



National Health Service Corps Loan Repayment Program

Full- & Half-Time Service Opportunities

Fiscal Year 2022 Application & Program Guidance

November 2021

Application Submission Deadline: December 16, 2021, 7:30 p.m. ET

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Health Resources and Services Administration
Bureau of Health Workforce
5600 Fishers Lane
Rockville, Maryland 20857

For questions, call 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) 8:00 a.m. to 8:00 p.m. ET.

*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 National Health Service Corps Loan Repayment Program participants.*

Assistance Listings (AL/CFDA) Number 93.162

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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 254l-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 NHSC LRP is to recruit and retain medical, nursing, dental, and behavioral/mental health clinicians in eligible communities of need designated as Health Professional Shortage Areas (HPSAs). The information that applicants supply will be used to evaluate their eligibility, qualifications and suitability for participating in the NHSC LRP. In addition, information from other sources will be considered (e.g., credit bureau reports and National Practitioner Data Bank (NPDB) reports).

An individual's contract, application, supporting documentation, related correspondence, and data are maintained in a system of records to be used within the U.S. Department of Health and Human Services (HHS) to monitor NHSC LRP-related activities. 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 as described in the [System of Record Notice 09-15-0037 for Scholarship and Loan Repayment Program Records](#).

The name of a NHSC LRP participant, discipline, specialty, business address, telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the 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 (Section 2 of the online application for NHSC LRP), an application may be considered incomplete and therefore may not be considered for participation in the NHSC LRP.

Paperwork Reduction Act Public Burden Statement

The purpose of this information collection is to obtain information through the National Health Service Corps (NHSC) Loan Repayment Program (LRP), which is used to assess an LRP applicant's eligibility and qualifications for the LRP. Clinicians interested in participating in the NHSC LRP must submit an application to the NHSC. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until March 31, 2023. This information collection is required to obtain or retain a benefit (Section 338B of the Public Health Service Act [42 U.S.C. § 254I-1]). Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, 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 Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Non-Discrimination Policy Statement

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 obligations of individuals selected to participate in the National Health Service Corps (NHSC) Loan Repayment Program (LRP). A complete understanding of the commitment to serve at a NHSC-approved service site and the financial, legal, and other consequences of failing to perform that commitment is critical to successful completion of the mandatory service obligation associated with any NHSC LRP award.

For FY 2022, the NHSC LRP plans to make approximately 3,500 new awards to health professionals serving in rural and underserved communities. As part of the American Rescue Plan Act, the NHSC has received an additional \$800 million, to be used to make additional awards to NHSC programs, including the NHSC LRP. HRSA anticipates a significant increase in awards in FY 2022, even to clinicians at health care sites in HPSAs that have not previously been competitive for NHSC funding.

The Defense, Commerce, Justice, Science, Energy and Water Development, Financial Services and General Government, Labor, Health and Human Services, Education, Transportation, Housing, and Urban Development Appropriations Act, 2021 states that \$15,000,000 shall remain available for the purpose of making payments under the National Health Service Corps (NHSC) Loan Repayment Program (LRP) under section 338B of the PHS Act to individuals participating in such program who provide primary health services in Indian Health Service facilities, Tribally-Operated 638 Health Programs, and Urban Indian Health Programs (as those terms are defined by the Secretary), notwithstanding the assignment priorities and limitations under section 333(b) of such Act.

Important Dates

NHSC LRP applicants should be aware of the following key dates:

- Application Launch Date: November 2, 2021, 2021
- Application Submission Deadline: December 16, 2021
- Employment Start Date: July 18, 2022¹
- Scholars Service Obligation Completion Date: July 31, 2022
- Notification of Award: September 30, 2022
- Contract Termination Deadline: 60 days from the effective date of the contract, or at any time if the individual who has been awarded such contract has not received funds due under the contract.

¹ An exception applies to NHSC Scholars who will complete their service obligation by July 31, 2022.

Certain applicants who apply for the FY 2022 NHSC LRP may be eligible for the NHSC Substance Use Disorder (SUD) Workforce LRP and the NHSC Rural Community LRP, depending on their discipline and service site. FY 2022 NHSC LRP applicants may also apply for the NHSC SUD Workforce LRP and the NHSC Rural Community LRP; however, an applicant can only participate in one program at a time, and the NHSC will only make one award. If an applicant applied to more than one LRP and the NHSC determines that they are eligible for an award in only one LRP, the applicant will have an opportunity to accept an award in that particular LRP. If the NHSC determines that an applicant is eligible for more than one of the LRPs, the NHSC will contact the applicant to determine which program the applicant prefers. However, the NHSC cannot guarantee that the applicant will be offered an award under any NHSC program, or their preferred NHSC program.

INTRODUCTION

The NHSC LRP is administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The NHSC LRP seeks primary care physicians, nurse practitioners, certified nurse midwives, physician assistants, dentists, dental hygienists, and behavioral/mental health providers (psychiatrists, health service psychologists, licensed clinical social workers, marriage and family therapists, psychiatric nurse specialists, and licensed professional counselors) to provide culturally competent, interdisciplinary primary health care services to underserved populations located in designated HPSAs (see the [“Definitions”](#) section) identified by the Secretary of HHS. HPSAs can be found in rural and urban communities across the nation. In return, the NHSC LRP assists clinicians with repayment of their outstanding qualifying educational loans. By statute, **NHSC LRP funds are exempt from federal income and employment taxes.** These funds are not included as wages when determining benefits under the Social Security Act.

The NHSC seeks clinicians with demonstrated interest in serving the nation’s medically underserved populations and remaining in HPSAs beyond their service obligation. The primary purpose of the NHSC LRP is to increase access to primary care services to communities in need.

HRSA’s NHSC and the Primary Care Training and Enhancement (PCTE): Training Primary Care Champions Program, the Addiction Medicine Fellowship (AMF), and the Teaching Health Center Graduate Medical Education (THCGME) Program are collaborating to bolster the primary care and behavioral health workforce in rural and underserved communities. In FY 2022, the NHSC will provide a [funding priority](#) to applicants who have completed a fellowship through the PCTE: Training Primary Care Champions Program,² the AMF Program,³ or a postgraduate medical or

² The PCTE: Training Primary Care Champions program is authorized under Section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k (a)). Funding was awarded under Notice of Funding Opportunity number HRSA-18-013.

³ The Addiction Medicine Fellowship program is authorized under Section 760(a)(1) of the Public Health Service Act (42 U.S.C. § 294k(a)(1)). Funding was awarded under Notice of Funding Opportunity number HRSA-20-013.

dental training program funded by HRSA through the THCGME Payment Program.⁴ PCTE: Training Primary Care Champions program trains community-based primary care professionals to lead health care transformation, enhance recruitment and retention in community-based settings, and enhance academic-community partnerships to support positive community-based training experiences in underserved communities. The AMF Program trains addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and SUD prevention and treatment services. Graduates of the AMF Program train in one of three tracks: (1) a virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, as appropriate, telehealth services; (2) an in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting; or (3) an in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women. The THCGME Payment Program provides funding to support the training of residents in primary care residency programs in community-based ambulatory patient care centers.

Service Options and Award Amounts

NHSC LRP participants have a choice of service options:

(1) 2-year Full-Time Clinical Practice. The NHSC will pay up to \$50,000 in exchange for an initial 2 years of full-time clinical practice to clinicians serving at an NHSC-approved service site with a designated HPSA score. For a more detailed definition of full-time clinical practice, see the [Requirements for Full-Time or Half-Time Clinical Practice](#)” section.

(2) 2-year Half-Time Clinical Practice. The NHSC will pay up to \$25,000 for an initial 2 years of half-time clinical practice to clinicians serving at an NHSC-approved service site with a designated HPSA score. For a more detailed definition of half-time clinical practice, see the [Requirements for Full-Time or Half-Time Clinical Practice](#)” section.

NOTE: Half-time practice is not available to those serving under the Private Practice Option; see the [Practice Agreement Types](#)” section.

If an applicant’s outstanding balance of qualifying educational loans is less than the maximum award amount, the NHSC LRP will pay only the remaining balance.

⁴ The Teaching Health Center Graduate Medical Education Program is authorized under Section 340H of the Public Health Service (PHS) Act (42 U.S.C. § 256h), as amended. Funding was awarded under Notice of Funding Opportunity number HRSA-20-011.

In order to receive the award, the applicant must remain working at an NHSC-approved service site, located in a HPSA, designated for their discipline and specialty throughout the contract period.

ELIGIBILITY REQUIREMENTS

To be eligible for a NHSC LRP award, each applicant must:

1. Be a U.S. citizen (either U.S. born or naturalized) or U.S. national;
2. Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration in the discipline in which they are applying to serve;
3. Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children's Health Insurance Programs (CHIP), as appropriate;
4. Be eligible for federal employment. Most NHSC 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. For more information, visit the [Commissioned Corps of the U.S. Public Health Service website](#).
5. Be employed by, or have accepted a position at, a NHSC-approved site where employment and provision of care to patients will begin no later than July 18, 2022.
6. Submit a complete application as set forth in the "Completing an Application" section covered later in this *Guidance*. Completed applications must be received on or before **December 16, 2021 at 7:30 p.m. ET.**

The NHSC LRP determines loan repayment awardees using various funding priorities and selection factors.

Funding Priorities

The NHSC gives first priority funding to NHSC scholarship recipients that have completed their service obligation and continue to have eligible student loans. The NHSC then prioritizes applicants within each HPSA score by their disadvantaged background, then by training in a specialty needed by the NHSC, and then by characteristics that indicate a likelihood they will remain in a HPSA. The following funding priorities will be applied to all eligible and qualified applicants:

- **Current (or former) NHSC Scholarship Awardees.** Previous NHSC scholarship recipients that have completed their service obligation and continue to have eligible student loans.

PRIORITIES WITHIN EACH HPSA SCORE:

- **Disadvantaged Background** (see the “[Definitions](#)” section). The NHSC will give priority to an applicant who has (and whose spouse, if any, has) characteristics that indicate a higher likelihood of continuing to practice in a HPSA after the service obligation is completed, and who comes from a disadvantaged background. The applicant must submit certification on the NHSC-approved form from their school that they: (i) were identified as having a “disadvantaged background” based on environmental and/or economic factors, or (ii) received a federal Exceptional Financial Need Scholarship.

- **Applicants Who Have Completed a HRSA-funded AMF Program.** The NHSC has identified a need for addiction medicine specialists trained in community-based settings. Accordingly, the NHSC will give priority to applicants who have completed a HRSA-funded AMF program. Graduates of HRSA-funded AMF Programs train in one of three tracks: (1) a virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, as appropriate, telehealth services; (2) an in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting; or (3) an in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women.

- **Characteristics Likely to Remain in a HPSA.** The NHSC will also give priority to an applicant who has (and whose spouse, if any, has) characteristics that indicate a higher likelihood of continuing to practice in a HPSA after the service obligation is completed. The program will assess the applicant’s education, training and experience in working with underserved populations by considering the following factors to determine this priority:
 - a. Applicants who have completed a PCTE: Training Primary Care Champions Program or a postgraduate medical or dental training program funded by HRSA through the THCGME Payment Program; and
 - b. The duration of the applicant’s tenure at their current NHSC-approved site; and
 - c. The characteristics of the applicant’s spouse, if applicable, that indicate they are likely to remain in a HPSA.

The NHSC LRP statute also requires that Corps clinicians work in HPSAs of greatest need. HRSA measures the relative need of HPSAs and assigns each HPSA a score. These scores are indicated on the [Health Workforce Connector](#) – the higher the score, the greater the need. The NHSC reviews and approves LRP applications by descending HPSA score, and based on the funding priorities identified above, to the extent that funding is available. If an applicant is serving or will serve at multiple NHSC-approved service sites, with differing HPSA scores, the lowest score will be used to determine the order in which the application will be reviewed. The NHSC will use HPSA data as of the application submission deadline. However, the NHSC will remove an applicant from consideration if upon review of their application, their site(s) is determined to be inactive, has a HPSA withdrawn or a HPSA proposed for withdrawal. The NHSC will apply this policy throughout the FY 2022 application and award cycle to determine the priority for selection. Some participants may be required to serve in specific types of HPSAs, including primary care, mental health, or dental HPSAs.

