

Washington State Health Professional Loan Repayment Program
QUARTERLY SERVICE VERIFICATION FORM INSTRUCTIONS

PART A: Recipient Information *(Submit a separate form for each eligible site you work at.)*

Recipient:

- Should identify the quarter that was just completed.
- If under a State Contract must work a minimum of 24 hours per week. *(For those who started their contracts before July 1, 2009, and if pre-approved, participant may work a minimum of 20 hours per week).*
- If under a Federal Contract must work a minimum of 40 hours per week *(see definition below).*
- Certifies by their signature they have worked at the site identified on the form, and verifies that funds have been fully applied to the eligible lender(s) identified in the Award Notification. *Those funds should be fully applied within 30 days of receipt, but no later than the end of the quarter if you are making monthly payments.*
- Must sign and date the form on or after the last day of the quarter and before submitting the form to the administrator to complete.
- Is required twice a year, in January and July to submit monthly payment history to show all program funds fully applied to the approved lender(s) listed on the Award Notification.
- Account will be suspended if payment history is not equal to or greater than the amount of funds disbursed *(must be brought current within 30 days of our notification to you or you will be declared in default and subject to the default provisions in your contract).*

PART B: Site Information and Certification *(To be completed by the site administrator)*

Site administrator:

- Is responsible for recording, reviewing and certifying the paid hours worked for the quarter at this site. A separate form must be submitted for each eligible site the participant works at.
- Must record the beginning and ending dates of any extended leave *(more than two weeks)* during the quarter, along with an explanation for the leave.
- Is required to keep the original copy of the form in their files and any records supporting the hours worked. *When program staff performs site visits, these records will be reviewed to verify eligibility.*
- Should complete/sign/date the form after the participant's signature/date.
- Is responsible to fax or mail the form to our office. Fax: (360) 704-6242

PART C: Program Information

- Forms should be mailed or faxed within 14 days after the end of the completed quarter. Allow 14-20 business days to process payment.
- Forms received more than 30 days after the end of the quarter will require longer processing time.
- Participant is responsible to contact OFM for any changes to name, address or bank account information.
- You are required to contact the program immediately if there is any change to your employment status. *Failure to do so may cause you to be declared in default and subject to the default provisions of your contract.*

Definition of "full time" employment:

For all health professionals, except as noted below: *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) specified above. The remaining 8 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above 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) specified above. The remaining 19 hours per week is/will be spent providing clinical services to patients in the above offices, performing clinical support activities in alternate locations as directed by the above site(s), or performing practice-related administrative activities (with practice-related administrative activities not to exceed 8 hours per week).*

No more than 7 weeks (35 work days) per service year can be used for vacation, holiday, continuing education, illness or any other reason.