



## ADDITIONAL INFORMATION AND DOCUMENTATION REQUIREMENTS

<p>1. Must be a full time student. Must relate to license type requested on the application. <i>Example, a LPN was awarded and completes that program. They work one year of their service obligation and decide to return to school to get their BSN. Cannot be for a "specialty" degree, such as returning to school to get a Nurse Practitioner license to practice in mental health.</i> Submit letter from institution stating your enrollment status and the program you are enrolled in.</p>
<p>2. Recipient must submit a statement and documentation to support request showing it is required in order to begin practice or service.</p>
<p>3. Submit documentation to show the following: The fellowship program shall:</p> <ul style="list-style-type: none"> <li>a. Provide sufficient financial support to graduate fellows to allow for full-time study for at least six months;</li> <li>b. Require prior to the award of that financial support, a written statement from each applicant which explains the applicant's objectives;</li> <li>c. Require a graduate fellow to submit periodic reports, projects or other evidence of the graduate fellow's progress;</li> </ul> <p>The recipient shall:</p> <ul style="list-style-type: none"> <li>a. Hold at least a Baccalaureate Degree conferred by an institution of higher education;</li> <li>b. Be engaged in full-time study, that may be independent of an educational or cultural institution, in an academic or professional subject area for which the recipient has shown an interest and ability;</li> <li>c. Be recommended by an institution of higher education for acceptance into the graduate fellowship program</li> </ul>
<p>4. Submit documentation to show the recipient is "temporarily totally disabled" and is one who, by reason of injury or illness, is unable to attend school or be gainfully employed during an extended period of time needed to recover from such an injury or illness as documented by a physician's statement (written on clinic letterhead), Social Security Administration, or other agency.</p>
<p>5. If request is to care for a dependent, required documentation is the same as for number four above.</p>
<p>6. Scholarship recipient must have attended school in the six months prior to the deferment request or have worked at least six months of the service obligation. Loan Repayment recipient must have worked at least six months of the contract service obligation.</p>
<p>7. Submit documentation by a recognized government agency with specific responsibilities for rehabilitation programs in the recipient's area showing agreement to provide services under a written individualized plan for the recipient's rehabilitation that is specific as to the date services are to be expected to end. Must document that it is structured in a way that requires a substantial commitment by the recipient to his or her rehabilitation.</p>
<p>8. Recipient must notify program <b>immediately</b> of employment termination. If termination is due to no fault of their own, the recipient may request this deferment to allow time to seek eligible employment. To be eligible participant must:</p> <ul style="list-style-type: none"> <li>• Submit written documentation of the termination (<i>example: letter from clinic with reason for termination</i>);</li> <li>• Agree to seek employment in Washington state regardless of the geographic location;</li> <li>• Loan Repayment recipients must contact every site as determined by the program as an eligible site and submit documentation of the contact within the time frame allotted by the program;</li> <li>• Submit a copy of all responses to employment requests.</li> </ul> <p><i>Acceptable employment search documentation includes dated copies of the cover letter/letter of interest, copy of the completed application for employment, website address of online job application (along with date, time application was submitted).</i></p> <p>If you are offered a position at an eligible site and do not accept it, it may result in your deferment being cancelled and your account being sent immediately to our billing agency.</p>
<p>9. Recipient must submit copy of military orders showing start and end dates of activation orders.</p>
<p>10. Financial Hardship – must submit a Financial Hardship Request Form. <i>(This applies to accounts set up in ECSI for billing)</i></p>
<p>11. Forbearance - must submit a Financial Hardship Request Form. <i>(This applies to accounts set up in ECSI for billing)</i></p>

**AUTHORIZED CERTIFYING OFFICIALS OR ORGANIZATIONS (must submit documentation on Agency letterhead)**

A state vocational rehabilitation agency	Registrar of school of attendance	Physician
A state agency for drug abuse	Internship program official	Employer
A state agency for mental health service	Fellowship program official	Social Security Administration official
A state agency for alcohol abuse treatment	The Veterans Administration	State or private employment agency