Eligible Disciplines and Specialties

Those who have been trained and are licensed to provide patient care under the following disciplines and specialties are eligible to apply to the NHSC LRP to serve in the HPSA types specified below.

Primary Medical Care HPSA Designation

Disciplines	Specialty
Physicians <ul style="list-style-type: none"> • Allopathic (MD) • Osteopathic (DO) 	<ul style="list-style-type: none"> • <i>Family Medicine</i> • <i>General Internal Medicine</i> • <i>General Pediatrics</i> • <i>Obstetrics/Gynecology</i> • <i>Geriatrics</i>
Physician Assistants (PA) Nurse Practitioners (NP)	<ul style="list-style-type: none"> • <i>Adult</i> • <i>Family</i> • <i>Pediatric</i> • <i>Women’s Health</i> • <i>Geriatrics</i>
Certified Nurse Midwives (CNM)	N/A

Dental HPSA Designation

Disciplines	Specialty
Dentists <ul style="list-style-type: none"> • DDS • DMD 	<ul style="list-style-type: none"> • <i>General Dentistry</i> • <i>Pediatric Dentistry</i>
Dental Hygienists	N/A

Behavioral/ Mental Health HPSA Designation

Disciplines	Specialty
Physicians <ul style="list-style-type: none"> • <i>Allopathic (MD)</i> • <i>Osteopathic (DO)</i> 	<ul style="list-style-type: none"> • <i>Psychiatry (Both General Child and Adolescent Psychiatrists are eligible)</i>
Health Service Psychologists Licensed Clinical Social Workers Psychiatric Nurse Specialists Marriage and Family Therapists Licensed Professional Counselors	N/A
Nurse Practitioners Physician Assistants	<ul style="list-style-type: none"> • <i>Mental Health & Psychiatry</i>

Training and Licensure Requirements

NHSC LRP applicants must demonstrate satisfactory professional competence, professional conduct, and meet discipline/specialty-specific education, training and licensure requirements, as described below.

Applicants who intend to practice under the NHSC LRP as (i) federal employees, (ii) federal contractors, or (iii) employees of a tribal health program (see the [“Definitions”](#) section) in a state in which the tribal health program provides services described in its contract must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in a state.

All other applicants must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration, to practice in accordance with state requirements; practice in accordance with national certification organization standards and practice independently and without supervision as set forth below, in the state where their NHSC-approved service site is located.

NOTE: Clinicians who are in residency programs may apply to the NHSC LRP with a provisional license; however, they must possess a current, full, permanent, unencumbered, unrestricted health professional license before accepting a NHSC LRP award.

The NHSC LRP reserves the right to request documentary proof of completion of discipline-specific advanced training (medical residency, certification, fellowships, etc.), licensure status, and any other requirement set forth below. While an applicant may be licensed in the state of intended practice, there may be additional requirements identified below that must be met in order to be eligible for the NHSC. See, for example, the [“Telehealth and Home Health Policies”](#) section for licensure requirements pertaining to participants providing telehealth services.

Required Credentials for Eligible Disciplines

1. Primary Medical Care

All Primary Care applicants that fall under these disciplines should refer to the “Requirements” section above.

- Allopathic (MD) or Osteopathic (DO) Physicians must have:

i. Education Requirement

A certificate of completion of an M.D. or D.O. at one of the following accredited schools located in a state, the District of Columbia, or a U.S. territory:

A school of allopathic medicine accredited by the Liaison Committee on Medical Education;

-OR-

A school of osteopathic medicine accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.

ii. Certification Requirement

Completed a residency program in a primary care specialty or fellowship in addiction medicine, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility.

The NHSC-approved specialties for physicians are family practice, obstetrics/gynecology, general internal medicine, geriatrics, and general pediatrics.

Psychiatrists must meet the qualifications for physicians as listed above, but are required to serve exclusively in mental health HPSAs.

Physicians who meet the above residency training and licensure requirements may serve at a NHSC-approved service site providing geriatric services if they have completed discipline specific advanced training in geriatrics. This includes, but is not limited to, a residency, fellowship, or certification in geriatric medicine. Documentation of appropriate geriatrics training and certification is required when completing the online application, and will be reviewed by the NHSC to determine whether the training or certification qualifies.

- Physician Assistants (PAs) must practice under the supervision of a primary care physician and have:

i. Educational Requirement

A certificate of completion or an associate, bachelor's, or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university, or educational institution that is accredited by a U.S. Department of Education nationally recognized accrediting body or organization.

ii. Certification Requirement

National certification by the National Commission on Certification of Physician Assistants.

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility.

The NHSC-approved practice areas for PAs are adult, family, geriatric, psychiatry, mental health, geriatrics, and women's health.

PAs who meet the above education, training, and licensure requirements, and provide **behavioral/mental health services**, must serve in a designated mental health HPSA.

PAs who meet the above education, training, and licensure requirements, and provide **primary health care services**, must serve in a designated primary care HPSA.

PAs who meet the above education, training, and licensure requirements may serve at a NHSC approved service site, and provide specialized services, if they have completed discipline-specific advanced training and received a certification. Documentation of appropriate specialized training and certification is required when completing the online application, and will be reviewed by the NHSC to determine whether the training or certification qualifies.

- Nurse Practitioners (NPs) must have:

i. Educational Requirement

A master's degree, post-master's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission (NLNAC) or the Commission on Collegiate Nursing Education (CCNE), in one of these

primary care NP specialties: Adult, Family, Pediatric, Women’s Health, or Geriatrics.

ii. Certification Requirement

National certification by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation in one of these primary care NP specialties: Adult, Family, Pediatric, Women’s Health, or Geriatrics.

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility.

The NHSC-approved specialties for Nurse Practitioners (**NPs**) are adult, family, pediatric, psychiatric-mental health, geriatrics, and women’s health.

NPs who meet the above education, training, and licensure requirements, and provide primary health care services, must serve in a designated primary care HPSA.

NPs who meet the education, training, and licensure requirements, and provide behavioral/ mental health services, must serve in a designated mental health HPSA.

NPs who meet the above education, training, and licensure requirements may serve at a NHSC-approved service site, and provide specialized services, if they have completed discipline-specific advanced training and received a certification. Documentation of appropriate specialized training and certification is required when completing the online application, and will be reviewed by the NHSC to determine whether the training or certification qualifies.

- Certified Nurse midwives (CNMs) must have:

i. Educational Requirement

A master’s degree or post-baccalaureate certificate from a school accredited by the American College of Nurse Midwives (ACNM).

ii. Certification Requirement

National certification by the American Midwifery Certification Board (formerly the ACNM Certification Council).

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC LRP unless practicing in a federal facility.

2. Primary Care - Dental Providers

- General Dentists must have:

i. Educational Requirement

A DDS or DMD degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA); AND

ii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC LRP or a state if practicing in a federal facility.

- Pediatric Dentists must have:

i. Educational Requirement

A DDS or DMD degree from a program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA);

Completed a 2-year training program in the specialty of pediatric dentistry that is accredited by the ADA, CODA; AND

ii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC LRP or a state if practicing in a federal facility.

- Registered Dental Hygienists (RDHs) must have:

i. Educational Requirement

Graduated from a 4-year program accredited by the American Dental Association (ADA), Commission on Dental Accreditation (CODA), with a bachelor's degree in dental hygiene

-OR-

Graduated from a 2-year dental hygiene training program accredited by the ADA, CODA with a diploma, certificate, or associate degree AND have a least one year of experience as a licensed dental hygienist;

ii. Certification Requirement

Successfully passed the National Board of Dental Hygiene Examination; AND

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice under the NHSC LRP or a state if practicing in a federal facility.

General Dentists, Pediatric Dentists, and Registered Dental Hygienists must serve in dental HPSAs.

3. Primary Care - Behavioral/Mental Health Providers

The NHSC recognizes that states have varying educational, experience and testing requirements for the licensing of behavioral/mental health clinicians. The NHSC requires that participants (1) practice in accordance with state requirements, (2) practice in accordance with national certification organization standards, and (3) practice independently and without supervision in the state where they are employed.

- Psychiatrists must have:

i. Educational Requirement

The qualifications for Allopathic (MD) or Osteopathic (DO) Physicians as stated in section 1 above.

ii. Certification Requirement

Complete a psychiatry residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility.

Serve exclusively in a mental health HPSA

- Physician Assistants (PAs) with a mental health specialty must practice under the supervision of a physician and have:

i. Educational Requirement

A certificate of completion or an associate, bachelor's, or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant at a college, university, or educational institution that is accredited by a U.S. Department of Education nationally recognized accrediting body or organization.

ii. Certification Requirement

National certification by the National Commission on Certification of Physician Assistants.

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) from the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility; and serve exclusively in a mental health HPSA.

- Health Service Psychologists (HSPs) must have:

i. Educational Requirement

A doctoral degree (Ph.D. or equivalent) directly related to full professional work in clinical or counseling psychology from a program accredited by the American Psychological Association, Commission on Accreditation.

ii. Certification Requirement

Passed the Examination for Professional Practice of Psychology; the ability to practice independently and unsupervised as a health service psychologist.

iii. Licensure Requirements

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) from the state in which they intend to practice that allows them to practice independently and without direct clinical supervision under the NHSC LRP or from any state if practicing in a federal facility; and serve exclusively in a mental health HPSA.

HSPs who work at schools that are NHSC-approved service sites are eligible to participate in the NHSC LRP, if they meet all other requirements listed above, are primarily engaged in direct clinical and counseling services, and are able to meet the clinical practice requirements for the *entire* calendar year (see the "[Understanding the Service Obligation](#)" and "[Requirements for School-Based Clinics](#)" sections). Psychologists focused on career or guidance counseling are **not** eligible to participate in the NHSC LRP.

- Licensed Clinical Social Workers (LCSWs) must have:

i. Educational Requirement

A master's degree or doctoral degree in social work from a school accredited by the Council on Social Work Education and affiliated with an educational institution accredited by the U.S. Department of Education nationally recognized accrediting body.

ii. Certification Requirements

Successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing exam prior to July 1, 1998, or the ASWB Clinical Exam on or after July 1, 1998;

-OR-

Successfully passed the LCSW Standard Written Examination and the Clinical Vignette Examination; and completed state required number of years or hours of clinical social work experience under the supervision of a licensed independent social worker and passing the clinical level of the ASWB exam.

iii. Licensure Requirements

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) that allows them to practice independently and without direct clinical supervision as a Clinical Social Worker, from the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility; and

Serve exclusively in a mental health HPSA.

- Psychiatric Nurse Specialists (PNSs) must have:

i. Educational Requirement

A master's degree or higher degree in nursing from a program accredited by the NLNAC or the Commission on Collegiate Nursing Education (CCNE) with a specialization in psychiatric/mental health and 2 years of postgraduate supervised clinical experience in psychiatric/mental health nursing;

-OR-

A baccalaureate or higher degree in nursing from a program accredited by the NLNAC or CCNE.

ii. Certification Requirement

Certification by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing;

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice at the level of licensure that allows them to practice independently and without direct clinical supervision as a Registered Nurse (or PNS, if applicable) in the state in

which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility; and

Serve exclusively in a mental health HPSA.

- Marriage and Family Therapists (MFTs) must have:

i. Educational Requirement

A master's or doctoral degree in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) or a graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a COAMFTE accredited postgraduate degree clinical training program in marriage and family therapy;

ii. Certification Requirement

At least 2 years of postgraduate supervised clinical experience as an MFT;

-OR-

Clinical Fellow membership with the American Association for Marriage and Family Therapy (AAMFT);

-OR-

Successfully passed the MFT Standard Written Examination.

iii. Licensure Requirement

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and unsupervised as an MFT in the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility; and

Serve exclusively in a mental health HPSA.

