



National Health Service Corps Students to Service Loan Repayment Program

FY 2016

Application and Program Guidance

August 2015

U. S. Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Workforce
5600 Fishers Lane
Rockville, Maryland 20857
<http://nhsc.hrsa.gov/>

For questions, please call 1-800-221-9393 (TTY: 1-877-897-9910), or email GetHelp@hrsa.gov, Monday through Friday (except Federal holidays) 8:00 am to 8:00 pm EST. Customer Service Portal: <https://programportal.hrsa.gov>.

Authority: Section 338B of the Public Health Service Act (42 USC 254I-1), as amended; Section 331(i) of the Public Health Service Act (42 USC 254d(i)), as amended; Future changes in the governing statute, implementing regulations and Program Guidances may also be applicable to Students to Service Loan Repayment Program participants.

CFDA Number: 93.547

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PRIVACY ACT NOTIFICATION STATEMENT

General

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

Statutory Authority

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

Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Students to Service Loan Repayment Program (S2S LRP) is to enter into contracts with students while in their last year of medical school, to provide loan repayment assistance in return for a commitment to provide primary health services in eligible communities of need designated as health professional shortage areas. The information applicants supply will be used to evaluate their eligibility, qualifications and suitability for participating in the NHSC S2S LRP. In addition, information from other sources will be considered (e.g., credit bureau reports).

An individual's contract, application, supporting documentation, related correspondence, and data are maintained in a system of records used within the U.S. Department of Health and Human Services to monitor NHSC S2S LRP-related activities during school, post-graduate training and the service obligation. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act (FOIA), to the Congress, the National Archives, the Government Accountability Office, and pursuant to court order and various routine uses described here: <http://www.hrsa.gov/about/privacyact/09150037.html>.

The name of an NHSC S2S LRP participant, discipline, specialty, business address, business telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under FOIA.

Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the replies to questions related to race/ethnicity, an application may be considered incomplete and therefore may not be considered for an award under this announcement.

Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current Office of Management and Budget (OMB) control number. The current OMB control number for information collected through this application is 0915-0146. Public reporting burden for this collection is estimated to average 4.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Room 10C-03, Rockville, Maryland 20857.

Non-Discrimination Requirements

In accordance with applicable Federal laws and U.S. Department of Health and Human Services policy, the Department does not discriminate on the basis of any non-merit factor, including race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.

PROGRAM OVERVIEW

Please read the Application and Program Guidance (Guidance) in its entirety before proceeding with an application. The Guidance explains in detail the rights and commitments of individuals selected to participate in the NHSC Students to Service Loan Repayment Program. Be sure you have a complete understanding of the commitment to serve at an NHSC-approved service site and the financial consequences of failing to perform that commitment.

INTRODUCTION

The NHSC Students to Service (S2S) Loan Repayment Program (LRP) is administered by the Bureau of Health Workforce (BHW) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The NHSC S2S LRP provides loan repayment awards to students pursuing a degree in allopathic or osteopathic medicine. In exchange for loan repayment, these individuals agree to provide primary health care services in health professional shortage areas (HPSAs) of greatest need, as assigned by the Secretary of HHS. HPSAs can be found in rural and urban communities across the nation, and are prioritized, based on a score; the higher the score, the greater the need in the community.

The NHSC seeks students who demonstrate the characteristics for and an interest in serving the nation's medically underserved populations and remaining in HPSAs beyond their service commitment. It is important to remember that service in communities with limited access to health care, not the repayment of educational loans, is the primary purpose of the NHSC S2S LRP. Students with a commitment to primary health care practice in HPSAs throughout the U.S. and who are willing to relocate based on the needs of the NHSC are good candidates for this program.

Benefits of the NHSC S2S LRP

- (1) **Service.** By joining thousands of NHSC participants across the country, you have an opportunity to provide culturally competent primary health services to communities in need.
- (2) **Initial Loan Repayment.** The NHSC S2S LRP will provide funds to participants to repay their outstanding, qualifying, educational loans. NHSC S2S loan repayment funds are exempt from Federal income and employment taxes. These funds are not included as wages when determining benefits under the Social Security Act. Participants will receive up to \$120,000* in loan repayment funds payable in four annual installments (up to \$30,000 per year) subject to meeting program requirements. Funding begins in the first year of post-graduate training. In return, participants agree to provide three (3) years of full-time clinical service defined as no less than 40 hours per week, for a minimum of 45 weeks a service year.

*If a participant's outstanding balance of qualifying educational loans is less than \$120,000, the NHSC S2S LRP will pay the total qualifying educational loans divided into four equal installments.

- (3) **Complete Repayment of Qualifying Loans.** Once a NHSC S2S LRP participant has completed the initial three-year service contract, he or she will be eligible to apply for additional loan repayment funds to pay off all qualifying educational loans through one-year continuation service contracts. To remain eligible, the individual must have unpaid qualifying educational loans, have applied all previously-received NHSC S2S LRP payments to reduce his/her qualifying educational loans, continue to serve at an NHSC-approved site with a HPSA score determined to be of high-need at the time of review, and meet all other program eligibility criteria in effect at the time the participant is being considered for a continuation contract. In FY 2016, sites in or serving HPSAs with scores of 14 or above are determined to be of high-need. There is no guarantee that a participant will receive a continuation contract for continued participation in the program beyond the initial contract. Continuation contracts will be made at the Government's discretion and are subject to the availability of appropriated funds.

Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC S2S LRP payments for application to delinquent Federal and State debts, including delinquent child support payments.

Qualifying and Non-Qualifying Educational Loans

A NHSC S2S LRP participant will receive loan repayment funding to be applied to the principal, interest, and related expenses of outstanding Government (Federal, State, or local) and commercial loans for undergraduate or graduate education obtained by the participant for school tuition, other reasonable educational expenses, and reasonable living expenses. The educational loans must be obtained prior to the date the participant submits his/her online application to the NHSC S2S LRP.

(1) Consolidated/Refinanced Loans

- a. A consolidated/refinanced loan must be from a Government (Federal, State, or local) or commercial lender and must include only qualifying educational loans of the applicant.
- b. If an otherwise eligible educational loan is consolidated/refinanced with ineligible (non-qualifying) debt of the applicant, **no** portion of the consolidated/refinanced loan will be eligible for loan repayment.
- c. For loans to remain eligible, applicants/participants must keep their eligible educational loans segregated from all other debts.
- d. Eligible educational loans consolidated with loans owed by any other person, such as a spouse or child, are ineligible for repayment.

(2) Non-Qualifying Educational Loans

- a. Loans for which the associated documentation does not identify the loan as applicable to undergraduate or graduate education.
- b. Loans not obtained from a Government entity or commercial lending institution. Most loans made by private foundations to individuals are not eligible for

- repayment.
- c. Loans that have been repaid in full.
- d. Primary Care Loans
(<http://www.hrsa.gov/loanscholarships/loans/primarycare.html>).
- e. Parent PLUS Loans (made to parents).
- f. Personal lines of credit.
- g. Residency relocation loans.
- h. Credit card debt.

ELIGIBILITY REQUIREMENTS, SELECTION FACTORS and FUNDING PRIORITIES

Eligibility Requirements

To be eligible for NHSC S2S LRP, all applicants must:

- (1) **Be a United States (U.S.) citizen or U.S. National.**
- (2) **Be pursuing an M.D. or D.O. degree at one of the following accredited schools located in a State, the District of Columbia, or a U.S. territory:**
 - a. A school of allopathic medicine accredited by the Liaison Committee on Medical Education (sponsored by the American Medical Association and the Association of American Medical Colleges); or
 - b. A school of osteopathic medicine accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.
- (3) Be enrolled as a full-time student in the last year of medical school with a graduation date **before July 1, 2016**. A full-time student is defined as a student enrolled for a sufficient number of credit hours in any academic term to complete the course of study within the number of academic terms normally required at the school. Please be advised that any courses that are not required or are unrelated to the qualifying degree program will not count towards the hours required for full-time status.
- (4) **Have passed Step/Level 1 of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX).** Applicants will be required to submit documentation verifying that they have passed the appropriate exam (Step 1 or Level 1).
- (5) **Be planning to complete an accredited primary medical care residency in an NHSC-approved specialty.** Examples of approved residencies and time period for each under the NHSC S2S LRP are:

Approved Post- Graduate Training	Time Period
Family Practice	3 years
General Internal Medicine	3 years
General Pediatrics	3 years
General Psychiatry	4 years
Obstetrics-Gynecology	4 years
Internal Medicine/Family Practice	4 years
Internal Medicine/Pediatrics	4 years

Rotating Internship with a request to complete post- graduate training in one of the above specialties (DO only)	1 year
Geriatrics Fellowship following completion of post –graduate training in Family Practice or General Internal Medicine	1 year

The NHSC S2S LRP may approve, on a case-by-case basis, and consistent with the needs of the NHSC, additional residencies not listed above. Proof of participation in an NHSC-approved post-graduate training program will be required before any loan repayments will be disbursed. See “Requirements during the last year in School” on page 10.

