit the loan and just pay my portion of the loan?

A. Unfortunately, because the Parent Plus Loan is consolidated into your loan, the whole loan is ineligible.

SCREEN SHOTS OF APPLICATION

Go to: www.wsac.wa.gov/health-professions

WASHINGTON STUDENT ACHIEVEMENT COUNCIL
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info@wsac.wa.gov | (360) 753-7800
917 Lakeridge Way SW | Olympia, WA 98502

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home » health professionals

HEALTH PROFESSIONALS

The Health Professional Loan Repayment Program encourages licensed primary care health professionals to serve in Washington's critical shortage areas. The program provides financial assistance through either conditional scholarships or loan repayment. The loan repayment portion of the program provides educational repayment assistance to licensed primary care health professionals. Applicants agree to provide primary care health care in rural or underserved urban areas with designated shortages.

In 2014, approximately 100 health professionals worked in underserved areas of Washington as a result of this program. Since 1990, the program has funded over 1,000 professionals serving in 38 Washington counties. Further, according to a recent national survey, over 80 percent of the recipient responders anticipate remaining in their health professional shortage service site for two additional years following their service term.

Health sites apply annually to participate in the program. The eligible site list is posted in January. The loan repayment portion of the program is comprised of two separate programs:

1. The Federal-State Loan Repayment Program (FSLRP) which uses matching federal grant funds for awards.
2. The Health Professional Loan Repayment Program (HPLRP) which uses state dollars only for awards.

The FSLRP Provider Application opens in January and closes March 13, 2016. It is a two-year contract with a maximum award of \$70,000. Awardees must work a minimum of 40 hours per week. The HPLRP Provider Application opens March 16, 2016, and closes May 29, 2016. It is a minimum three-year contract with a maximum award of \$75,000. Awardees may work less than full time, but a minimum of 24 hours per week, which then prorates their service.

Provider Information

Eligible Professions	Eligible Sites	Participant Requirements
Service Obligation	Application Process	

The Site Application is now open and will close on December 11, 2015. Sites may apply to be approved for both the FSLRP and the HPLRP through one application.

Site Information

Site Eligibility

When the application cycle opens, you will click on the Application Process Tab, it will give you a link to our Portal where you will go to create a user log-in account.

CONTACT INFORMATION

Chris Wilkins
Program Manager
health@wsac.wa.gov
360.753.7794

FOUNDATION

RCW 28B 115
The Legislature created the Health Professional Loan Repayment and Conditional Scholarship program to address a shortage of health care professionals and services in rural and underserved communities. The Washington Student Achievement Council administers the program in collaboration with the Department of Health and other partners.

WAC 250-25
Defines participant and program eligibility, selection criteria, award limits, and protocols for distribution, repayment, and appeals.

RESOURCES

Loan Repayment Program Forms:

- Quarterly Service Verification Form Instructions
- Loan Repayment Quarterly Service Verification - (PDF)
- Loan Repayment Quarterly Service Verification - (Word)
- Request for Deferment of Service or Payment
- Transfer Request
- Frequently Asked Questions
- Program Overview

Scholarship Forms:

- Quarterly Service Verification Form Instructions
- Scholarship Quarterly Service Confirmation Form (PDF)
- Scholarship Quarterly Service Confirmation Form (Word)
- Scholarship Quarterly Service Confirmation Form-Faculty (PDF)
- Scholarship Quarterly Service Confirmation Form-...



Middle/High School Staff

To nominate students for the Washington Scholars Award, [activate your account](#)

[Enter College Bound applications](#) for students

Financial Aid Administrators

[CSAW](#)

[Unit Record](#)

Students/Parents/Other

[Register](#) for a username and password

[Apply](#) for the College Bound Scholarship

[Register as a Health Professional](#)

Click here to register



Please enter the following information so we can register your account.

If we are unable to create your account, please contact staff directly for help in setting up login access:

Registration **Help** Contacts (click to show contacts)

- [Health Professional Conditional Scholarship and Loan Repayment Program](#)
- [Health Loan Repayment Healthsite Application](#)
- [Future Teacher Conditional Scholarship and Loan Repayment Program](#)
- [Washington Scholars Program](#)

Fill in your name and click next. Continue to create the log-in user account.