- Licensed Professional Counselors (LPCs) must have:

i. Educational Requirements

A master's degree or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or state institutional accrediting agency; and

Have at least 2 years of postgraduate supervised counseling experience.

ii. Certification Requirements

No additional certifications required.

iii. Licensure Requirements

A current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and unsupervised as an LPC in the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility;

-OR-

If such licensure is not available in the state of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) to practice independently and unsupervised as an LPC in a state and be practicing independently and unsupervised and in a manner consistent with state law in the state where they intend to practice (e.g. Licensed Mental Health Counselor (LMHC) can apply as a LPC)); and serve exclusively in a mental health HPSA.

LPCs who work at schools that are NHSC-approved service sites are eligible to participate in the NHSC LRP, so long as they meet all other requirements listed above, and are able to meet the clinical practice requirements for the *entire* calendar year (see the [“Understanding the Service Obligation”](#) and [“Requirements for School-Based Clinics”](#) sections). Career or guidance counselors are *not* eligible to participate in the NHSC LRP.

Selection Factors

Applicants who meet the eligibility criteria outlined above must also demonstrate that they:

- (1) **Have a history of honoring prior legal obligations.** The NHSC will perform a hard inquiry⁵ with the credit bureaus prior to making the award decision. NHSC LRP applicants who do not have a history of honoring prior legal obligations, as evidenced by one or more of the following factors, will not be selected:
 - a. Default on any federal payment obligations, e.g., Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, Federal Housing Administration Loans, federal income tax liabilities, federally guaranteed/insured loans (e.g., 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.

⁵ According to the U.S. Consumer Financial Protection Bureau, these inquiries “are typically inquiries by lenders after you apply for credit. These inquiries will impact your credit score because most credit scoring models look at how recently and how frequently you apply for credit.” (Source: <https://www.consumerfinance.gov/>.)

- b. Write-offs/charge-offs of any federal or non-federal debts 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.
 - d. Judgment liens arising from federal debt.
 - e. Failure/refusal to provide appropriate permission/consent for the NHSC to access the participant's credit report and failure/refusal to unfreeze a frozen credit report.
- (2) **Do not have negative report on the National Practitioner Data Bank (NPDB).** The NHSC will request and review the applicant's NPDB report.
- (3) **Are not in breach of any service obligation.** NHSC LRP applicants will not be selected for an award if they are in breach of a health professional service obligation to a federal, state, or other entity.
- (4) **Do not have an existing current service obligation and agree not to incur any service obligation that would be performed concurrently with, or overlap with, their NHSC LRP service obligation.** Applicants who are already obligated to a federal, state, or other entity for professional practice or service (e.g., active military duty, the NHSC Scholarship Program, the Nurse Corps Scholarship Program) will not be selected to participate unless that obligation will be completely satisfied prior to the HHS Secretary or designee's approval of the NHSC LRP service (see, the "[Service Obligation](#)" section later in this *Guidance*). Further, participants who subsequently enter into other service obligations (e.g., State Loan Repayment Program) will be subject to the breach of contract provision (see the "[Breaching the NHSC LRP Contract](#)" section).

EXCEPTIONS:

- a. Applicants other than current NHSC LRP participants whose outstanding service obligation to another entity would be completed by the deadline for meeting the NHSC clinical practice requirements (July 18, 2022).
- b. Members of a Reserve component of the armed forces or National Guard who are not on active duty prior to receiving an LRP award **are** eligible for the program. Reservists should understand the following:
 - Military training or service performed by reservists will not satisfy the NHSC service obligation. If a participant's military training and/or service, in combination with the participant's other absences from the service site, will exceed seven weeks per service year, the participant should request a suspension. The NHSC LRP service obligation end date will be extended to compensate for the break in NHSC service.

- If the reservist is deployed, they are expected to return to the NHSC service site where they were 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 a NHSC assignment to another service site, they will be placed in default of their service obligation.

(5) **Are not currently excluded, debarred, suspended, or disqualified by a federal agency.** NHSC LRP applicants are required to report certain information, which is described in the “Certification Regarding Debarment, Suspension, Disqualification and Related Matters” section of the online application. The applicant must sign the certification that is applicable to their situation. As a condition of participating in the NHSC LRP, a participant must agree to provide immediate written notice to the NHSC LRP if the participant learns that they failed to make a required disclosure or that a disclosure is now required due to changed circumstances. The NHSC will verify each participant’s status through the [U.S. Department of the Treasury’s Do Not Pay site](#).

Transitioning from the NHSC Scholarship Program (SP) to the NHSC LRP

Scholars completing their service obligation who wish to be considered for an FY 2022 NHSC LRP award will be able to complete an application by accessing their [BHW Customer Service Portal](#) account and submitting a complete application by the deadline (December 16, 2021).

NHSC SP participants intending to *remain* at the same NHSC-approved service site where they will complete their NHSC SP service obligation are eligible to apply for the NHSC LRP, so long as the scholarship obligation will be fulfilled on or before July 31, 2022. These Scholar applicants will receive [funding priority](#).

NHSC Scholarship Program Applicants to the NHSC LRP-Site Transfers

Scholars who intend to transfer to another NHSC-approved service site must complete their NHSC SP obligation at their current NHSC approved site by July 31, 2022, and start working at their new NHSC-approved service site within 30 days of completing the NHSC SP. When completing the NHSC LRP application, scholar applicants who intend to transfer to a new service site will need to submit the new site for the NHSC LRP so that HRSA can verify future employment.

Qualifying and Non-Qualifying Educational Loans

A NHSC 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 (i.e., private) student 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 an online application to the NHSC LRP.

If a NHSC participant obtains additional educational loans toward another health professions degree that will result in a **change in discipline** (e.g., a Licensed Professional Counselor obtains a doctorate in clinical psychology), they will need to apply to the NHSC as a new participant in a subsequent application cycle and will be reviewed competitively against other applicants. If a prior NHSC participant obtains additional educational loans within the discipline in which they performed their service obligation, those loans are not eligible for repayment.

Consolidated or refinanced loans may be considered for repayment, if they are from a government (federal, state, or local) or private student loan lender and include only qualifying educational loans of the applicant. 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. For loans to remain eligible, applicants must keep their eligible educational loans segregated from all other debts. Eligible educational loans consolidated with loans owed by any other person, such as a spouse or child, are ineligible for repayment.

Loans that do *not* qualify for loan repayment include, but are not limited to:

- (1) Loans for which the applicant incurred a service obligation which will not be fulfilled before the deadline for submission of the NHSC LRP application (December 16, 2021).
- (2) Loans for which the associated documentation cannot identify that the loan was solely applicable to the undergraduate or graduate education of the applicant.
- (3) Loans not obtained from a government entity or private student loan lending institution. Most loans made by private foundations to individuals are not eligible for repayment.
- (4) Loans that have been repaid in full.
- (5) [Primary Care Loans](#).
- (6) Parent PLUS Loans (made to parents).
- (7) Personal lines of credit.
- (8) Loans subject to cancellation.
- (9) Residency and Relocation loans.
- (10) Credit card debt.

NOTE: Documentation of loans will be required. Applicants must provide documentation that proves that their educational loans were contemporaneous with the education received. Loan documentation will be verified by contacting lenders/holders and reviewing the applicant's credit report.

Award Process and Withdrawal

Only the Secretary of HHS or their designee can grant a NHSC LRP award. Awards cannot be guaranteed or granted by the service site personnel, NHSC staff, a Primary Care Office, a Primary Care Association or any other person or entity.

Applicants selected as finalists will receive a Confirmation of Interest email with instructions to sign and return the NHSC LRP contract and to provide banking information in order to confirm their continued interest in the program and to facilitate the electronic transfer of the award funds in the event that their contract is approved by the Secretary of HHS (or designee) and funds are awarded.

NOTE: After submitting a signed contract, an applicant may withdraw their application any time **before** a contract is countersigned by the Secretary or their designee (see the “[Application Review and Award Process](#)” section). After a contract has taken effect, the Secretary or their designee may terminate the contract under the circumstances set forth below (see the “[Contract Terminations](#)” section).

An applicant’s signature alone on the NHSC LRP contract document does not constitute a contractual agreement. The NHSC LRP contract becomes effective on the date it is countersigned by the Secretary of HHS or their designee, which is anticipated on or before **September 30, 2022**, although the contract can be countersigned at any time.

Once the NHSC LRP contract becomes effective, the applicant (now participant) will be provided with information for logging into the [BHW Customer Service Portal](#). This web-based system will allow each NHSC LRP participant to communicate with the NHSC and manage several customer service inquiries, such as contact information changes.

The award letter for the participant is located in the participant’s profile on the [BHW Customer Service Portal](#). The award letter will note the beginning and projected end dates of the service obligation (see the “[Completing an Application](#)” section for details).

Award funds are disbursed in the form of a lump sum payment and will be electronically issued to the bank account provided by the participant approximately 90 days after the contract start date. Where the award amount is less than the maximum amount set forth in this *Guidance*, the payment will be calculated to include interest accrued during the period between the contract start date and the disbursement of funds.

Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC LRP payments for delinquent federal and state debts, including delinquent child support payments.

Once a contract is in place, the NHSC LRP participant is required to participate in a “New LRP Awardee” webinar that will review program requirements. Participants will be notified by email of upcoming webinars and other training opportunities.

Contract Terminations

An applicant becomes a participant in the NHSC LRP only upon entering into a contract with the Secretary of HHS. The contract becomes fully executed (and effective) on the date that the Secretary (or the Secretary’s designee) countersigns the contract. For FY 2022 NHSC LRP contracts, Congress has provided that the Secretary may terminate a NHSC LRP contract if, within sixty (60) days following the contract’s execution date, the participant:

- (1) Submits a written request to terminate the contract within sixty (60) days after the contract has been executed; **and**
- (2) Repays all LRP funds paid to, or on behalf of, the participant under that contract.
- (3) Or, at any time if the individual who has been awarded such contract has not received funds due under the contract and the individual submits a written request to terminate the contract.

A written request for contract termination should be submitted through the [BHW Customer Service Portal](#). If the NHSC LRP funds have been disbursed to the participant, they will receive separate instructions via the [BHW Customer Service Portal](#) or directly from a NHSC representative outlining the process for returning the awarded funds.

Requests to terminate the contract after sixty (60) days will not be considered unless the individual who has been awarded such contract has not received funds due under the contract. Participants who do not meet the conditions for contract termination will be expected to perform their obligations under the contract. Failure to fulfill the terms of the contract may be considered a breach of contract.

Practice Agreement Types

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

- (1) **Federal Assignment.** NHSC LRP participants serving as federal employees are either Federal Civil Service employees or active members of the U.S. Public Health Service (USPHS) Commissioned Corps and will typically be working at a federal site (e.g., an IHS hospital). Participants assigned as Civil Servants may request to serve half-time (subject to federal personnel regulations); USPHS Commissioned Officers must serve full-time.
- (2) **Private Practice Assignment (PPA).** Under a PPA, a NHSC 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 they are assigned. In addition, the site assures that the

participant will receive a salary and malpractice coverage at least equal to what they 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, if available. The PPA service option is available to both full-time and half-time participants.

- (3) **Private Practice Option (PPO).** Under the PPO, a NHSC LRP participant may be (a) self-employed (e.g., a solo practitioner or co-owner of the site at which the applicant works); (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible, NHSC-approved site who is not receiving salary and malpractice coverage at least equal to what they would receive as a Federal Civil Servant. In order to serve under the PPO, the participant must submit a PPO request (application) and, if the NHSC approves the 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 CHIP, and utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient’s ability to pay (see the definition of “NHSC-approved Service Site” in the [“Definitions”](#) section). The PPO requires the individual to comply with the same billing requirements.