- (6) **Be eligible for Federal employment.** Most NHSC S2S LRP participants should expect to serve their commitments as salaried, non-Federal employees of a public or private entity approved by the NHSC. However, there may be vacancies that require Federal employment, including a security clearance. In light of the potential for Federal employment, an applicant must be eligible to hold an appointment as a Commissioned Officer of the Public Health Service or as a Federal civil servant.
- (7) **Not have any judgment liens arising from Federal debt.**

Selection Factors and Funding Priorities

Among eligible applicants, the NHSC S2S LRP conducts an independent review utilizing selection factors and funding priorities detailed below to determine awardees.

Selection Factors

- (1) **History of honoring prior legal obligations.** NHSC S2S LRP applicants who have a history of not honoring prior legal obligations, as evidenced by one or more of the following factors, may not be selected:
 - a. Default on any Federal payment obligations (e.g., Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal tax liabilities, federally-guaranteed/insured loans [such as student or home mortgage loans] or any non-Federal payment obligations [e.g., court-ordered child support payments or State tax liabilities]), even if the applicant is currently considered to be in good standing by that creditor.
 - b. Write off of any Federal or non-Federal debt as uncollectible or waiver of any Federal service or payment obligation.
 - c. Default on a prior service obligation. Applicants who have defaulted on a prior service obligation to the Federal government, a State or local government, or other entity, even if the applicant subsequently satisfied that obligation through service, monetary payment or other means.
- (2) **Not be in breach of any service obligation.** Applicants who are in breach of a health professional service obligation to a Federal, State, or other entity are not eligible to participate in the NHSC S2S LRP.
- (3) **Not have an existing service obligation and not incur any service obligation that would conflict with the NHSC S2S LRP obligation.** Applicants who are already

obligated to a Federal, State, or other entity for professional practice or service (e.g., active military duty, the National Health Service Corps Scholarship Program, the NURSE Corps Scholarship Program) are not eligible to participate unless that obligation will be completely satisfied prior to commencement of the NHSC S2S LRP service (see, the section titled “Start of Service Commitment” covered later in this guidance). Further, participants who subsequently enter into other service commitments and are not immediately available after completion of their approved post-graduate training to fulfill their NHSC service commitment will be subject to the breach of contract provision (see the section titled “Breaching the NHSC S2S LRP Contract covered later in this guidance) . An exception exists for individuals of a Reserve component of the Armed Forces (including the National Guard) as follows:

EXCEPTION: Individuals in a Reserve component of the Armed Forces, including the National Guard, are eligible to participate in the NHSC S2S LRP. Reservists should understand the following:

- Military training or service performed by reservists will not satisfy the NHSC service commitment. If a participant’s military training and/or service, in combination with the participant’s other absences from the service site, will exceed 7 weeks per service year, the participant should request a suspension. The NHSC S2S LRP service commitment end date will be extended to compensate for the break in NHSC service.
- If the reservist is deployed, he/she is expected to return to the NHSC service site where he/she was serving prior to deployment. If unable to do so, the reservist must request a transfer to another NHSC-approved service site. If the reservist fails to seek a transfer and subsequently refuses to accept an NHSC assignment to another service site, he/she will be placed in default of his/her service obligation.

(4) Not be currently excluded, debarred, suspended, or disqualified by a Federal agency.

Applicants are required to report certain information, which is described in the “Certification Regarding Debarment, Suspension, Disqualification and Related Matters” located in the online application. The applicant should sign the certification that is applicable to his/her situation. As a condition of participating in the NHSC S2S LRP, a participant must agree to provide immediate written notice to the NHSC S2S LRP if the participant learns that he/she failed to make a required disclosure or that a disclosure is now required due to changed circumstances.

(5) Submit a complete application. Each applicant must submit a complete application as set forth in the “Completing an Application” section that is covered later in this guidance. Completed applications must be received on or before October 22, 2015.

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

- (6) **Commitment to providing primary care service in underserved communities.** The NHSC S2S LRP seeks to recruit providers with a strong commitment to primary care and serving in communities most in need of primary care services. Applicants will be evaluated based on their degree of commitment to a career in primary care and interest/motivation in providing care to underserved communities based on a review of the following:
- a. **Essay Question.** Applicants must respond to an essay question. The response should include a description of relevant work experiences and/or activities (e.g., community service, research, and internships) that have prepared the applicant to work with underserved populations.
 - b. **Recommendation Letters.** Applicants must provide two (2) letters of recommendation that provide a detailed description of the applicant's performance in school; education/work achievements; community/civic or other non-academic achievements; ability to work and communicate constructively with others from diverse backgrounds; and interest and commitment to a career in primary care and service to underserved populations and communities, through work experience, course work, special projects, research, etc.
 - c. **Resume/CV.** Applicants must submit a resume with relevant work experience; academic/professional achievements; and community/civic or other non-academic achievements.
 - d. **Transcript.** Applicants must submit a transcript to provide the NHSC S2S LRP with information on the courses taken and rotations completed, as well as academic performance.

Funding Priorities

Based on statutory requirements (Section 338B(d)(2)), priority will be given to qualified applicants who demonstrate the following

- (1) **Likelihood of Remaining in a HPSA and Disadvantaged Background (see Definitions).** The NHSC will give priority to an applicant who has characteristics that indicate a higher likelihood of continuing to practice in a HPSA once the service commitment is completed and who comes from a disadvantaged background. The applicant must submit certification from his/her school that he/she was identified as having a "disadvantaged background" based on environmental and/or economic factors.
- (2) **Likelihood of Remaining in a HPSA.** The NHSC will next give priority to applicants who display characteristics that indicate a higher likelihood of continuing to practice in a HPSA once the service commitment is completed. Generally, the program will assess the applicant's experience in working with underserved populations, which can be demonstrated through past work and volunteer experiences, as well as an applicant's background. The program will base its assessment on an applicant's responses to the essay question, and information gathered in the recommendation letters and resume/CV.

AWARD AND CONTRACT PROCESS

Number of Awards

The NHSC anticipates making up to 100 S2S LRP awards in FY 2016.

Award Process

Applicants selected as finalists will receive a Confirmation of Interest email instructing the applicant to sign and return the NHSC S2S LRP contract and provide banking information to facilitate the electronic transfer of the award funds (assuming that the contract is approved by a representative of the Secretary of HHS).

An applicant's signature alone on the NHSC S2S LRP contract document does not constitute a contractual agreement. The NHSC S2S LRP contract becomes effective on the date it is countersigned by the Secretary of Health and Human Services or his/her designee. We anticipate that contracts will be countersigned by the Secretary's designee on or before January 31, 2016.

An applicant may withdraw his/her application any time **before** a contract is countersigned by the Secretary or his/her designee. After a contract has taken effect, the Secretary or his/her designee may terminate the contract under certain circumstances (see "Contract Terminations" on page 11).

Requirements During the Last Year of Medical School

While in school, an NHSC S2S LRP participant must meet the following requirements and provide documentation to the NHSC no later than **June 1, 2016**:

- (1) **Maintain enrollment in and graduate from medical school.** The awardee is required to maintain full-time enrollment and remain in good academic standing through his/her graduation from medical school, will provide verification that the last day of classes will be no later than May 31, 2016, and is expected to graduate before July 1, 2016. Awardees must submit a letter from an appropriate school official on official letterhead indicating that the student is expected to graduate prior to July 1, 2016. This letter should be dated no earlier than April 15, 2016. An awardee should notify the NHSC S2S LRP if he/she experiences any changes in enrollment status that would result in the student not graduating before July 1, 2016.
- (2) **Pass Step 2/Level 2 of the Licensing Examination.** Awardees must take and provide proof that they have passed:
 - a) Step 2 (both the clinical skills and clinical knowledge components) of the United States Medical Licensing Examination (USMLE); OR
 - b) Level 2 (both the cognitive evaluation and performance evaluation components) of the Comprehensive Osteopathic Medical Licensing Examination (COMLEX).
- (3) **Letter of Acceptance to an NHSC-approved Primary Care Residency Program.** S2S participants are required to complete a primary care residency prior to commencing their service obligation. Awardees must submit a letter of acceptance to an approved primary care postgraduate training program, which

should: (i) be on official letterhead, (ii) be signed by the residency program director, and (iii) include the date on which the residency will begin and is scheduled to conclude. Participants are expected to commence residency directly after graduation from medical school.