Name: First MI Last

SAMPLE APPLICATION (FROM LAST YEAR'S 2015-16 APPLICATION YEAR)



Home ▾ Programs ▾ Health ▾ Loan Repayment Application Professional Status

Washington State 2015-16 Health Professional Loan Repayment Program Application

Attachment Checklist [MS Word](#) or [Pdf](#)

Professional Status and Licensure Information

You are applying for a position as a: Doctor of Medicine ▾ Select your profession from the drop-down menu

List all your provider/license types:

Provider/License Type	Current Status	Obtain License By
Delete Doctor of Medicine	In Progress	A
Add Provider/License		

Do you have a Medicaid Core Provider License?

[Save & Exit](#) Does NOT submit application

Washington State 2015-16 Health Professional Loan Repayment Program Application

Attachment Checklist [MS Word](#) or [Pdf](#)

[Add Employment Site](#)
You will only see sites on the Eligible Site List for Doctor of Medicine, if any.

[Save & Exit](#) Does NOT submit application

Previous Save Next

The screenshot shows the 'Doctor of Medicine' section of the application form. It includes the following fields and instructions:

- Employment Begin Date:** A text input field with a red arrow pointing to it from a yellow callout box.
- Site that you will be working at:** A dropdown menu with an information icon.
- Work Email:** A text input field.
- Number of hours worked per week:** A text input field.
- Days per week:** A text input field.

Yellow Callout Box: Your employment start date will determine if you are a recruitment or retention applicant.

Instructions: After entering the date, use your tab key or click outside the box where you entered. A valid date will load a list of health sites appropriate to the position you selected. This may take a couple of seconds.

Definition: For all health professionals, "full-time clinical practice" is defined as a **minimum** of 40 hours per week of patient care at an approved site, with no more than 8 of those hours per week devoted to practice-related administrative activities.

Additional Note: Do not count "on call" hours.

[Add Cancel](#)

Doctor of Medicine (Retention)

Employment Begin Date:

After entering the date, use your tab key or click outside the box where you entered the date.
A valid date will load a list of health sites appropriate to the position you selected on the previous page.
This may take a couple of seconds.

2015-16 Health

[Guidelines and Terms of A](#)

[Add Employment Site](#)

You will only see sites on the Eligible

[Save & Exit](#) Does NOT submit a

Site that you will be working at: ⓘ

-- Please Select Your Employer --

-- Please Select Your Employer --

- Columbia Basin Health Association - 14th /
- Columbia Basin Health Association - Other
- Community Health Association of Spokane
- Community Health Association of Spokane - Maple Clinic
- Community Health Association of Spokane - North County Clinic
- Community Health Association of Spokane - Valley Clinic
- Community Health Care - Downtown Clinic
- Community Health Care - Lakewood Clinic
- Community Health Care - Parkland Clinic
- Community Health Center of Snohomish County - Arlington Medical
- Community Health Center of Snohomish County - Edmonds Medical Clinic
- Community Health Center of Snohomish County - Everett North Medical Clinic
- Community Health Center of Snohomish County - Everett South Medical Clinic
- Community Health Center of Snohomish County - Lynnwood Clinic
- Community Health of Central Washington - Central Washington Family Medicine
- Community Health of Central Washington - CHCW Ellensburg
- Community Health of Central Washington - Naches Medical Clinic
- Community Health of Central Washington - Yakima Pediatric Associates
- Coulee Family Medicine

Select your site from the drop-down list. If you work at a clinic owned by a hospital district, check under the hospital name – then by clinic name.

Washington State 2015-16 Health Professional Loan Repayment Program Application

Attachment Checklist [MS Word](#) or [Pdf](#)