If an applicant is ...	and their salary and malpractice/tail coverage are...	they will serve under a:
A federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps	provided by a federal government entity	Federal Assignment (FA)
NOT a federal employee but an employee of a NHSC-approved site	<i>at least equal to</i> what they would earn as a civilian employee of the U.S. Government	Private Practice Assignment (PPA)
NOT a federal employee but an employee of a NHSC-approved site	<i>less than</i> what they would earn as a civilian employee of the U.S. Government	Private Practice Option (PPO)
NOT a federal employee but an independent contractor to a NHSC-approved site, or a member of a group practice in an eligible HPSA site, or a solo practitioner in a NHSC-approved site	whatever income they earn or generate; whatever malpractice coverage they purchase or receive	Private Practice Option (PPO)

Eligible NHSC-Approved Site Types

NHSC-approved service sites (see the “[Definitions](#)” section) are health care facilities that generally provide outpatient primary health services to populations residing in urban or rural HPSAs. Examples are included in the table below. For more information about site eligibility and necessary documentation, visit the [NHSC website](#).

The following types of sites may be eligible to become a NHSC-approved site:

Eligible NHSC-Approved Site Types
<ul style="list-style-type: none">• Federally Qualified Health Care Centers (FQHCs)• Rural health clinics (RHCs)• American Indian Health facilities, including Indian Health Service (IHS) Hospitals with outpatient clinics• FQHC look-alikes• State or federal correctional sites• Critical Access Hospitals with outpatient clinics• Community Health Centers• State or local health departments• Community outpatient sites• Private practices• School-based clinics• Mobile units and free clinics

The following are **not** eligible NHSC service sites, even if they are located in a HPSA: county/local prisons, inpatient hospitals (except for CAHs or IHS Hospitals), and other inpatient facilities. Clinics that limit care to veterans and active duty military personnel (e.g., VA Medical Centers and clinics, military bases, and civilian health care providers in the Tricare network) are also ineligible.

Applicants who work at more than one site (e.g., several satellite clinics) must include all service locations and associated hours in their application by selecting from the drop-down menu and initiating an electronic Employment Verification (EV) for each site when completing the NHSC LRP application. Selecting a site where the applicant is not providing patient care will disqualify their application. Applicants must provide the exact address, including any applicable suite number, of each service site where they work.

For the NHSC LRP, the site point of contact (POC) is the NHSC on-site official who has agreed to and is qualified to perform the applicant’s initial employment verification, as well as the participant’s In-Service Verifications (ISV) – including verification that the participant is meeting their service obligations – throughout the obligated service period. Once initiated by the applicant, the POC must complete the online EV in order for the application to be completed

and ultimately submitted by the applicant, prior to the application deadline. After an award is made, the participant should initiate regular communication and follow up with the POC to ensure that EVs are completed accurately and in a timely manner. Participants should also notify the NHSC of any changes in their site's POC.

The POC will receive periodic reminders to complete the EV; however, **it is the participant's responsibility to ensure that the EV is complete and accurate, within a timeframe that will allow submission of the NHSC application by the application deadline.** The applicant will receive notification that the POC has completed the EV and should work to complete and submit the application as soon as possible. The applicant must contact the POC to resolve any concerns regarding the responses provided on the EV. Applicants will have the ability to edit their application prior to the application submission deadline and initiate a new EV if necessary (e.g., the site mistakenly stated that the applicant was not employed at the site or that the start work date is later than July 18, 2022). However, the site must complete the corrected EV before the applicant can resubmit the application, which must be done before the application deadline. The resubmitted application with corrected EV must be received by the December 16, 2021 deadline or the applicant will be ineligible for an award. Errors made by applicants and/or site POC cannot be corrected after the application deadline.

Most NHSC LRP participants are employees or independent contractors of non-federal facilities in or serving HPSAs that have been approved by the NHSC for performance of the service obligation. Employment contract negotiations are solely the responsibility of the clinician and are between the clinician and the service site. The NHSC strongly discourages service sites from considering the loan repayment funds as income to the clinician when negotiating the clinician's salary. The terms of the employment contract should be carefully reviewed and fully understood by the clinician before the employment contract is signed. Applicants may want to seek legal guidance from private counsel before entering into an employment contract.

It is important to remember that the participant's service contract with the NHSC LRP is separate and independent from the participant's employment contract with the service site. The NHSC LRP requires a participant to work a specified minimum number of hours per week (as outlined below). If the participant's employment contract stipulates fewer hours (and their salary is based on those hours), the participant is still required to meet the NHSC LRP service obligation requirements. The participant's site POC must verify (1) the participant's total work hours (paid and unpaid) and (2) NHSC full-time or half-time work status (see the "[Service Verification](#)" section) every six months during their period of obligated service.

Comprehensive Primary Care and Behavioral Health Sites

In general, NHSC-approved service sites must be certified under the [Comprehensive Behavioral Health Services Certification process](#). Participants who are providing behavioral/mental health services in a certified, non-exempt NHSC behavioral health service site will only be provided an LRP award if the site can verify that it offers comprehensive primary behavioral/mental health

care services (see the “[Definitions](#)” section). If the site does not provide all of these services on-site, the site must demonstrate a formal affiliation with a comprehensive community-based primary behavioral health setting or facility to provide these services. Non-exempt NHSC behavioral health service sites must provide the following services directly, not through affiliation or referral: screening and assessment, treatment plans, and care coordination. For additional information regarding this requirement, including certification timelines for sites, refer to the [NHSC Behavioral Health Services Checklist Program Notification](#). The following NHSC-approved service sites are exempt from the Comprehensive Behavioral Health Services Certification process: FQHCs (Health Center Grantees), FQHC Look-alikes, Indian Health Service (IHS) facilities, Tribally-Operated 638 Health Programs, Urban Indian Health Programs, federal prisons, state prisons, and Immigration and Customs Enforcement (ICE) Health Service Corps sites.

Inpatient Settings

Inpatient hospital settings (except CAHs and IHS Hospitals) are not eligible NHSC service sites. Thus, clinicians whose employment is fully in an inpatient setting are not eligible for a NHSC LRP award. Hospitalists do not qualify for the NHSC LRP unless they can consistently meet the required minimum number of hours per week in an approved outpatient setting, as set forth in the “[Full-Time Clinical Practice](#)” and “[Half-Time Clinical Practice](#)” sections.

CAHs and IHS Hospitals must provide comprehensive primary care and related inpatient services. They must also demonstrate an affiliation (either through direct ownership or affiliation agreement) with an outpatient, primary care clinic. Both the CAHs and IHS Hospitals and their affiliated primary care clinics must submit separate site applications during the same application cycle and certify compliance with the NHSC Site Agreement.

UNDERSTANDING THE SERVICE OBLIGATION

To qualify for the NHSC LRP, applicants must either: 1) be working at a NHSC-approved service site or 2) have accepted an offer of employment at a NHSC-approved service site by the date they submit their application, which must be by December 16, 2021. If the applicant’s site is not currently a NHSC-approved site the applicant is not eligible to apply for or participate in the NHSC LRP program. Note that the NHSC is not accepting new site applications that would allow clinician eligibility during the NHSC LRP application cycle covered by this *Guidance*. New site application cycles will be announced on the [NHSC website](#).

A participant’s NHSC LRP service obligation begins on the date that the NHSC LRP contract becomes effective, which is on the date it is countersigned by the Secretary or their designee. The participant’s award letter will note the beginning and projected end dates of the service obligation. In addition, this information is contained in the participant profile on the [BHW Customer Service Portal](#). Participants will not receive service credit for any employment at a NHSC-approved service site prior to the effective date of their NHSC LRP contract.

The last day of the service obligation is determined in whole years from the start date. For example, the last day of service for a participant with a two-year full-time service obligation that began on July 15, 2022 would be July 14, 2024. 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 workdays) per service year (see the "[Worksite Absences](#)" section).

Conversion to Full-Time or Half-Time Status

At the discretion of the Secretary or their designee, and upon written request, a waiver may be granted to allow a full-time participant to complete the service obligation 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 the "[Practice Types](#)" section). The half-time option is not authorized for PPO practitioners; and
- (3) A participant agrees in writing (by signing an addendum to the NHSC LRP full-time contract) to complete the remaining service obligation through half-time clinical practice for twice as long as the full-time commitment.

Requests must be submitted through the [BHW Customer Service Portal](#). Once the conversion to half-time service becomes effective, the participant's service obligation end date and allowable leave will be adjusted accordingly. Participants who receive waivers to serve half-time must fulfill the remainder of their service obligation serving half-time. **Participants will not be allowed to switch back to full-time service once they have converted to half-time service.**

Half-time participants are only allowed to convert to full-time service at the point they enter into a new full-time NHSC Continuation contract under the following conditions:

- (1) The participant has completed their existing half-time service obligation. Participants will not be allowed to switch from half-time to full-time status within a service contract period (e.g., 6 months into a 2-year half-time contract);
- (2) The participant's NHSC-approved service site agrees via the online EV that the participant will convert to full-time clinical practice (as defined by the NHSC LRP above); and
- (3) The participant agrees to perform one year of full-time clinical practice at their NHSC-approved service site.

Requirements for Full-Time or Half-Time Clinical Practice

Every participant is required to engage in the full-time or half-time (as applicable) clinical practice of the profession for which they applied and were awarded a NHSC LRP contract, at their NHSC-approved service site(s).

- (1) Full-Time Clinical Practice. Full-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours per week may be compressed into no less than 4 days/week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the practice requirements by discipline (below), participants must spend a designated minimum number of hours/week providing patient care. Participants do not receive service credit for hours worked over the required 40 hours/week and excess hours cannot be applied to any other workweek. Also, time spent “on call” will not be counted towards the service obligation, except to the extent the provider is providing patient care during that period. Additional rules apply based on discipline and practice location. For these rules, see the [“Full-Time Clinical Practice Requirements, by Discipline”](#) section.
- (2) Half-Time Clinical Practice. Half-time clinical practice is defined, for the purposes of the NHSC, as 20-39 hours/per week, for a minimum of 45 weeks each service year. The minimum 20 hours/week may be compressed into no less than 2 days/ week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the practice requirements by discipline (below), participants must spend a designated minimum number of hours/week providing patient care. Participants do not receive service credit for hours worked over the required 20 hours/week and excess hours cannot be applied to any other workweek. Also, time spent “on call” will not be counted towards the service obligation, except to the extent the provider is providing patient care during that period. Additional rules apply based on discipline and practice location. For these rules, see the [“Half-Time Clinical Practice Requirements, by Discipline”](#) section.

Active Military and Reserve Service

Individuals in a reserve component of the armed forces, including the National Guard, are eligible to participate in the NHSC LRP. NHSC participants who enlist in any of the armed forces and incur an active duty military obligation before completing their NHSC obligation are subject to the default provision of their NHSC LRP Contract. 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 (35 work days) per service year, the participant should request a suspension (see the

[“Suspensions and Waivers”](#) section). The NHSC LRP service commitment end date will be extended to compensate for the break in NHSC service.

- If the reservist is deployed, they are expected to return to the NHSC-approved service site where they were 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 a NHSC assignment to another service site, they will be in breach of the NHSC LRP Contract.

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

- *Clinical-related administrative, management or other activities* may include charting, administrative care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure and other non-treatment 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. The duties of a medical director are also considered primarily administrative, and NHSC LRP applicants 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 participants) toward the total required 40 hours per week (or 20-39 hours in the case of half-time participants).
- *Teaching activities*, to qualify as clinical practice NHSC LRP participants engaged in teaching activities must provide clinical education to students and residents in their area of expertise. All teaching must be conducted as directed by the NHSC-approved service site(s), subject to the NHSC limits on the number of hours per week allowed for teaching (see the [“Full-Time Clinical Practice Requirements”](#) or [“Half-Time Clinical Practice Requirements”](#) sections, as applicable). The clinical education may:
 - (1) Be conducted as part of an accredited clinical training program;
 - (2) Include the clinical supervision of a student/resident that is required in order for that student/resident 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 (COE).
- Clinical service provided by NHSC participants while a student/resident observes should be counted as patient care, not teaching, as the NHSC LRP participant is treating the patient.