- (4) **Notify Program of Changes in Personal or Financial Information.** Awardees are required to notify the program of changes in personal or financial information, such as mailing address, e- mail address, name, or financial institution (bank) information. In case of a name change, please provide legal documentation for the change, such as a copy of a marriage certificate. A participant is able to manage his/her personal information through the Customer Service Portal.

Submitting Documents

Awardees must submit the above-referenced documentation by uploading it through the Customer Service Portal (<https://programportal.hrsa.gov>). Participants will be provided with log-in instructions when they receive their award letter.

If the required documentation is not received by June 1, 2016, the NHSC S2S LRP will ask an awardee if he/she wishes to terminate their contract (see “Contract Terminations” on page 11). If the participant does not request to terminate the contract, he/she is required to fulfill the terms and conditions in the contract and the program will withhold payment of the S2S award funds until the above documentation requirements are met.

Once a contract is in place and the documentation is received, an NHSC S2S LRP participant is invited to participate in a New S2S LRP Awardee webinar that will discuss program details and introduce the participant to NHSC staff. Participants will be notified by email of upcoming webinars. If unable to participate in a live webinar, the NHSC will provide participants the opportunity to download the material and conduct a self-guided training.

Contract Termination

The Secretary may terminate an awarded NHSC S2S LRP contract if, no later than 45 days before the end of the fiscal year (i.e., **August 17, 2016**), the participant has requested a termination through the Customer Service Portal and submitted the following:

- (1) A written and signed request to terminate the contract; and
- (2) Repayment of all amounts of loan repayments paid to, or on behalf of, the participant under that contract (if the participant has already received the first award installment). The check should be made payable to the “DHHS Collections Officer.” Both the request and the check should be mailed to:

NHSC S2S LRP
Contract Termination
5600 Fishers Lane, Room 8C-26
Rockville, Maryland 20857
nhscsp@hrsa.gov

Participants cannot terminate their NHSC S2S LRP contracts after the **August 17, 2015** deadline regardless of whether the participant is completing an approved post-graduate training program. Requests to terminate the contract after August 17, 2015 will not be considered. Failure to fulfill the terms of the contract may be considered a breach of contract. Please refer to page 25 on “Breaching the NHSC Students to Service Loan Repayment Contract.”

PROGRAM REQUIREMENTS WHILE IN POST-GRADUATE TRAINING

Awardees must complete an accredited primary care residency program in an NHSC-approved specialty (See “Eligibility Requirements” on page 6).

To defer the service commitment for completion of the required residency training, a participant must:

- (1) Pursue a medical specialty that is approved under the NHSC S2S LRP;
- (2) Not incur a conflicting service commitment;
- (3) Complete and return the Post-Graduate Training Verification Form (PGTVF) by June 1 of each year;
- (4) Make no change to the type or period of training without prior written approval of the NHSC S2S LRP;
- (5) Report any changes to personal or financial information through the Customer Service Portal; and
- (6) Notify the NHSC S2S LRP immediately of any changes that affect training status (e.g., leave of absence or other delay in completion date, transfer to another residency program, dropping out or being terminated from the residency).

Unapproved Training Programs

Participants who, at any time, pursue training that is not approved under the NHSC S2S LRP will be in default and owe damages as described on page 25. The following are some examples of training that are **not** approved under the NHSC S2S LRP:

- (1) Non-primary health care programs (e.g., emergency medicine, surgery, radiology, neurology, anesthesiology, ophthalmology, pathology) or other programs that the NHSC S2S LRP determines are not consistent with the needs of the NHSC to provide primary health services in HPSAs;
- (2) Post-graduate health professions education conducted by a branch of the Armed Forces of the United States. Participants in such program incur military service obligations that conflict with the service commitment required under the NHSC S2S LRP; and
- (3) Unaccredited residency training.

Additional post-graduate training

The NHSC S2S LRP may approve, on a case-by-case basis, and consistent with the needs of the NHSC, requests by participants in their last year of postgraduate training to complete one of

the following:

- (1) A 1-year Obstetrics/Gynecology Fellowship which follows the completion of residency training in Family Practice;
- (2) A 2-year Child Psychiatry Fellowship which follows the completion of residency training in General Psychiatry;
- (3) A 1-year Geriatrics Fellowship which follows the completion of residency training in Family Practice or General Internal Medicine; or
- (4) A 1-year Chief Residency.

If you are in the final year of your post-graduate training and you are entering into a Fellowship or Chief Residency, you will need to submit a notice of intent by February 1, 2016.

Documentation Requirements

During the period of post-graduate training, participants will be asked to submit annual Postgraduate Training Verification Forms (PGTVFs) to the NHSC S2S LRP no later than **June 1** of each year. The PGTVF must be verified by the post-graduate training program director or another supervisor of the participant.

NOTE: Time spent in post-graduate training, even if at an NHSC-approved service site, will not count toward a participant's service commitment.

Receipt of Loan Repayments during Post-Graduate Training

The NHSC S2S LRP will continue to issue annual loan repayment installments as long as the following conditions are met:

- (1) The participant continues to pursue his/her postgraduate training (including residency, chief residency, or fellowship) in an NHSC-approved specialty (evidenced by timely submission of the PGTVF no later than June 1 of each year);
- (2) The participant has applied all previous NHSC S2S LRP award funds to the reduction of qualifying educational loans approved by the NHSC. Loans approved for payment will be listed on the Confirmation of Interest (COI) which is provided with the NHSC S2S LRP award letter;
- (3) The participant has submitted a detailed payment history from the lender of each qualified loan by June 1 of each year. The payment history must be an official document that includes:
 - a. the lender's name;
 - b. account holder's name (NHSC S2S LRP participant);
 - c. account number;
 - d. payment date; and
 - e. payment amount

Be advised that payment histories may take 30 or more days to obtain from lenders; therefore, to ensure this is received prior to the June 1 deadline, participants should request payment histories from their lender(s) well in advance. To expedite the process,

many lenders make payment histories available online.

- (4) The participant has submitted his/her most recent loan account statement with his/her PGTVF documentation, no later than June 1 of each year, for the purpose of showing that all loan repayment funds provided in the previous year were put towards reducing the balance of the participant’s qualifying educational loan debt. Please note that cancelled checks and bank statements will not be accepted as proof that award payments were properly applied to the qualifying loans.
 - a. For loans consolidated during the current contract period, loan documents, including the lending institution’s list of the loans included in the consolidation and their original disbursement dates, are required. If a participant has consolidated his/her loans and the NHSC does not receive an itemized loan list, the participant will not be given credit for payments made toward those loans. If the participant consolidated his/her qualifying educational loans with non-qualifying debt, the NHSC cannot give credit for payments made toward the consolidated loans.
- (5) The participant has passed Step 3/Level 3 of the United States Medical Licensing Examination (USMLE)/ Comprehensive Osteopathic Medical Licensing Examination (COMLEX) prior to the completion of his/her second year of postgraduate training. Documentation of passing scores must be submitted with the PGTVF no later than June 1, 2018.

If these conditions are met and the documentation is submitted by the June 1 deadline, the annual installment will be disbursed on or about August 1 each year. If the conditions are not met or documentation is not submitted in a timely manner, the NHSC S2S LRP will suspend that year’s annual payment (and any subsequent annual payments) until such documentation is submitted.

The first payment of up to \$30,000 will be electronically issued to participants on or about August 1, 2016 after the required documentation of graduation, licensure, and residency training is received. If an NHSC S2S LRP participant has not received the final loan repayment installment prior to beginning service (e.g., the participant completed a three year postgraduate training program and will go directly into service) they will receive the final installment once they have initiated service obligation at an NHSC-approved service site. If a participant has received all four installments during postgraduate training, then they will not receive any funds at the time of service.

The chart below identifies the documents that are required to be submitted during the post-graduate training period.