Personal

Name: <input style="width: 150px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 50px;" type="text"/>		Social Security Number:	
<small>Last</small>	<small>First</small>	<small>MI</small>	<input type="text" value="000000000"/>
Address: <input style="width: 200px;" type="text"/>		<input style="width: 100px;" type="text"/>	WA <input style="width: 50px;" type="text"/>
<small>Street</small>	<small>City</small>	<small>Zip</small>	
Date of Birth: <input style="width: 100px;" type="text"/>		Email: <input style="width: 200px;" type="text"/>	
Home Phone: <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>		Work Phone: <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/>	
<input type="radio"/> Male <input checked="" type="radio"/> Female			
What race or culture do you consider yourself? <small>(Optional)</small> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Hispanic <input type="checkbox"/> White, not of Hispanic origin. <input type="checkbox"/> Other <small>Choose all that apply</small>			
Do you have another service obligation?		<input type="radio"/> Yes <input type="radio"/> No	
<small>(Please note, program recipients cannot commit simultaneously to two service obligations)</small>			
Are you in default on any educational loans?		<input type="radio"/> Yes <input type="radio"/> No	
Do you or have you: <input type="radio"/> Yes <input type="radio"/> No Ever had a judgment lien against your property for a debt to the United States? <small>Debtors with judgment liens for Federal debts are ineligible to receive Federal financial assistance.</small> <input type="radio"/> Yes <input type="radio"/> No Ever defaulted on any Federal payment obligations? <small>(HEAL, Nursing Student Loans, Federal income tax liabilities, FHA loans, etc.)</small> <input type="radio"/> Yes <input type="radio"/> No Ever breached a prior service obligation to the Federal/State/local government or other entity, even if you have subsequently satisfied the obligation? <input type="radio"/> Yes <input type="radio"/> No Ever have had any Federal debt written off as uncollectible or had any Federal service or payment obligation waived.			
Is your employer contributing toward your education debt?		<input type="radio"/> Yes <input type="radio"/> No	
List all educational lender names and current loan balances for which you are requesting loan repayment: <small>(Be sure to include all lenders at this time, you will not be able to add them at a later date.)</small> Add Lender Include copies of current loan statements with application (do not submit promissory notes or school statements, document(s) must be a loan statement from the lender.)			

[Save & Exit](#) Does NOT submit application

Washington State 2015-16 Health Professional Loan Repayment Program Application

Attachment Checklist [MS Word](#) or [Pdf](#)

Personal (Continued)

How many years of (paid or unpaid) experience do you have working with rural and/or urban underserved populations?

Please Select ▼

Have you lived in a rural area (in Washington state or another state) for six months to one or more years?

[Add Rural Years Residency](#)

I intend to serve in the community of my application site, including my required service obligation for:

Please Select ▼

Upon **completion of the service obligation** I plan to continue working with rural and/or underserved populations.

YES NO

I speak and provide services to patients in a language listed below. This will be verified with the employer.

[Add Language](#)

Do not write "English." We are looking for other than English here.

If you are not successful in being awarded loan repayment during this cycle, what will you do next?

Please Select ▼

Estimate the percentage of patients that you see in a year that are in these categories:

Please Select ▼

Estimate the number of unduplicated patients seen by you per year:

Please Select ▼

[Save & Exit](#) Does NOT submit application

Previous

Save

Next

**Washington State
2015-16 Health Professional Loan Repayment Program
Application**

Attachment Checklist [MS Word](#) or [Pdf](#)

Education

Please enter your educational history that relates to your licensure:

[Add School](#)

Please enter your educational training:

[Add Training](#)

[Save & Exit](#) Does NOT submit application

Previous

Save

Next

**Washington State
2015-16 Health Professional Loan Repayment Program
Application**

Attachment Checklist [MS Word](#) or [Pdf](#)

Education

Please enter your educational history that relates to your licensure:

[Add School](#)

Please enter your educational training:

[Add Training](#)

[Save & Exit](#) Does NOT submit a

School Name:

Degree:

Date Received:

[Add Cancel](#)

**Washington State
2015-16 Health Professional Loan Repayment Program
Application**

Attachment Checklist [MS Word](#) or [Pdf](#)

Professional Experience

Please answer and submit the six essay questions about your professional experience, by following these steps:

1. Download the Microsoft Word document that contains the 6 essay questions by clicking [here](#) and save a copy.
2. Type your answers directly in the document that you've downloaded in step 1, and save it.
3. Upload the document that contains your answers using the "File Upload" box below. First click the "Browse..." button to choose the file you want to upload. Then click the "Upload" button to upload the file. (If you upload a file more than once, the old version will be overwritten by the new version.)

File Upload: No file chosen

The file you have uploaded:

[Save & Exit](#) Does NOT submit application

Keep in mind, in case of tie score, your responses to these questions will be used as additional scoring elements to break the tie score.

Once you click the submit button, the Agreement page and the Site Administrator Confirmation Form that you will need to sign and mail, and the Required Attachment Checklist form will become available for you to print.

Once you submit your application, you will no longer be able to make changes to the application.

Mail your application documents to:

WSAC/Health
PO BOX 43430
OLYMPIA WA 98504-3430

Or drop off at street address:

917 Lakeridge Way SE
Olympia, WA 98504-3430