Full-Time Clinical Practice Requirements, by Discipline

Full-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours/week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be

performed in any 24-hour period. As noted below, participants must spend a designated minimum number of hours/week providing patient care based on their discipline and practice location. Participants do not receive service credit for hours worked over the required 40 hours/week and excess hours cannot be applied to any other work week.

Note these rules apply to the “full-time clinical practice” definitions below:

- Of the overall minimum 40 hours/week, clinical-related administrative activities shall not exceed a total of 8 hours per week. For more information, see the definition for “Clinical-related Administrative, Management, or Other Activities” in the [“Definitions”](#) section.
- Of the minimum number of hours/week allotted for patient care as noted in each category of providers below, teaching shall not exceed a total of 8 hours/week. For NHSC LRP participants serving under a federal assignment (FA) or a private practice assignment (PPA), if the teaching takes place in a HRSA-funded Teaching Health Center (see the [“Definitions”](#) section), teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week.

(1) Medical Providers

- a. **For providers of primary medical care services, including pediatricians and geriatricians:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum 32 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 8 hours/week may be spent providing patient care for patients at the approved site(s), providing patient care in an approved alternative setting (e.g., hospital, nursing home, or shelter) or performing clinical-related administrative activities (limited to 8 hours/week).

If serving under an FA or PPA and working in a HRSA-funded Teaching Health Center, teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be spent providing patient care in an approved alternative setting (e.g., hospital, nursing home, or shelter) or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week.

If working in an IHS Hospital or a Centers for Medicare and Medicaid Services (CMS)-approved CAH, at least 16 hours/week must be spent providing patient care in the IHS- or CAH-affiliated outpatient clinic. Of the minimum 16 hours/week

spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 24 hours/week may be spent providing patient care at the IHS Hospital or CAH or the IHS- or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week. Applicants must list both the IHS Hospital or CMS-approved CAH and the affiliated outpatient clinic in their application.

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse midwives):** Clinicians must work a minimum of 40 hours/ week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing patient care at the approved service site(s) 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. The remaining 19 hours/week may be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in an approved alternative setting (e.g., hospital, nursing home, or shelter) or performing clinical-related administrative activities (limited to 8 hours/week).

If serving under an FA or PPA and working in a HRSA-funded Teaching Health Center, teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), may be providing patient care in an approved alternative setting (e.g., hospital, nursing home, or shelter), community-based settings as directed by the approved site(s) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in an IHS Hospital or CMS-approved CAH, at least 16 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic 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. The remaining 24 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS- or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week). Applicants must list both the IHS Hospital or CMS-approved CAH and the affiliated outpatient clinic in their application.

(2) Dental Providers

- a. **For dentists and registered dental hygienists, including pediatric dentists:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45

weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum 32 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 8 hours/week are spent providing patient care for patients at the approved site(s), providing patient care in an approved alternative setting (e.g., hospital or shelter) or performing clinical-related administrative activities (limited to 8 hours/week).

If serving under an FA or PPA and working in a HRSA-funded Teaching Health Center, teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be spent providing patient care in an approved alternative setting (e.g., hospital or shelter) or performing clinical-related administrative activities (limited to 8 hours/week).

General dentists, pediatric dentists, and registered dental hygienists must serve in dental HPSAs.

(3) Behavioral/Mental Health Providers

Read the following section carefully, as the requirements for behavioral/mental health providers have changed.

Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 20 hours/week must be spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum 20 hours spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospital, nursing home, or shelter) as directed by the approved sites. The remaining 20 hours/week must be spent providing patient care at the approved service site(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the approved site(s).

If serving under an FA or PPA and working in a HRSA-funded Teaching Health Center, teaching activities performed by participants in the Teaching Health Center Graduate Medical Education program authorized under 42 U.S.C. § 256h, shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at a participant's approved site(s) or, if directed by a participant's approved site(s), in schools or other community-based settings. Only 8 hours/week may be spent providing patient care in an approved alternative setting (e.g., hospital, nursing home, or shelter) or performing clinical-related administrative activities (limited to 8 hours/week).

If working in an IHS Hospital or CMS-approved CAH (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least 16 hours/week must be spent providing patient care in the IHS or CAH-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 8 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS- or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week). Applicants must list both the IHS Hospital or CMS-approved CAH and the affiliated outpatient clinic in their application.

Half-Time Clinical Practice Requirements, by Discipline

Half-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 20 hours/week (not to exceed 39 hours/week), for a minimum of 45 weeks each service year. The 20 hours/week may be compressed into no less than 2 days/week, with no more than 12 hours of work to be performed in any 24-hour period. As noted below, participants must spend a designated minimum number of hours/week providing patient care based on their discipline and practice location. Participants do not receive service credit for hours worked over the required 20 hours/week and excess hours cannot be applied to any other work week.

Note these rules apply to the “half-time clinical practice” definitions below:

- Of the overall minimum 20 hours/week, clinical-related administrative activities shall not exceed a total of 4 hours per week. For more information, see the definitions for “Clinical administrative, management or other activities” in the “[Definitions](#)” section.
- Of the minimum number of hours/week allotted for patient care, as noted for each category of providers below, teaching shall not exceed a total of 4 hours/week.

(1) Medical Providers

- a. **For providers of primary medical care services, including pediatricians and geriatricians:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum 16 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 4 hours/week are spent providing patient care at the approved site(s), providing patient care in an approved alternative setting (e.g., hospital, nursing home, or shelter) or performing clinical-related administrative activities (limited to 4 hours/week).

If working in an IHS Hospital or CMS-approved CAH, at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the

minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS- or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week). Applicants must list both the IHS Hospital or CMS-approved CAH and the affiliated outpatient clinic in their application.

b. For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse midwives):

Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week are spent providing patient care at the approved service site(s) 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. The remaining 9 hours/week are spent providing patient care at the approved site(s), providing patient care in an approved alternative setting (e.g., hospital, nursing home, or shelter), community-based settings as directed by the approved site(s) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in an IHS Hospital or CMS-approved CAH, at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS- or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week). Applicants must list both the IHS Hospital or CMS-approved CAH and the affiliated outpatient clinic in their application.

(2) Dental Providers

For dentists and registered dental hygienists, including pediatric dentists: Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum 16 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 4 hours/week are spent providing patient care at the approved site(s), providing patient care in an approved alternative setting (e.g., hospital, nursing home, or shelter) or performing clinical-related administrative activities (limited to 4 hours/week).

General dentists, pediatric dentists, and registered dental hygienists must serve in dental HPSAs.

(3) Behavioral/Mental Health Providers:

Read the following section carefully, as the requirements for behavioral/mental health providers have changed.

Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 10 hours/week are spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum 10 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity, performing clinical-related administrative activities, or in an alternative setting (e.g., hospital, nursing home, and shelter), as directed by the approved site(s). The remaining 10 hours/week may be spent providing patient care at the approved service site(s) or performing service as a behavioral or mental health professional in schools or other community-based settings when directed by the approved site(s).

If working in an IHS Hospital or CMS-approved CAH (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least 8 hours/week must be spent providing patient care in the hospital-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the IHS Hospital or CAH or the IHS- or CAH-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week). Applicants must list both the IHS Hospital or CMS-approved CAH and the affiliated outpatient clinic in their application.

Requirements for School-Based Clinics

All school-based clinics must be NHSC-approved service sites. Participants serving at school-based clinics as their primary service site(s) must provide required documentation (e.g., ISV Forms) that demonstrates they are meeting their NHSC service obligation at that facility. For participants serving at a NHSC-approved school-based clinic, the NHSC understands that the school-based clinic may not be open year-round. Providers who work at school-based clinics that are not open year-round will not receive NHSC service credit for any period of time they are not serving at a school-based clinic. In order to meet the NHSC's clinical practice requirements, participants who are working at school-based clinics that are not open for a minimum of 45 weeks per service year have the option to work at an additional NHSC-approved site (or sites). The additional NHSC-approved site (or sites) must satisfy the HPSA requirements identified in the participant's initial NHSC LRP contract.

If the participant's school is closed for a portion of the year, and the participant does not have an alternate NHSC-approved site that will enable the participant to fulfill the NHSC's annual clinical practice requirements, the participant's service obligation will be extended.

Telehealth and Home Health Policies

Telehealth. NHSC participants must comply with all applicable telemedicine policies of their site, as well as, all-applicable federal and state rules and policies regarding telemedicine services.

NHSC participants who are performing telehealth are encouraged to utilize HRSA's [Telehealth Resource Centers \(TRCs\)](#). These centers provide free telehealth technical assistance and training for providers using telehealth.

Subject to the restrictions below, the NHSC will consider telehealth as patient care when both the **originating site** (location of the patient) and the **distant site** (location of the NHSC participant) are located in a HPSA and are NHSC-approved. All NHSC LRP participants who are providing telehealth services are subject to the restrictions below:

- a. The NHSC participant must be practicing in accordance with applicable licensure and professional standards.
- b. NHSC participants must be available, at the discretion of the NHSC-approved site, to provide in-person care at the direction of each telehealth site on the LRP application regardless of whether such sites are distant or originating.
- c. Telehealth may be conducted to or from an approved **alternative setting** as directed by the participant's NHSC-approved site. All service completed in an approved alternative setting is restricted to the program guidelines. For more information, please see the definition for approved alternative setting in the "[Definitions](#)" section.
- d. Self-employed clinicians are not eligible to earn NHSC service credit for telehealth services.
- e. If telehealth services are provided to patients in another state, the clinician must be licensed to practice (including compacts) in both the state where the clinician is located (i.e., the distant site) and the state where the patient is physically located (i.e., the originating site).
- f. Telehealth 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 participant at the distant site. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

Home Health. The NHSC does not currently recognize the homes of patients or providers 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 (see the "[Full-Time Clinical Practice Requirements, by Discipline](#)" and "[Half-Time Clinical Practice Requirements, by Discipline](#)" sections)."

PROGRAM COMPLIANCE

Worksite Absences

The information provided below pertains to compliance with the NHSC LRP service obligation and is not a guarantee that a service site will allow any particular amount of leave. Leave must be approved by the service site; therefore, participants cannot receive credit for leave if they are unemployed.

- (1) Full-time participants are allowed to spend no more than 7 weeks (35 full-time workdays or 280 full-time working hours) 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 7 weeks (35 half-time workdays or 140 half-time working hours) 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 for full-time participants, 20 for half-time participants), the only time spent away from the site that will need to be reported (see the [“Service Verification”](#) section below) and deducted from the allowed absences per service year (as set forth above) are the hours of absence that cause a participant’s work hours to fall below the NHSC’s required minimum number of hours per week. For example, a half-time participant who works 32 hours a week would not need to report 12 hours of sick leave because the participant has still met the NHSC’s minimum service requirement of 20 hours a week.

Absences over 280 full-time working hours or 140 half-time working hours (which translates into 7 weeks or 35 workdays) will result in the extension of the participant’s service obligation. Participants who have a medical or personal emergency that will result in an extended period of absence *will need to request a suspension* of the NHSC service obligation 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 obligation end date will be extended accordingly (see the [“Suspensions and Waivers”](#) section). **Note that participants with absences above the 35 workdays may not qualify for a NHSC LRP continuation contract.**

Service Verification

Every NHSC LRP participant must submit service verification documentation for each six months of service. The ISV form will be available through the [BHW Customer Service Portal](#) and must be completed and electronically signed by the participant. Once completed by the participant, it will be forwarded to the site POC at the NHSC-approved service site for electronic verification through the [BHW Customer Service Portal](#). By completing and electronically signing the ISV

form, the participant and the site POC are certifying the participant's compliance or noncompliance with the clinical practice requirements during the preceding six-month period. The ISV will also record the time spent away from the service site during the six-month period and hours that fall below 40 (full-time) and 20 (half-time) hours/week.