Documents Required for Submission	Post-graduate training Year One	Post-graduate training Year Two	Post-graduate training Year Three	Post-graduate training Year Four	Service Obligation Year One
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Proof of Graduation	June 1	N/A	N/A	N/A	N/A
Documentation Step 2 USLME/COMLEX	June 1	N/A	N/A	N/A	N/A
(PGTV) - Post-graduate Training Verification and Letter from Program Director	June 1	June 1	June 1	June1	N/A
Documentation Step 3 of USLME/COMLEX	N/A	N/A	June 1	N/A	N/A
Loan Payment Verification Documents	N/A	June 1	June 1	June 1	June 1

If you are in the final year of your post-graduate training and you are entering into a Fellowship or Chief Residency, you will need to submit a notice of intent by February 1, 2016.

THE SERVICE COMMITMENT AND REQUIREMENTS

Service Commitment

Upon completion of approved postgraduate training, participants are obligated to engage in three (3) years of full-time clinical practice at one or more NHSC-approved service sites determined to be of high-need at the time of placement. For example, for S2S participants commencing service in FY 2016, sites in or serving HPSAs with scores of 14 or above are determined to be of high-need. At the Secretary’s discretion, a waiver of full-time service may be granted to allow participants to complete their service commitment through half-time service. Participants who receive a waiver of the full-time service requirement must agree to provide six (6) years of half-time clinical practice at one or more NHSC-approved service sites.

The NHSC reserves the right to make final decisions on all placements. There is no guarantee that sites that are currently approved for NHSC placement will still be available/approved at the time participants are available to serve. Participants who fail to obtain a placement in one of the approved sites by the deadline (i.e., within six (6) months of the completion of the residency or fellowship) will be assigned to a service site identified by the NHSC based on the needs of the NHSC.

Participants who, for any reason, fail to begin or complete their service commitment at their assigned service location are in breach of the NHSC S2S LRP contract and incur the damages described in the “Breaching the NHSC S2S LRP Contract” section on page 24.

Finding an NHSC-Approved Site

NHSC S2S LRP participants must fulfill their service commitment at NHSC-approved service sites (see Definitions) in HPSAs with a status of “Designated” and score of 14 or above. Generally, NHSC-approved service sites are health care facilities that provide primary health services to populations residing in urban or rural HPSAs.

Examples include:

- Federally-Qualified Health Centers
- Rural Health Clinics
- Federal Indian Health Service Clinics
- Solo or group private practices
- Public Health Departments
- Hospital-affiliated outpatient primary care practices
- Critical Access Hospitals (CAHs)

NOTE: The following are not eligible NHSC service sites, even if they are located in a HPSA: inpatient hospitals (except for CAHs), other inpatient facilities (such as military hospitals and Veterans Administration Medical Centers), and county/local prisons.

All participants will receive resources and invitations to virtual events that include information on fulfilling their service commitment and the opportunity to learn about sites with eligible vacancies for NHSC S2S LRP participants. Eligible vacancy information is also available through the NHSC Jobs Center (<http://nhscjobs.hrsa.gov/external/search/index.seam>), which The NHSC Jobs Center is a searchable database of open job opportunities and information on NHSC-approved sites.

The NHSC S2S LRP allows one (1) S2S LRP participant to serve at a given site within a yearly placement cycle. NHSC-approved service sites may seek an exemption to receive up to one (1) additional S2S LRP participant. S2S LRP participants do not count against the number of NHSC scholars allowed at any given site; however, they do count against the number of NHSC LRP providers allowed at any given site.

Practice Types in the NHSC

There are three (3) practice types available to NHSC S2S LRP participants:

- (1) Federal Assignment. NHSC S2S LRP participants serving as Federal employees are either Federal Civil Service employees or active members of the U.S. Public Health Service Commissioned Corps and will typically be working at a Federal site (e.g., the

Indian Health Service). This assignment option is available to both full- and half-time participants, subject to Federal personnel regulations.

- (2) Private Practice Assignment (PPA). Under a PPA, an NHSC S2S LRP participant is employed by a public or private entity and is subject to the personnel system (i.e., employment policies) of the entity to which he/she is assigned. In addition, the site assures that the participant will receive a salary and malpractice coverage at least equal to what he or she would have received as a civilian employee of the U.S. Government. Malpractice insurance, including tail coverage, can be provided through a commercial carrier or through the Federal Tort Claims Act. This assignment option is available to both full- and half-time participants.
- (3) Private Practice Option (PPO). Under the PPO, an NHSC S2S LRP participant may be (a) self-employed (i.e., a solo practitioner); (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible NHSC service site who is not receiving salary and malpractice coverage at least equal to what he/she would receive as a Federal Civil Servant. In order to serve under the PPO, the participant must make such a request when preparing to begin service. In addition, if the NHSC approves such a request, the participant must enter into a PPO Agreement that stipulates the special provisions that apply to those serving under the PPO. The PPO service option is open only to full-time participants.

NOTE: Federal Assignments and Private Practice Assignments require the NHSC-approved service site to accept Medicare assignment, enter into the appropriate agreements under Medicaid and the Children’s Health Insurance Program, and utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient’s ability to pay. See definition of “NHSC-approved service site” on page 38. The Private Practice Option requires the individual to comply with these same billing requirements.

Start of Service Commitment

Participants are expected to begin service within six (6) months of the completion of the residency or fellowship (generally within six months of June 30). Credit for service toward the NHSC S2S LRP commitment does not begin until the participant does all of the following:

- (1) Successfully completes an NHSC-approved primary care residency;
- (2) Obtains a full, permanent, unencumbered, unrestricted license to practice medicine. All participants are required to have a license in the State where they intend to practice, except that participants serving as (i) Federal employees; (ii) Federal contractors; or (iii) employees of a tribal health program (see Definitions on page 39) performing services described in the tribal contract/compact need only be licensed in any State; and
- (3) Begins full-time clinical practice at the NHSC-approved service site.

If a participant is unable to start his/her service within 6 months of completing approved residency training, he/she must request a suspension of the service obligation and document

the circumstances underlying the suspension request. If the documentation shows that the participant meets the criteria for a suspension, the NHSC may grant a suspension for up to one (1) year. Requests must be submitted in writing through the Customer Service Portal and must include a detailed explanation and supporting documentation. Participants unable to pass all parts of the licensing examinations and obtain a license by the time the service is scheduled to begin should immediately contact the NHSC S2S LRP through the Customer Service Portal to request a suspension (See “Suspension, Waiver, or Cancellation of the Commitment” on page 26).

End of Service Commitment

The last day of the service commitment is determined in whole years from the start date. For example, the last day of service for a participant with a three-year full-time service commitment that began on July 15, 2016, would be July 14, 2019. Adjustments in the end date will be made by the NHSC if a participant is away from the NHSC-approved service site for more than seven weeks (roughly 35 work days) per service year (see “Absences” on page 22).

Requirements for full- time or half- time clinical practice

Upon completion of a residency, participants must engage in three (3) years of full-time clinical practice at one or more NHSC-approved service sites or, at the Secretary’s discretion, may provide six (6) years of half- time clinical practice at one or more NHSC-approved service sites.

- (1) **Full-Time Clinical Practice.** Full-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 40 hours per week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than four days per week, and NHSC service credit can be earned for no more than 12 hours of work performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 40 hours per week and excess hours cannot be applied to any other work week. **Also, time spent “on call” will not be counted towards the service commitment, except to the extent the provider is providing patient care during that period.**

For **all** providers serving full-time: Clinical-related administrative activities shall not exceed 8 hours of the minimum 40 hours per week. For more information, please see the definitions for clinical administrative, management or other activities on page 21.

NOTE: The Secretary may count teaching as clinical service for up to 20 percent of the participant’s service commitment (up to 8 hours per week of a full-time clinical practice) or up to 50 percent (up to 20 hours per week of a full-time clinical practice if the teaching takes place in a HRSA-funded Teaching Health Center). Currently the NHSC is allowing clinicians to receive service credit for teaching activities as set forth below. There is no guarantee that service credit for teaching will be available at the time of placement.