While the NHSC will take steps to alert both the participant and the site to the due date for an ISV submission, it is the participant's responsibility to ensure that the site POC at their NHSC-approved service site completes the verification in a timely manner and that it is accurate.

Participants who fail to ensure that their ISV forms are completed and submitted on time risk not receiving service credit and being recommended for default. Participants who do not submit ISVs or who are consistently late in submitting them may not be selected for a NHSC LRP continuation contract.

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 12 hours of sick leave because the participant has still met the minimum service requirement of 20 hours per week.

Leaving an Approved Service Site Prior to Completion of Service

The NHSC expects that participants will fulfill their obligation at the NHSC-approved service site(s) identified in the "Confirmation of Interest" notification that applicants are required to electronically sign. If a participant feels they can no longer continue working at the approved service site, the participant should discuss the situation and/or concerns with their NHSC-approved service site management and must contact the NHSC immediately through the [BHW Customer Service Portal](#). If the participant leaves their NHSC-approved service site(s) without prior approval of the NHSC, they may be placed in default as of the date they stopped providing patient care at the NHSC-approved service site and become liable for the monetary damages specified in the participant's NHSC LRP contract. **Participants who are terminated for-cause by their service site will be placed in default.**

Transfer Request to Another NHSC-Approved Service Site

Participants who require a site change to another NHSC-approved service site must request a transfer through the [BHW Customer Service Portal](#). The site change must be approved and processed by the NHSC prior to the participant beginning work at the new site. If a participant begins employment at a site before obtaining NHSC approval, they may not receive service credit for the time period between their last day providing patient care at the prior 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, they may be placed in default.

Continuing Service After Initial 2- year Contract

A NHSC LRP participant may be eligible to continue loan repayment beyond the initial contract, one year at a time, to pay off all qualifying educational loans. To remain eligible, the individual must have unpaid qualifying educational loans, have applied all previously received NHSC LRP payments to reduce their qualifying educational loans, continue to serve at a NHSC-approved site, and meet all other program eligibility criteria in effect at the time the participant is being considered for a continuation contract. There is no guarantee that a participant will receive a continuation contract for continued participation in the program beyond the initial contract. Continuation awards will be made at the government's discretion and are subject to the availability of appropriated funds.

The NHSC Continuation Contract application is completed through the BHW Customer Service Portal. All continuation application cycles are based on the current participant's contract end date and participants will receive a notification of their eligibility for the continuation. Participants who fail to submit their Continuation Contract application within the designated timeframe may not be allowed to apply at a later date. In the event the deadline is missed, you may be required to apply and compete for a new two-year initial contract.

If the NHSC LRP participant plans to pursue a Continuation Contract with the NHSC once the initial contract has been fulfilled, the NHSC LRP participant must have a record of compliance with NHSC LRP requirements to be considered as qualified for an award. NHSC LRP participants who fail to comply in a timely manner with program requirements applicable during the respective contract period, as evidenced by one or more of the following factors, may not be selected:

- (1) Failure to apply all previously awarded NHSC LRP funds to the applicant's qualifying educational loans, as listed on the applicant's Participant Authorization Worksheet (PAW).
- (2) Failure to submit 6-month ISV forms on time. If any ISV is more than 60 days delinquent, a participant may be considered unqualified for a continuation contract.
- (3) Unapproved conversion to half-time. If a participant converts from a full-time to half-time schedule without first obtaining NHSC approval, the participant may be considered to be unqualified for a continuation contract.
- (4) Failure to alert the NHSC that the participant has left or is going to leave one or more of their NHSC-approved sites. Participants may be considered unqualified for a contract if they leave the NHSC-approved site of record without notifying the NHSC in advance of the departure.

- (5) Unapproved or excessive transfers. Participants who transfer to another site prior to obtaining NHSC approval or who request excessive transfers, defined as more than two voluntary transfers, may be considered unqualified for a continuation contract.
- (6) Failure to adhere to other program timelines and policies. Participants who fail to disclose information regarding their service that impacts compliance with the terms and conditions of a NHSC contract (e.g., working at an additional site), who fail to submit documentation for service requests in a timely manner (e.g., transfer request documents), or who demonstrate inflexibility in practice locations prior to official NHSC site assignment (in cases of unemployed clinicians) may be disqualified from consideration for a continuation contract.
- (7) Excessive absences. Participants with absences in excess of 35 work days per service year may not qualify for a continuation contract.

The above selection factors also apply to individuals who previously participated in the LRP and are applying for a new award. For purposes of selecting individuals for a new initial 2-year contract or a subsequent continuation contract, an individual may be deemed unqualified if any of the above factors are present, despite an individual's subsequent actions to return to compliance. Some of the above factors, if not resolved promptly, may also result in a current participant breaching the current contract and being placed in default of their NHSC LRP contract.

NOTE: Participants who complete their initial 2-year contract and will not be continuing their service with the National Health Service Corps (NHSC) will receive a **completion letter** after all ISVs are completed.

Unemployment During Service Obligation

Participants who resign or are terminated from their NHSC–approved site(s) must contact the NHSC immediately through the [BHW Customer Service Portal](#). If the participant is eligible for a transfer, the NHSC will give the participant a specific time frame in which to obtain employment at an approved service site identified by the NHSC or at another suitable NHSC-approved site identified by the participant (see the "[Transfer Request to Another NHSC-Approved Service Site](#)" section above).

Although the NHSC may assist unemployed participants with identifying suitable positions at NHSC- approved sites (referred to as "site assistance"), **it is the participant's responsibility to obtain employment at a NHSC-approved site.** Unemployed participants may be expected to relocate in order to fulfill their NHSC LRP obligation.

NOTE:

- **Approval of a transfer or reassignment is at the NHSC's discretion, and available service opportunities may not be in the participant's preferred geographic area.**

- **Participants who voluntarily resigned from their sites without prior approval from the NHSC, were terminated for cause, or are deemed ineligible for site assistance may not receive a transfer to another site, may be disqualified from continuation contract eligibility, and may be placed in default.**

Work at an Unapproved Satellite Clinic

Participants who are asked by their service site to work at a satellite clinic that is not listed in the provider's profile on the [BHW Customer Service Portal](#) must immediately notify the NHSC through the [BHW Customer Service Portal](#). Time spent at unapproved clinics will not count towards the participant's service obligation.

Breaching the NHSC LRP Contract

While the NHSC will work with participants to assist them, to the extent possible, to avoid a breach and fulfill the service obligation, participants are reminded that the failure to complete service for any reason is a breach of the NHSC LRP contract. Participants should make sure that they understand the following monetary damages that are required by federal law when an LRP contract is breached.

A participant who breaches a commitment 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;

except the amount the United States is entitled to recover shall not be less than \$31,000.

See Section 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254o(c)(1)), as amended.

A participant who breaches a commitment 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;

except the amount the United States is entitled to recover shall not be less than \$31,000.

See Sections 331(i)(2)(F) and 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254d(i)(2)(F) and 254o(c)(1)).

NOTE: The minimum amount the United States is entitled to recover from a participant who breaches a commitment to serve full-time or half-time *will not be less than \$31,000.*

Any participant that breaches the contract will receive a default notice from the Debt Collection Center that specifies the amount the United States is entitled to recover, as set forth above. The debt will be due to be paid within one year from the date of the default notice. During the one year repayment period, the debt will be reported to the credit reporting agencies as “current”. Failure to pay the debt by the due date has the following consequences:

- (1) **The debt will be reported as delinquent to credit reporting agencies.** 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 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 LRP debt. Also, defaulters who are federal employees may have up to 15% of their take-home pay garnished to pay a delinquent NHSC LRP debt.
- (4) **Licensure Sanctions.** In some states, health professions licensing boards may impose sanctions, including suspension or revocation of a defaulter’s professional license, if the defaulter fails to satisfactorily address repayment of their NHSC LRP debt.

Bankruptcy

The participant should also be aware that it is not easy to discharge a NHSC LRP debt by filing for bankruptcy. A financial obligation under the NHSC LRP is not dischargeable in bankruptcy for seven years after the debt becomes due (i.e., for 7 years from the end of the one-year repayment period). After the 7-year period of absolute non-discharge expires, the debt may be discharged in bankruptcy only if a bankruptcy court determines that it would be unconscionable not to discharge the debt.

Sample Default Scenarios

Scenario 1: Dr. Jane Smith entered into a 2-year NHSC LRP full-time service contract effective January 14, 2022. Her service end date is January 13, 2024. She received \$50,000 in LRP

financial support to apply toward her qualifying educational loans. She was terminated for cause by her service site at the end of her workday on March 31, 2022. The NHSC determines that she defaulted on her LRP contract on April 1, 2022, and served 77 days of her 2-year (730-day) service obligation.

Dr. Smith is liable to the United States for: (1) \$44,726 for the loan repayments received for obligated service not completed ($653/730 \times \$50,000$) and (2) \$165,000 for the months of service not completed ($\$7,500 \times 22$). Her total LRP debt of \$209,726 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2022). Dr. Smith will receive a default notice from the Debt Collection Center that specifies the amount the United States is entitled to recover, as set forth above. The debt will be due to be paid within one year from the date of the default notice from the Debt Collection Center.

Scenario 2: Dr. Smith entered into a 2-year NHSC LRP half-time service contract effective January 15, 2022. Her service end date is January 14, 2024. She received \$25,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her service site at the end of her workday on September 30, 2022 because she found a higher paying job at a clinic that is not located in a HPSA. The NHSC determines that she defaulted on her LRP contract on October 1, 2022, and served 259 days of her 2-year (730-day) service obligation.

Dr. Smith is liable to the United States in the amount of (1) \$16,130 for the loan repayments she received for obligated service not completed ($471/730 \times \$25,000$) and (2) \$33,750 for the amount owed for the months of service she did not complete ($\$3,750 \times 9$). Her total LRP debt of \$49,880 will begin accruing interest at the applicable maximum legal prevailing rate as of her default date (October 1, 2022)(in accordance with section 338E(c)(1)(C)). Dr. Smith will receive a default notice from the Debt Collection Center that specifies the amount the United States is entitled to recover, as set forth above. The debt will be due to be paid within one year from the date of the default notice from the Debt Collection Center.

Maternity/Paternity/Adoption Leave

Maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the [BHW Customer Service Portal](#). If participants plan to be away from their site for maternity/paternity/adoption leave, they are required to inform the NHSC before taking the leave. The NHSC will allow participants to be away from their site within the timeframes established by either the Family Medical Leave Act (up to 12 weeks) or the participant's state of residence; however, the participant must also adhere to the leave policies of their NHSC-approved service site. If participants plan to take more than 12 weeks, they are required to request a medical suspension (see the "[Suspensions and Waivers](#)" section), which may or may not be approved by the NHSC. Requests should be submitted through the [BHW Customer Service Portal](#). 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 7 weeks (35 workdays) per service year; therefore, a participant's obligation end date will be extended for each day of absence over the allowable 7 weeks (35 workdays).

Suspensions and Waivers

The NHSC requires participants to fulfill their service obligation without excessive absences or significant interruptions in service. Participants are allowed 7 weeks (35 workdays) of leave per service year; however, circumstances might occur that will prevent a participant from staying within this timeframe. In these cases, the Secretary of HHS may, under certain circumstances, suspend (i.e., put "on hold") the NHSC LRP service obligation. In addition, the Secretary of HHS may waive (i.e., excuse) the NHSC LRP service or payment obligation.

- (1) **Suspension.** A suspension of the NHSC 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 obligation end date. The major categories of suspension are set forth below. Suspension requests are submitted through the [BHW Customer Service Portal](#).
 - a. **Leave of Absence for Medical or 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, as well as unmarried partners, both same sex and opposite sex, living in the same household), which results in the participant's temporary inability to perform the NHSC LRP service obligation.
 - b. **Maternity/Paternity/Adoption Leave.** If the participant's maternity/paternity/adoption leave will exceed 12 weeks (or a longer period as permitted under state law where the participant resides) during a service year, a suspension may be granted by the NHSC based on documented medical need.
 - c. **Call to Active Duty in the Armed Forces.** Participants who are military reservists and are called to active duty must submit a request for a NHSC service suspension through the [BHW Customer Service Portal](#). The period of active military duty will not be credited towards the NHSC service obligation. Suspensions for active duty military assignment are granted for up to one year, beginning on the activation date described in the reservist's call to active duty order. A copy of the order to active duty must be provided to the NHSC with the request for a suspension. In the event that the NHSC participant's period of active duty with the armed forces entity is extended beyond the approved suspension period, the participant must contact the NHSC through the [BHW Customer Service Portal](#) for guidance on how to request an extension of the suspension period.

(2) **Waiver.** A waiver permanently relieves the participant of all or part of the NHSC LRP commitment. A waiver may be granted **only** if the participant demonstrates that compliance with their commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable. A waiver request must be submitted by uploading a signed request letter, including the reason(s) the waiver is being sought, as an inquiry through the [BHW Customer Service Portal](#). The participant will be contacted by HRSA regarding the medical and financial documentation necessary to complete the waiver request. All documents can be submitted through the [BHW Customer Service Portal](#).

Note: Waivers are not routinely granted and require documentation of compelling circumstances.

Cancellation of NHSC Obligation

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

Application Information

APPLICATION DEADLINE

A complete online application must be submitted via the [BHW Customer Service Portal](#) by **7:30 p.m. ET December 16, 2021**. 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 or mail. The electronic Employment Verification (see below) must also be completed before an applicant can submit their application.

Applicants should print and keep a copy of the completed application package for their records. Applicants are responsible for submitting a complete and accurate online application, including ALL required documentation in a legible format. ***If during the initial review of the application, the NHSC discovers that documentation is missing, or not legible, the application may be deemed “incomplete” and rejected. If the answers provided in the online application do not match the supporting/ supplemental documents, or if the documentation provided does not accurately verify the answers provided, the application will be rejected.***

COMPLETING AN APPLICATION

A **complete** NHSC LRP Online Application consists of:

- (1) Online application;
- (2) Required supporting documentation; and
- (3) Additional supplemental documentation (if applicable).

The NHSC 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, NHSC LRP staff will not fill in any missing information or contact applicants regarding missing information.

Online Application

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

- (1) **NHSC Eligibility.** If an individual does not pass the initial screening portion of the online application, they will not be able to continue with the application. Refer to the [“Eligibility Requirements”](#) section of the *Guidance* for further details.
- (2) **Program Eligibility.** Answers to this section will determine the NHSC LRP program that is optimal for you to apply for an award.
- (3) **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.

- (4) **Discipline, Training and Certification.** Answers to this section pertain to the applicant's education, training, and licensure/certification.
- (5) **Employment.** In this section, applicants will search for and select the NHSC-approved site(s) where they are providing or will provide patient care. If any of the service sites are not listed in the search results, applicants are required to select the option below the search tool, which states to "Click this box if your site is not listed in the search results." The applicant must confirm that the address selected or entered in the search box is an exact match to the street and suite number of their service site (s). If selected, the applicant is provided instructions on how to resolve the site concern. The NHSC is no longer accepting Site Applications. If any of the sites where the applicant provides patient care are not currently a NHSC-approved site, the provider may not be eligible to apply.
- (6) **Employment Verification.** Once an applicant selects the NHSC-approved site(s) at which they are or will be working, the applicant will need to initiate an electronic EV. Once initiated, the designated POC(s) at the NHSC-approved service site will be notified electronically through the BHW Customer Service Portal that an EV has been requested by the applicant. Once completed by the site(s) POC(s), the applicant will be notified. The site must complete the electronic EV before an applicant will be allowed to submit the application. If an EV is not submitted by every site identified by the applicant, the application cannot be submitted. It is the applicant's responsibility to ensure that the EV is completed by the site POC. The NHSC will make no exceptions.

NOTE: When serving at an IHS Hospital or CMS-approved CAH all applicants must include the hospital-affiliated outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of submission.

The POC will receive periodic reminders to complete the EV; however, it is the applicant's responsibility to ensure that the EV is complete and accurate, within a timeframe that will allow them to submit the NHSC application by the application deadline. The applicant will receive notification that the POC has completed the EV and should work to complete and submit the application, as soon as possible. The applicant must contact the POC to resolve any concerns regarding the responses provided on the EV.

Applicants will have the ability to edit their application and initiate a new EV if necessary (e.g., the site mistakenly stated that the applicant was not employed at the site or that the start work date is later than July 18, 2022). However, the site must complete the corrected EV before the applicant can resubmit the application, which must be done before the application deadline. The resubmitted application with corrected EV must be received by the December 16, 2021 deadline or the applicant will be ineligible for an award. Errors made by applicants and/or site points of contact cannot be corrected after the application deadline.

If information on the EV (such as licensure or employment address) is identified as inaccurate after the applicant has been awarded (i.e. their NHSC contract has been countersigned by the Secretary's designee) and HRSA therefore deems the recently awarded participant to be out of compliance with program requirements, the participant may terminate their contract within 60 days of its execution or at any time if the individual who has been awarded such contract has not received funds due under the contract.

Additionally, if the NHSC applicant is working at multiple sites, each EV should reflect the hours worked at each site. The total hours from all the EVs must be at least 40 hours weekly for full-time employment and 20 hours weekly for part-time employment.

(7) **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 LRP through a review of the supporting documents, by contacting lenders/holders, and by checking the applicant's credit report. Applicants are strongly encouraged to view the link provided in the application for detailed instructions on the types of documents that need to be provided to help the NHSC verify loan information. The following information must be entered about each of the loans applicants wish to submit for repayment, and the *Required Supporting Documentation* (see below) must be uploaded 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 LRP application submission).
- f. Current interest rate.
- g. Type of loan. If a consolidated loan, additional questions will be asked:
 - i. Original date of consolidation.
 - ii. Original balance of consolidation.
 - iii. Account number.
- h. Purpose of loan.

Required Supporting Documentation

It is the applicant's responsibility to provide/upload supporting documentation into the online application. All information in the supporting documentation must match answers provided in the online application or the application will be deemed ineligible. An application will not be considered complete and an applicant may not submit an application, unless it contains each of the following required supporting documents:

- (1) **Proof of Status as a U.S. Citizen or U.S. National.** This document may include a copy of a birth certificate, the ID page of a current U.S. passport, or a certificate of citizenship or naturalization. **Copies of a driver's license or a Social Security card are not acceptable documents.**
- (2) **Health Professional License.** Applicants will be required to submit proof of their current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable), **with an expiration date**, in the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility.
- (3) **Loan Information Verification.** Applicants will be required to provide two types of documentation for each loan that is being submitted for consideration: (a) an account statement and (b) a disbursement report.
 - a. **Account Statement.** This document is used to provide current information on their qualifying educational loans. Often borrowers receive monthly statements indicating the status of their 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 LRP applicant);
 - iii. contain the account number;
 - iv. include the date of the statement (cannot be more than 30 days from the date of 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 LRP application submission);
 - vi. include the original loan amount; and
 - vii. include the purpose of the loan.

NOTE: For all **federal** loans, the [Student Aid Summary](#) report is used to verify the originating loan information. The applicant will need a Federal Student Aid ID (FSAID) to log in to their secured area—[create an FSAID](#). If the applicant has multiple federal loans, they will only need to access one Student Aid Summary report. The Student Aid Summary report will contain information on all their 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). The applicant may be able to obtain this disbursement information on their lender's website; however, all documentation must be on official letterhead from the lender.

Additional Supplemental Documentation (if applicable)

The following additional documents will be required for submission only if the applicant's responses on the online application indicate that they are relevant. 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) **Specialty Certification.** If an applicant selects a specialty, they will be required to upload a copy of the certificate of completion or diploma from the training program where they matriculated.
- (2) **Postgraduate Training Verification. This document verifies that the applicant completed the PCTE: Training Primary Care Champions (applies to physicians and physician assistants only) or AMF Program.** This documentation is in addition to the postgraduate training related to the applicant's practice area. Such documentation may include an official completion certificate.
- (3) **THCGME Identification Number:** Applicants who have completed a postgraduate medical or dental training program funded by HRSA through the THCGME Payment Program are required to submit the residency identification number and residency completion certificate, if available. Use the [Accreditation Council for Graduate Medical Education \(ACGME\)](#) or [The Commission on Dental Accreditation](#) to look up your program identification number.
- (4) **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.
- (5) **Verification of Existing Service Obligation.** If the applicant has an existing service obligation, they must submit verification from the entity to which the obligation is owed that the existing service obligation will be completed prior to the application deadline (December 16, 2021).
- (6) **Proof of Name Change.** Applicants will be required to provide legal documents (marriage license or divorce decree) if the name on the proof of citizenship document is different from the name in the application.
- (7) **Payment History.** Former NHSC LRP participants seeking a new 2-year LRP award must provide verification that all previous NHSC LRP funds were used to repay the approved qualifying educational loans as part of the applicant's most recent NHSC LRP contract.

Generally, this information is in the form of a payment history, which varies in name (i.e., Payment History, Financial Activity Summary, or Transaction History Report) that is provided by the lender servicer for each of the approved loans. The verification document must be uploaded to the application and clearly show that the entire award amount was applied to the approved loans during the most recent NHSC LRP service period. Documentation requirements include the following:

- a. An official document or printed webpage that includes the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the contract period.
- b. The payment history must show that all NHSC LRP funds received have been paid toward their qualifying educational loans that were approved by the NHSC with the most recent contract.
- c. For loans consolidated during the most recent 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 the applicant's loans were consolidated and the NHSC does not receive an itemized loan list, the applicant will not be given credit for payments made toward those loans. If the applicant consolidated their qualifying educational loans with non-qualifying debt, the NHSC cannot give credit for payments made toward the consolidated loans.

NOTE: Cancelled checks, bank statements, and "Paid In Full letters" will not be accepted as proof that loan payments were properly applied.

Application Review and Award Process

Applicants receive a receipt of submission pop-up immediately upon submitting the online application. Applicants are able to view the overall status of their application, as well as a copy (.pdf) of their submitted application, uploaded supporting documents, and completed EVs by logging into the application account that was set up when the applicant registered to apply. **It is the applicant's responsibility to ensure that the entirety of the application and required supporting documents (including EVs) and applicable supplemental documents are accurately submitted.**

Once the online application has been submitted, applicants will have an opportunity to make edits to their online application, including the ability to upload new documents, cancel and reinstate employment verifications, change answers to questions and loan data, and withdraw their applications from consideration. Final edits and resubmissions must be made before the close of the application cycle (December 16, 2021).

Each time the application is reopened for editing, or to check specific elements of the application, the applicant must: 1) complete the "Self Certifications" section, and 2) click the "Submit" button to resubmit their application, or the application will not be submitted. The

NHSC advises that providers submit their complete applications as early in the open application period as possible. Applicants who wait until the end of the application cycle risk submitting incomplete or ineligible applications if errors are found later during the open application cycle. The “Edit” option is available in the applicant’s account on the “Submitted” page, until the close of the application cycle. The ability to edit and resubmit an application will be disabled after the application deadline. Applications not resubmitted by this deadline will not be considered for an award. No exceptions will be made in cases where an applicant fails to resubmit an edited application.

Applicants may withdraw their application at any time prior to the contract being countersigned by the Secretary of HHS or their designee. To withdraw, applicants must log into their application account, and select the “Withdraw” option on the “Submitted” page.

The NHSC will not begin to review applications for funding until the application deadline (December 16, 2021) has passed (see the [“Funding Priorities”](#) section).