- a. For physicians except as noted in (b) and (c) below:
 - i. At least 32 of the minimum 40 hours per week must be spent providing patient care. Time spent providing patient care may include no more than 8 hours per week in a teaching capacity. Patient care must be provided in the outpatient ambulatory care setting(s) at the NHSC-approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining 8 hours of the minimum 40 hours per week must be spent; (a) providing patient care for patients at the approved service site(s), (b) providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or (c) performing clinical-related administrative activities (limited to 8 hours per week). For more information, please see the definitions for clinical administrative, management or other activities on page 21.
- b. For psychiatrists, OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, and providers of geriatrics services:
 - i. At least 21 of the minimum 40 hours per week must be spent providing patient care in the outpatient ambulatory care setting(s) at the NHSC-approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours. Of the minimum 21 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity.
 - ii. The remaining 19 hours of the minimum 40 hours per week must be spent (a) providing patient care for patients at the approved service site(s), (b) providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or (c) performing clinical-related administrative activities (limited to 8 hours per week). For more information, please see the definitions for clinical administrative, management or other activities on page 21.
- c. For physicians serving at a Critical Access Hospital (CAH):
 - i. At least 16 of the minimum 40 hours per week must be spent providing patient care in the CAH-affiliated outpatient ambulatory care setting(s) specified in the Customer Service Portal, during normally scheduled office hours. Of the minimum 16 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity.
 - ii. The remaining 24 hours of the minimum 40 hours per week must be spent (a) providing patient care for patients at the CAH(s) or the CAH-affiliated outpatient ambulatory care setting specified in the Customer Service Portal, (b) providing patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or (c) performing clinical-related administrative activities (limited to 8 hours per week). For more information, please see the definitions for clinical administrative,

management or other activities on page 21.

- (2) **Half-Time Clinical Practice.** Half-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks each service year. The 20 hours per week may be compressed into no less than two days per week, and NHSC service credit can be earned for no more than 12 hours of work performed in any 24-hour period. Participants do not receive service credit for hours worked over the required 20 hours per week and excess hours cannot be applied to any other work week. Also time spent “on call” will not be counted towards the service commitment, except to the extent the provider is providing patient care during that period.

For **all** providers serving half-time: Teaching and clinical-related administrative activities shall not exceed a total of four hours of the minimum 20 hours per week.

- a. For physicians except as noted in (b) and (c) below:
 - i. At least 16 of the minimum 20 hours per week must be spent providing patient care. Time spent providing patient care may include no more than 4 hours per week in a teaching capacity. Patient care (that does not involve teaching) must be provided in the outpatient ambulatory care setting(s) at the NHSC-approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours.
 - ii. The remaining 4 hours of the minimum 20 hours per week must be spent providing (a) patient care for patients at the approved service site(s), (b) providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or (c) performing clinical-related administrative activities (limited to 4 hours per week). For more information, please see the definitions for clinical administrative, management or other activities on page 21.
- b. For psychiatrists, OB/GYN physicians, family medicine physicians who practice obstetrics on a regular basis, and providers of geriatrics services:
 - i. At least 11 of the minimum 20 hours per week must be spent providing patient care in the outpatient ambulatory care setting(s) at the NHSC-approved service site(s) specified in the Customer Service Portal, during normally scheduled office hours. Of the minimum 11 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity.
 - ii. The remaining 9 hours of the minimum 20 hours per week must be spent (a) providing patient care for patients at the approved service site(s), (b) providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved service site(s), or (c) performing clinical-related administrative activities (limited to 4

hours per week). For more information, please see the definitions for clinical administrative, management or other activities on page 21.

- c. For physicians serving at a Critical Access Hospital (CAH):
 - i. At least 8 of the minimum 20 hours per week must be spent providing patient care, which may include no more than 4 hours per week in a teaching capacity, in the CAH-affiliated outpatient ambulatory care setting(s) specified in the Customer Service Portal, during normally scheduled office hours. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity.
 - ii. The remaining 12 hours of the minimum 20 hours per week must be spent (a) providing patient care for patients or teaching (subject to the maximum teaching time noted above) at the CAH(s) or CAH-affiliated outpatient ambulatory care setting specified in the Customer Service Portal, (b) providing patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or (c) performing clinical-related administrative activities (limited to 4 hours per week). For more information, please see the definitions for clinical administrative, management or other activities on page 21.

The following definitions apply to both full-time and half-time service:

Clinical administrative, management or other activities may include research, charting, updating electronic health records, writing prescriptions, training, diagnostic analysis, patient follow-up/referrals, activities related to and necessary for appropriate and continuity of patient care and for maintaining professional licensure, and other patient care related activities pertaining to the participant's approved NHSC practice. Any time spent in a management role is also considered to be an administrative activity, and NHSC S2S participants serving in such a capacity should keep in mind that they cannot count more than 8 hours per week of administrative and/or management time (4 hours in the case of half time) toward the total required 40 hours per week (or 20 hours in the case of half time).

Teaching activities, to qualify as clinical practice, require the NHSC S2S LRP participant to provide clinical education to students/providers in their area of expertise at the approved service site(s). The clinical education may:

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

All teaching must be conducted at the NHSC-approved service site(s).

Note that if the NHSC S2S LRP participant is actually providing the patient care while a student/resident observes, the time should be counted as clinical care, not teaching, as the

NHSC S2S LRP participant is treating the patient.

Absences

Please note that the information provided below pertains to compliance with the NHSC S2S LRP service commitment and is not a guarantee that a service site will allow any particular amount of leave.

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

If a participant works more than the minimum number of hours per week (40 hours for full-time and 20 hours for half-time), then the participant only needs to report absences (or time spent away from the site) that will impede them from meeting the minimum weekly service requirement. This time should be deducted from the participant's bank of allowable absences, which is 35 workdays per service year. For example, a half-time participant whose work schedule is 32 hours per week would not need to report twelve hours of sick leave because they meet the minimum service requirement of 20 hours per week.

Absences over 35 workdays will result in the extension of the participant's service commitment. If the absences will be caused by a medical or personal emergency that will result in an extended period of absence, a participant will need to request a suspension of the NHSC service commitment and provide supporting documentation. The NHSC cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant's service commitment end date will be extended accordingly. See "Suspension, Waiver, or Cancellation of the Commitment" on page 26. Note that absences above the 35 allotted workdays without a documented medical or personal reason may render a participant unqualified for a Continuation Contract.

Maternity/Paternity/Adoption Leave Policy

Suspensions for maternity/paternity/adoption leave of 12 weeks or less will be automatically granted if a participant submits appropriate documentation through the Customer Service Portal (see "Suspension, Waiver, or Cancellation of the Commitment" on page 26). If the participant plans to take leave for maternity, paternity, or adoption related reasons, he/she is required to inform the NHSC before taking such leave. If a participant plans to take additional leave beyond the 12 weeks afforded under the Family Medical Leave Act (FMLA), or beyond the amount of leave afforded under applicable state law in the participant's state of residence, he/she will be required to submit an additional suspension request, which may or may not be approved by the NHSC. Remember that a participant is required to serve a minimum of 45 weeks per service year and is allowed to be away from the NHSC-approved service site for no more than 35 workdays per service year. Therefore, if a participant takes

maternity/paternity/adoption leave in excess of 35 workdays per service year, the participant's obligation end date will be extended for each day of absence over the allowable 35 workdays.

In-Service Verification

Every NHSC S2S LRP participant who has completed his/her training and is practicing at an NHSC-approved service site must submit service verification documentation for each six months of service. The In-Service Verification will be available through the Customer Service Portal and must be completed and electronically signed by the participant. Once completed by the participant, it will be forwarded to an appropriate official at the NHSC-approved service site for electronic verification. By signing, the appropriate official will be certifying the participant's compliance or noncompliance with the applicable clinical practice requirement during the prior six-month period. The In-Service Verification will also record the time spent away from the service site (e.g., the total number of days during the six-month period that the participant fell below the minimum service requirement).

Participants who fail to complete and submit their In-Service Verification on time may jeopardize receiving service credit and may also be recommended for default. It may also impact the awarding of a Continuation Contract. While the NHSC will take steps to alert both the participant and the site to the due date for an in-service verification submission, it is the participant's responsibility to ensure that his/her NHSC-approved service site completes the verification in a timely manner.

Telemedicine and Home Health Policies

- (1) **Telemedicine.** Subject to the restrictions below, the NHSC will consider telemedicine as patient care when both the originating site (location of the patient) and the distant site (the NHSC-approved site where the NHSC clinician works) are located in a health professional shortage area (HPSA). Also, both the originating site and the distant site must meet the HPSA score requirements associated with the contract under which the applicant is applying to serve. For example, if the applicant would be serving at a site scoring 14 or above, his/her telemedicine patients must also be located at a site that scores 14 or above. Further, the individual must follow all applicable licensing requirements and must meet the NHSC requirement to be licensed in the state of practice. Thus, if the originating site and distant site are in different States, the NHSC participant must be licensed in both.
 - a. A NHSC clinician is prohibited from counting telemedicine encounters as more than 25 percent (i.e., no more than 8 hours per week for full-time participants and no more than 4 hours per week for half-time participants) of their patient care hours.
 - b. Telemedicine services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the NHSC clinician at the distant site.
 - c. Telephones, facsimile machines, and electronic mail systems do not meet the

definition of an interactive telecommunications system.

- (2) **Home Health.** The NHSC does not currently recognize the homes of patients as NHSC-approved sites. As such, home visits may only be conducted at the direction of the NHSC-approved site and may only be counted in the alternative setting allotment for patient care services (see “see “Full-Time Clinical Practice Requirements by Discipline” on page 18 and “Half-Time Clinical Practice Requirements by Discipline” on page 20).

Changing Service Options

When a participant signs his/her NHSC S2S LRP contract, he/she agrees to serve full-time. However, at the discretion of the Secretary or his/her designee, a waiver may be granted to allow the participant to complete his/her service commitment through half-time service. The following conditions must be met to be considered for half-time service:

- (1) A participant’s NHSC-approved service site agrees in writing that the participant may convert to half-time clinical practice (as defined by the NHSC);
- (2) A participant is a Federal employee or a Private Practice Assignee (see “Practice Types in the NHSC” on page 16). The half-time option is not authorized for PPO practitioners; and
- (3) A participant agrees in writing (by signing an amendment to the NHSC S2S LRP full-time contract) to complete the remaining service commitment through half-time clinical practice for twice as long as the full-time commitment.

The current half-time clinical practice policies are set forth on page 20 and are subject to change. Participants who receive waivers to serve half-time must fulfill the remainder of their service commitment serving half-time. Participants will not be allowed to switch back to full-time service once they have been authorized for half-time service.

CHANGING JOBS

The NHSC expects participants to fulfill their commitment at the NHSC-approved service site(s) initially identified in their Customer Service Portal account. However, the NHSC does understand that circumstances may arise that require a participant to leave the initial service site and complete service at another NHSC-approved service site. If a participant feels he/she can no longer continue working at the approved service site, the participant should discuss the situation and/or concerns with appropriate personnel at the NHSC-approved service site and contact the NHSC immediately through the Customer Service Portal. Participants who leave their NHSC-approved service site(s) without prior approval of the NHSC may be placed in default.

Site Change

Participants who require a site change to another NHSC-approved service site must request a transfer through the Customer Service Portal. The site change must be approved and processed by the NHSC *prior* to the participant beginning to receive service credit for employment at the new site. If a participant begins employment at a site prior to NHSC

approval, he/she **will not** receive service credit for the time period between his/her last day providing patient care at the initial service site and resumption of service at the transfer site following NHSC approval. If the proposed site is disapproved by the NHSC and the participant refuses assignment to another NHSC-approved service site, he/she may be placed in default.

Unemployment

Participants who resign or are terminated from their NHSC –approved site(s) must contact the NHSC immediately through the NHSC Customer Service Portal. The NHSC provides regional assistance to help unemployed participants identify a position at an approved NHSC service site, so long as the unemployment is not the result of a termination for cause.

Note: Participants who voluntarily resign from their sites without prior approval from the NHSC or who are terminated by their site(s) “for cause” may not receive a transfer to another site, may be disqualified from Continuation Contract eligibility, and may be placed in default.

Working at Unapproved Sites

If a site asks a participant to work at a clinic that is not listed on the NHSC Jobs Center and is not an approved alternative setting, the participant should immediately notify the NHSC through the Customer Service Portal. Time spent at unapproved clinics will not count towards the service commitment.

BREACHING THE NHSC S2S LRP CONTRACT

Participants should immediately contact the NHSC through the Customer Service Portal if a situation arises that may result in the participant being unable to begin or complete his/her NHSC S2S LRP service obligation. The NHSC will work with participants to assist them, to the extent possible, to fulfill their service obligation.

Participants who are dismissed from school for academic or disciplinary reasons, who voluntarily terminate their academic training before graduation, or who fail to complete an approved post-graduate training program (including withdrawals from such programs) will be liable to the United States for the repayment of all NHSC S2S LRP funds paid to them. The amount owed must be paid in full within one year of the date of default. No interest will be charged on any part of this debt during the one-year repayment period. However, if payment in full is not made within the one-year period, interest will be assessed thereafter.

Participants who complete an approved residency, but subsequently fail to begin or complete their obligation to serve in a full-time clinical practice, will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$7,500 multiplied by the number of months of obligated service not completed; and
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

Participants who complete an approved residency, but subsequently fail to begin or complete their obligation to serve in a half-time clinical practice, will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$3,750 multiplied by the number of months of obligated service not completed; and
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

NOTE: The minimum amount the United States is entitled to recover from participants who fail to begin or complete their obligation to serve full-time or half-time is \$31,000.

Any amounts the United States is entitled to recover, as set forth above, must be paid within one year from the date of default. Failure to pay the debt by the due date has the following consequences:

- (1) The debt will be reported to credit reporting agencies. During the one-year repayment period, the debt will be reported to credit reporting agencies as “current.” If the debt becomes past due (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as “delinquent.”
- (2) The debt may be referred to a debt collection agency and the Department of Justice. Any NHSC S2S LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.
- (3) Administrative Offset. Federal or State payments due to the participant (e.g., an IRS or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC S2S LRP debt. Also, defaulters who are Federal employees may have their salary garnished to pay a delinquent NHSC S2S LRP debt.
- (4) Licensure Sanctions. In some States, health professions licensing boards are allowed to impose sanctions, including suspension or revocation of a defaulter’s professional license, if the defaulter fails to satisfactorily address repayment of his/her NHSC S2S LRP debt.
- (5) Bankruptcy. A financial obligation under the NHSC S2S LRP may be discharged in bankruptcy only if the discharge is granted more than seven years after the debt becomes due and only if a bankruptcy court determines that the non-discharge of the debt would be unconscionable.

SUSPENSION, WAIVER, AND CANCELLATION OF THE COMMITMENT

The Secretary or his/her designee may suspend or waive, in whole or in part, an NHSC S2S LRP service or payment obligation, if certain criteria are met.

- (1) **Suspension.** A suspension of the NHSC S2S LRP commitment may be granted if

compliance with the commitment by the participant: (i) is temporarily impossible or (ii) would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the participant's service commitment end date. The participant does not receive service credit during the suspension; credit resumes when service resumes. The major categories of suspension are set forth below.

- a. **Medical and Personal Reasons.** A suspension may be granted for up to one year if the participant provides independent medical documentation of a physical or mental health disability, or personal circumstances, including a terminal illness of an immediate family member (e.g., child or spouse, including a same-sex spouse regardless of where the couple lives), which results in the participant's temporary inability to perform the NHSC S2S LRP commitment.
 - b. **Maternity/Paternity/Adoption.** Participants must notify the NHSC of pending maternity/paternity/adoption leave and provide documentation from the attending physician or the adoption agency through the Customer Service Portal. If the participant's maternity/paternity/adoption leave will exceed 12 weeks during the service year, the participant must request a suspension.
 - c. **Call to Active Duty in the Armed Forces.** Participants who are also military reservists and are called to active duty will be granted a suspension for up to one year beginning on the activation date described in the reservist's call to active duty order. The suspension will be extended if the applicable Armed Forces entity continues the period of active duty. The period of active military duty will not be credited toward the NHSC S2S LRP service commitment.
- (2) **Waiver.** A waiver permanently relieves the participant of all or part of the NHSC S2S LRP commitment. A waiver may be granted only if the participant demonstrates by adequate medical and/or financial documentation that compliance with his/her commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable. Note that waivers are not routinely granted, and require a showing of compelling circumstances.

Participants seeking a waiver or suspension of the service commitment must submit a request through the Customer Service Portal (<https://programportal.hrsa.gov>). Instructions will then be sent to the participant concerning the documentation needed to justify a waiver or suspension request. The request must be accompanied by the appropriate supporting documentation.

Cancellation of NHSC Obligation

A participant's NHSC S2S obligation will be cancelled in its entirety in the event of the participant's death. No liability will be transferred to the participant's heirs.

APPLICATION

APPLICATION DEADLINE

A complete online application must be submitted by 7:30 PM ET on October 22, 2015. All supporting documentation for the application must be uploaded before an individual can submit a complete application package. Applicants must upload all documents; the NHSC will not accept documentation by fax, email, or mail. Application packages will be initially reviewed to determine their completeness. Application packages deemed incomplete as of the application deadline will not be considered for funding.

The Associate Administrator of the Bureau of Health Workforce, or his/her designee, may authorize an extension of published deadlines when justified by circumstances such as acts of nature (e.g., floods or hurricanes), widespread disruptions of Internet service, or other widespread disruptions, such as a prolonged blackout. The Bureau of Health Workforce will determine the affected geographical area(s) and the length of the extension granted.

COMPLETING AN APPLICATION

What makes up the S2S application?

The NHSC S2S LRP application consists of:

- (1) Online Application;
- (2) Required Supplemental Documentation; and
- (3) Additional Supporting Documentation (if applicable).

Applicants should keep a copy of the application package for their records. Applicants are responsible for submitting a complete online application. It is required that the information in the online application match the submitted supplemental/supporting documents.

NHSC S2S LRP will not accept requests to update a submitted application or permit the submission/resubmission of incomplete, rejected, or otherwise delayed application materials after the deadline. In addition, the NHSC S2S LRP staff will not fill in any missing information or contact applicants regarding missing information.

On average, it takes approximately 3 weeks to complete your application accompanied with all required and supplemental documentation.

Online Application

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

- (1) **Eligibility Screening.** If an individual does not pass the initial screening portion of the online application, he/she will not be able to continue with the application. Please refer to the "Eligibility Requirements" section of the Guidance for further details.

- (2) **General Information.** Answers to this section pertain to the applicant’s name, social security number, mailing and email addresses, and other contact information. Answers also pertain to individual and family background. Existing applicant information will be prepopulated if it is available.
- (3) **Education Information.** Answers to this section pertain only to the degree program that the applicant is currently pursuing. It also requires a curriculum vitae, which should outline relevant work/volunteer experience and should be no more than five pages in length.
- (4) **Loan Information.** Answers in this section pertain to each qualifying educational loan for which an applicant is seeking repayment. All loans submitted will be verified to determine whether they are eligible for repayment under the NHSC S2S LRP through the following: (i) reviewing supporting documents; (ii) contacting lenders/holders; and (iii) checking the applicant’s credit report. Applicants must enter the following information about each of the loans they wish to submit for repayment, and upload the *Required Supplemental Documentation* (see below) separately:
 - a. Name and contact information for the lender/holder.
 - b. Loan account number.
 - c. Original amount disbursed.
 - d. Original date of the loan.
 - e. Current outstanding balance (no more than 30 days from the date of the NHSC application submission).
 - f. Current interest rate.
 - g. Type of loan.
- (5) **Essay.** Applicants are required to respond to the following essay topic. The response is limited to 5,000 characters or less - (spaces are not counted in the character count). Applicants should create a response in a document (.doc, .pdf, or .txt) and upload it in the appropriate section of the application.

ESSAY TOPIC

Please discuss your commitment to pursue a career in primary health care and how you plan to contribute to the mission of the NHSC in providing care to underserved communities.

Required Supplemental Documentation

It is the applicant’s responsibility to upload supplemental documents into the online application. An application will not be considered complete and an applicant may not submit an application, unless it contains each of the following required supplemental documents:

- (1) **Proof of Status as a U.S. Citizen or U.S. National.** Acceptable documents include: a copy of a birth certificate issued by a city, county, or state agency in the U.S., the ID page of a U.S. passport, or a certificate of citizenship or naturalization.
- (2) **Authorization to Release Information.** This form authorizes entities identified in the form to disclose information regarding applicants who have been selected and accept the NHSC S2S LRP award.

- (3) **Resume/CV.** Should outline relevant work/volunteer experience and be no more than five pages in length.
- (4) **Proof of Passing Step/Level 1 of the USMLE/COMLEX.** Applicants must upload a copy of their board scores.
- (5) **Verification of Good Standing.** Applicants must be enrolled in their last year of school as a full-time student in an accredited program during the 2015-2016 school year to receive an award. Applicants are required to submit a report from the school verifying that he/she is enrolled in good standing, that the last day of classes will be no later than May 31, 2016, and that the applicant will be graduating before July 1, 2016. This form must be signed and completed by a school official. Please note all information will be verified for accuracy.
- (6) **Letters of Recommendation.** Applicants are required to submit two letters of recommendation, one preceptor letter of recommendation and one additional letter of recommendation. All recommendations must be completed online. Recommendations should include a description of the recommender's relationship to the applicant, and a discussion of the applicant's interest in and commitment to a career in primary care and service to underserved populations and communities. This assessment should include the applicant's academic, professional, community, and/or civic activities, especially those related to primary care and underserved communities. A recommender can be a current or former employer, community leader, colleague, or anyone who has knowledge of the applicant's interest and motivation in providing primary care in underserved communities.
 - a. **Preceptor Letter of Recommendation.** This letter may be from a primary care preceptor or another individual who can discuss the applicant's interest in and commitment to a career in primary care and service to underserved populations and communities.
 - b. **Additional Letter of Recommendation.** The second letter of recommendation should be from an individual who is familiar with the applicant and who is aware of the applicant's academic, professional, community, and/or civic activities, especially those related to primary care and underserved communities. A recommender can be a current or former employer, community leader, colleague, or anyone who has knowledge of the applicant's interest and motivation in providing primary care in underserved communities.
- (7) **Transcript.** Each applicant must include a transcript from his or her current educational institution. An unofficial transcript is acceptable as long as the applicant name, school name, and grade point average (GPA) are also provided (may be pass/fail).
- (8) **Loan Information Verification.** Applicants will be required to provide two types of documentation for each loan that is being submitted for consideration: an account statement and a "disbursement report."
 - a. **Account Statement.** This document is used to provide current information on your qualifying educational loans. Often borrowers receive monthly statements

indicating the status of your loan balance. This document should:

- i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower (i.e., the NHSC S2S LRP applicant);
 - iii. contain the account number;
 - iv. include the date of the statement (cannot be more than 30 days from the date of S2S LRP application submission);
 - v. include the current outstanding balance (principal and interest) or the current payoff balance; and
 - vi. include the current interest rate.
- b. **Disbursement Report.** This report is used to verify the originating loan information and should:
- i. be on official letterhead or other clear verification that it comes from the lender/holder;
 - ii. include the name of the borrower;
 - iii. contain the account number;
 - iv. include the type of loan;
 - v. include the original loan date (must be prior to the date of the NHSC S2S LRP application submission);
 - vi. include the original loan amount; and
 - vii. include the purpose of the loan.

For *Federal* loans, the disbursement report is satisfied through a National Student Loan Data System (NSLDS) Aid Summary Report, which can be accessed at <http://www.nsls.ed.gov>. You will need a PIN to log in to your secured area; if you do not have a PIN, go to <http://www.pin.ed.gov>. <http://www.pin.ed.gov>. If you have multiple Federal loans, you will only need to upload one NSLDS Aid Summary Report. The NSLDS report will generally contain information on all your federal loans.

For all other loans, the disbursement report can be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated in (b) above). You may be able to obtain this disbursement information on your lender's web site; however, all documentation must be on official letterhead from the lender.

Additional Supporting Documentation (if applicable)

Based on the applicant's responses to the online application, the following additional documents may be required. Only applicants who have these documents listed on their "Supporting Documents" page of the online application should submit them. These documents will be added to their Supporting Documents list once the online application has been submitted.

- (1) **Verification of Disadvantaged Background.** This document certifies that the

applicant comes from a disadvantaged background and either participated in, or would have been eligible to participate in, Federal programs such as “Scholarships for Disadvantaged Students” or “Loans to Disadvantaged Students.” This document must be completed by a school official.

- (2) **Verification of Existing Service Obligation.** If the applicant has an existing service obligation, he/she must submit verification that it will not conflict with the NHSC S2S LRP service obligation and that the existing service obligation will be completed prior to commencing service under the S2S LRP.

Application Review and Award Process

Applicants will receive a receipt of submission once the application has been successfully submitted online. Applicants can verify that sections of the application are complete when there is a checkmark by each on the status page. Applicants will be able to edit or withdraw their applications before the deadline to submit applications. Please allow at least 30 business days from submission for the NHSC S2S LRP to review your documentation and update the status of documents.

Once the online application has been submitted and each supporting document has a status of “received,” the application packages are ready for review. The application review process occurs over several months through independent, objective review. The NHSC S2S LRP will be providing email updates, as applicable, as well as updates on the “Status” page of the online application. It is the applicant’s responsibility to ensure his/her contact information is correct and current.

NOTIFICATION OF AWARD

If you have been selected as a finalist, you will receive a Confirmation of Interest email. An applicant must respond by the deadline in the confirmation of interest email and electronically sign a copy of the contract and provide the NHSC S2S LRP with his/her banking information. The electronic signature has the effect of a handwritten signature, and once countersigned by the Secretary or his/her designee, obligates the participant to an NHSC S2S LRP service commitment. If the applicant does not respond to the NHSC S2S LRP by the deadline, the offer of award expires and will be offered to an alternate.

If an individual selected for an award decides not to accept the award **prior to signing the contract**, he/she may decline the award by selecting the “decline” option on the Confirmation of Interest document. This process is without penalty and permits the award to be offered to an alternate. Once an applicant declines the offer of award, there will not be any opportunities to reclaim the award. A decision to decline the award is final and cannot be changed under any circumstances.

If an individual selected for an award decides he/she does not want it **after signing the contract**, the individual should notify the NHSC immediately through the Customer Service Portal that he/she no longer wants the award.

- **If the Secretary’s designee has not yet countersigned the contract**, the individual

will not incur a service obligation or any penalty for withdrawing.

- ***If the Secretary's designee has already signed the contract***, the individual can request termination of the contract only under certain conditions, as explained in "Contract Termination" on page 11.

Individuals not selected for an award will be notified via email no later than February 28, 2016.

ADDITIONAL MATERIALS

NEED HELP

Any individual with questions about the NHSC S2S LRP may contact the Customer Care Center Monday through Friday (except Federal holidays), 8:00 am to 8:00 pm ET. The Customer Care Center can be reached at:

- (1) GetHelp@hrsa.gov
- (2) 1-800-221-9393
- (3) TTY – 1-877-897-9910

NHSC JOBS CENTER

The NHSC Jobs Center is a searchable database of open job opportunities and information on NHSC-approved sites. The Center can be accessed at:

<http://nhscjobs.hrsa.gov/external/search/index.seam>.

CUSTOMER SERVICE PORTAL

Once an applicant has been selected for an award, he/she will be provided with instructions for establishing an account on the Customer Service Portal. This web-based system will allow NHSC S2S LRP awardees and participants to communicate with the NHSC, upload required documentation prior to the beginning of their residency (e.g., proof of passage of Step/Level 2 of the USMLE/COMLEX, proof of residency match, etc.), make service requests (e.g., transfers, suspensions, waivers, etc.), and access the Postgraduate Training Verification Forms (PGTVFs) and 6-month In-Service Verification.

DEFINITIONS

Approved Alternative Setting – Alternative settings include any setting in a HPSA at which the clinician is directed to provide care by the approved site (e.g., hospitals, nursing homes, shelters). The alternative sites must provide services to a HPSA that is appropriate for the discipline and specialty of the clinician and the services provided. Services at alternative sites must be an extension of the comprehensive primary care provided at the approved site.

Bureau of Health Workforce (BHW) – The bureau within HRSA that administers the NHSC S2S LRP.

Clinical Administrative, Management or other Activities – Clinical administrative, management or other activities may include charting, research, updating electronic health records, writing prescriptions, training, diagnostic analysis, patient follow-up/referrals, activities related to and necessary for appropriate and continuity of patient care and for maintaining professional licensure, and other patient care related activities pertaining to the participant’s approved NHSC practice. The duties of a medical director are considered primarily administrative, and NHSC S2S participants serving in such a capacity should keep in mind that they cannot count more than 8 hours per week of administrative time (4 hours in the case of half-time) toward the total required 40 hours per week (or 20 hours in the case of half-time). Teaching activities are not necessarily considered to be administrative – see definition on page 21.

Commercial Loans – Commercial loans are defined as loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business.

Continuation Contract – A continuation contract is an optional 1-year extension of an NHSC S2S LRP contract. The award level is dependent on the service status (i.e., half- or full-time clinical practice) and the particular year of additional support. NHSC S2S LRP participants must meet all program eligibility criteria in effect at the time they are being considered for a continuation contract, which includes providing documentation that all previously received NHSC S2S LRP payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed. An LRP participant cannot be guaranteed a continuation contract.

Critical Access Hospital (CAH) – A facility certified by the Centers for Medicare and Medicaid Services (CMS) under section 1820 of the Social Security Act. A CAH must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For more information, please visit:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/critaccesshospfctshst.pdf>.

Default of Payment Obligation – Being more than 120 days past due on the payment of a financial obligation.

Default of Service Obligation – Failure for any reason to begin or complete a contractual service commitment.

Disadvantaged Background – As defined by the Scholarship for Disadvantaged Students program, this refers to individuals who have been identified by their schools as having come from a “disadvantaged background” based on environmental and/or economic factors. “Environmental factors” means comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a school. “Economic factors” means comes from a family with an annual income below a level based on low-income thresholds according to family size published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary of Health and Human Services (HHS) for adaptation to this program.

Family and Family Member - As used in the guidance and for the purposes of the National Health Service Corps “family member” includes spouses, as well as unmarried partners (both same-sex and opposite-sex).

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

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

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

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

Government Loans – Government loans are loans made by Federal, State, and county or

city agencies authorized by law to make such loans.

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

Health Professional Shortage Area (HPSA) – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals based on criteria defined in regulation. Information considered when designating a primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are designated by the Shortage Designation Branch, within HRSA’s Bureau of Health Workforce, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

Health Resources and Services Administration (HRSA) – An operating agency of the U.S. Department of Health and Human Services.

Holder – The commercial or Government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.).

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

Urban Indian Health Program fact sheet:

<http://www.ihs.gov/newsroom/factsheets>.

Indian Health Service Year 2015 Profile:

<http://www.ihs.gov/newsroom/factsheets/ihsyear2015profile/>.

Lender – The commercial or Government institution that initially made the qualifying loan (e.g., Department of Education).

National Health Service Corps (NHSC) – “The Emergency Health Personnel Act of 1970,” Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs. The NHSC seeks to improve the health of

underserved Americans by bringing together communities in need and quality primary health care professionals.

National Health Service Corps Jobs Center – A searchable database of open job opportunities and information on NHSC-approved sites
<http://nhscjobs.hrsa.gov/external/search/index.seam>.

National Health Service Corps (NHSC)-Approved Service Site – Each healthcare site must submit an NHSC Site Application to become an NHSC service site. In order for a site to be eligible for NHSC approval, it must: Be located in and providing service to a federally designated Health Professional Shortage Area (HPSA); Provide comprehensive primary medical care, mental and behavioral health and/or dental services; Provide ambulatory care services (no inpatient sites, except Critical Access Hospitals); Ensure access to ancillary, inpatient and specialty referrals; Charge fees for services consistent with prevailing rates in the area; Discount or waive fees for individuals at or below 200% of the Federal poverty level; Accept assignment for Medicare beneficiaries; Enter into agreements with Medicaid and the Children’s Health Insurance Program (CHIP), as applicable; Not discriminate in the provision of services based on an individual’s inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); Prominently post signage that no one will be denied access to services due to inability to pay; Agree not to reduce clinician’s salary due to NHSC support; Provide sound fiscal management; and Maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. If the Site Application is approved, the community site becomes an NHSC-approved service site. All NHSC- approved service sites must continuously meet the above requirements.

Primary Health Services – Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.

Qualifying Educational Loans – Qualifying educational loans are Government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to his or her submission of an application to participate in the NHSC S2S LRP. Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible for repayment.

Reasonable Educational Expenses – Reasonable educational expenses are the costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, certification/licensing exams, which do not exceed the school's

estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment.

Reasonable Living Expenses – Reasonable living expenses are the costs of room and board, transportation and commuting costs which do not exceed the school's estimated standard, and student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment.

Rural Health Clinics – A Rural Health Clinic (RHC) is a facility certified by the Centers for Medicare and Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse midwife available to furnish patient care services not less than 50 percent of the time the clinic operates. For more information, please see: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctsht.pdf>.

Spouse and Marriage - As used in this Guidance and for the purposes of the National Health Service Corps includes same-sex couples, legally married in jurisdictions that recognize their marriages. This applies regardless of whether the couple lives in a jurisdiction that recognizes same-sex marriage or a jurisdiction that does not recognize same-sex marriage. Any same-sex marriage legally entered into or recognized in one of the 50 states, the District of Columbia, a U.S. territory or a foreign country will be recognized. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

State – As used in this *Guidance*, State includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

Teaching Health Center – A Teaching Health Center (THC) is an entity that (1) is a community based, ambulatory patient care center and (2) operates a primary care residency program (i.e., an approved graduate medical residency training program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics). Currently funded THCs are listed on the HRSA Web site at <http://granteefind.hrsa.gov/>.

Tribal Health Program – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with the IHS under the

Indian Self-Determination and Education Assistance Act (25 USC 450 et seq.).

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