If review of the electronic EV indicates that the applicant’s position would be identified as a PPO (see the [“Practice Types”](#) section), the applicant will electronically certify a PPO Request, as required by law. In addition, the applicant will e-sign the *PPO Agreement*, also required by law, which sets forth the requirements and limitations for a PPO. If the individual is selected for an award and the NHSC determines that the practice meets PPO requirements, the Secretary or their designee will countersign the *PPO Agreement*.

All participants must notify the NHSC of changes in personal information. Applicants and participants must provide the NHSC with notification of any changes to their contact information (e.g., name change, email, mailing address, or telephone number) prior to the change occurring, if possible, or immediately after the change occurs. Applicants can manage their contact information through their online application account on the “Account Settings” page. Once an applicant becomes a participant, they will be provided with information for logging into the [BHW Customer Service Portal](#) to make any necessary updates to their information.

NHSC Communication Methods

The NHSC LRP frequently corresponds with applicants by email. It is important that the applicant check their email during the application process for correspondence from the NHSC office and **make certain to disable spam blockers (or check the spam folder)**. The NHSC LRP will provide email updates, as applicable; however, it is the applicant’s responsibility to ensure the contact information that the NHSC has on file is correct. If updates are necessary, applicants can make changes prior to the close of the application cycle by logging into their application account. When submitted applications are opened for editing during the open application cycle, applicants must complete ALL steps to resubmit their application prior to the

close of the application cycle. Applications that remain in the “In Progress” state (not submitted) after the close of the application cycle are not eligible for review or award.

CONFIRMATION OF INTEREST

Award finalists are notified by email to log into their application account to confirm their continued interest in receiving an award, and to confirm that the loan and employment information provided to the NHSC on their LRP Application remains valid. Applicants are also asked to confirm that they have read and understand the LRP contract they will be asked to sign if they accept an award. In addition, applicants are asked to provide their direct deposit banking information for award funds in the event they receive a LRP contract. **Please note that this Confirmation of Interest is not a guarantee that the individual will receive an award, as awards are subject to the availability of funds.** All participants will receive final notification of an award, including the service obligation dates, no later than September 30, 2022.

To confirm interest in receiving a NHSC LRP award, an applicant must respond by the deadline provided with the Confirmation of Interest email and verify that:

- They are currently employed by (i.e., are already working at) the NHSC-approved service site(s) they selected when they submitted their application. Applicants who are not employed at the site(s) verified by the NHSC, must check “NO” where asked.
- They are currently meeting and will, to the best of their knowledge, continue to meet the clinical practice requirements for their discipline and specialty, as outlined in this Application and Program Guidance, throughout the period of obligated service.
- The loans approved by the NHSC for repayment are correct.

All finalists must read and electronically sign the contract document. The electronic signature has the effect of a handwritten signature, and verifies that all of the information in the Confirmation of Interest is accurate. **Once the contract is countersigned by the Secretary of HHS or their designee, the contract becomes executed and the participant’s NHSC LRP service obligation becomes effective.** Applicants who verify inaccurate information on the Confirmation of Interest may not receive service credit and/or be in a breach of contract. If an applicant does not complete the Confirmation of Interest process by the deadline, they may be withdrawn from consideration and (if interested in participating in the program) will be required to submit a new application during a future application cycle for first-time participants and compete with other providers based on program requirements in effect at that time.

If an individual selected for an award decides not to accept the award **prior to signing the contract**, they 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.

If an individual selected for an award decides not to accept it **after signing the contract**, the individual should notify the NHSC immediately through the [BHW Customer Service Portal](#) that they no longer want 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 signed the contract**, the individual has 60 days from the date the Secretary's designee signed the contract to request a termination of the contract, or may request termination at any time if the individual who has been awarded such contract has not received funds due under the contract.

Additional Information

RESOURCES FOR APPLICANTS

Health Workforce Connector

The [Health Workforce Connector](#) contains a searchable database for all NHSC-approved service sites, including those with current job openings. Additionally, clinicians can create a searchable user profile, so hiring sites can contact you.

HPSA Find

All NHSC participants must serve in a federally designated HPSA appropriate to their discipline, as noted. You may find the locations of current HPSAs by using the following tools:

[HPSA Find](#)

[Find Shortage Areas by Address](#)

Customer Care Center

Any individual with questions about the NHSC LRP may contact the Customer Care Center Monday through Friday (except federal holidays), 8:00 a.m. to 8:00 p.m. ET.

- 1-800-221-9393 or TTY: 1-877-897-9910

BHW Customer Service Portal

Once an applicant has been selected for an award, they will be provided with instructions for establishing a [BHW Customer Service Portal](#) account. The system allows NHSC LRP participants to access pertinent program materials and their participant profile, make service requests, and to communicate with the NHSC directly.

NHSC Social Media

- [NHSC Facebook page](#)
- [NHSC Twitter page](#)
- [NHSC LinkedIn page](#)

DEFINITIONS

Addiction Medicine Fellowship (AMF) Program – As authorized by Section 760(a)(1) of the Public Health Service Act (42 U.S.C. § 294k(a)(1)), trains addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and substance use disorder (SUD) prevention and treatment services. Graduates of the AMF Program train in one of three tracks: (1) a virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, as appropriate, telehealth services; (2) an in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting; or (3) an in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women.

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

Bureau of Health Workforce (BHW) – The bureau within the Health Resources and Services Administration (HRSA) that administers the National Health Service Corps (NHSC) and Nurse Corps Scholarship and Loan Repayment Programs, the Faculty Loan Repayment Program (FLRP), Native Hawaiian Health Scholarship Program (NHHSP), and grants for the State Loan Repayment Program (SLRP).

Care Coordination – For purposes of the NHSC, “Care Coordination” is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care.

Clinical-related Administrative, Management or Other Activities – May include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure, and other non-treatment 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. The duties of a medical director are considered primarily administrative, and NHSC LRP 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 if serving full-time (4 hours if serving half-time) toward the total required 40 hours per week (or 20 hours per week in the case of half-time service).

Commercial or Private Student Loans – Also known as college loans, educational loans, or alternative student loans. These are non-government loans made by private lenders specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated educational costs. These loans are 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. These are unsecured loans with various options for repayment and may offer forbearance and deferral options. Loans obtained to cover residency and relocation expenses do not qualify for repayment under the NHSC LRP.

Community-Based Settings – Facilities open to the public and located in a HPSA; that expand the accessibility of health services and may provide comprehensive primary behavioral and mental health care services. These facilities may function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. Only behavioral and mental health providers may serve in specified community-based settings as directed by the NHSC-approved site. The service must be an extension of the comprehensive primary care provided at the NHSC-approved site.

Comprehensive Primary Behavioral/Mental Health Care Services – Services that include, but are not limited to: screening and assessment, diagnosis, treatment plans, therapeutic services including medication prescribing and management, crisis care including 24-hour call access, consultative services, and care coordination. Sites providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must also offer or ensure access to ancillary, inpatient, and specialty referrals.

Continuation Contract – An optional one-year extension of a NHSC 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 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 LRP payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed and the continuation contract has been countersigned by the Secretary of HHS or their designee. An LRP participant cannot be guaranteed a continuation contract and is contingent upon the availability of funding.

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 the purposes of the NHSC, the CAH must also include a NHSC- approved affiliated outpatient primary care clinic. For more information, review the [Critical Access Hospital Booklet](#).

Default of Payment Obligation – Being more than 120 days past due on the payment of a federal financial obligation or, being determined to be in default by the applicable federal program under the standards of that program.

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

Disadvantaged Background – As defined by the Scholarship for Disadvantaged Students program (Sec. 737 of the Public Health Service Act); 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 that the individual 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 that the individual 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 HHS for adaptation to this program.

Distant Site – A site where the NHSC participant is located while providing health care services via a telecommunications system.

Family and Family Member – As used in the *Guidance* and for the purposes of the National Health Service Corps, “family member” includes child or spouse, as well as unmarried partners (both same-sex and opposite-sex) living in the same household.

Federal Direct Student Loans – A student loan offered by the federal government that has a low interest rate for students and parents and is used to pay for the costs of any form of education after high school. The lender for the Federal Direct Student Loan is the U.S. Department of Education, rather than an institution, such as a bank.

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) – 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 a NHSC-approved service site. For a more detailed explanation of the full-time clinical practice requirement, see “Service Obligation Requirements” section.

Government Loans – 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 a NHSC-approved service site. For a more detailed explanation of the half-time clinical practice requirement, see the “[Service Obligation Requirements](#)” section.

Health Professional Shortage Area (HPSA) – 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 medical care, dental, or mental health 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 HRSA 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.

Health Workforce Connector – The [Health Workforce Connector](#) is a searchable database of open job opportunities and information on NHSC-approved sites.

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 (IHS) Hospitals – A collective term that includes hospitals that are both IHS-owned and IHS-operated, or IHS-owned and tribally-operated (i.e., a federal facility

operated by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally-owned and tribally-operated.

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A health care facility (whether operated directly by the IHS; or by a tribe or tribal organization contracting with the IHS 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, visit: [Urban Indian Health Program Fact Sheet](#) or [IHS Profile](#).

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 (NHSC) Loan Repayment Program (LRP) – The NHSC LRP is authorized by Sections 338B and 331(i) of the PHS Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

National Health Service Corps (NHSC)-Approved Service Site –A NHSC-approved site must be located in and provide service to a federally designated Health Professional Shortage Area (HPSA); provide comprehensive primary medical care, behavioral/mental health, and/or dental services; provide ambulatory care services (no inpatient sites, except CAHs or IHS 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. All NHSC-approved service sites must

continuously meet the above requirements. For more information about NHSC service sites, see the [NHSC Site Reference Guide](#).

Postgraduate Training – Refers to additional training that a health professions student may participate in after they graduate from a health professions education program (e.g., internships, residencies, chief residency, and fellowships).

Primary Care – Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary Care Training and Enhancement (PCTE): Training Primary Care Champions – As authorized by section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k (a)), PCTE Training Primary Care Champions program strengthens primary care and the workforce by training community-based practicing primary care physicians and physician assistants to lead health care transformation. Graduates of this program received training in community-based primary care sites through academic community partnership, as well as training that addresses competencies in the areas of leadership, team-based integrative health care, quality improvement, population health, social determinants of health, policy and education. Additionally, graduates of the program implement a health care transformation project in their community-based primary care site. HRSA's NHSC collaboration with the PCTE program will bolster the primary care workforce in underserved communities.

Primary Health Services – For purposes of the NHSC LRP, 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 – Government and private student 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 their submission of an application to participate in the NHSC 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.

Reasonable Educational Expenses – The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, 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. *Debt associated with residency programs or relocation is not considered "reasonable educational expenses" under the NHSC LRP.*

Reasonable Living Expenses – The costs of room and board, transportation, and commuting costs, which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment. *Debt associated with residency programs or relocation is not considered "reasonable living expenses" under the NHSC LRP.*

School – A public or private institution (including home schools), providing instruction to children of compulsory school age in kindergarten, grades 1-12, or their equivalent. The operation and administration of the school must meet applicable federal, state and local laws, and services provided by NHSC participants in a school must be an extension of the comprehensive primary care provided at the NHSC-approved site.

School-Based Clinics – A part of a system of care located in or near a school facility of a school district or board or of an Indian tribe or tribal organization; organized through school, community, and health provider relationships. This facility provides - through health professionals - primary health services to school aged children and adolescents in accordance with federal, state and local law, including laws relating to licensure and certification. In addition, this site satisfies such other requirements as a state may establish for the operation of such a clinic.

Solo or Group Private Practice – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental, and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

Spouse and Marriage – As used in this *Guidance* and for the purposes of the National Health Service Corps, "spouse" includes same-sex married couples, as well as opposite-sex married couples. In accordance with the Supreme Court decisions in *United States v. Windsor* and in *Obergefell v. Hodges*, the Department of Health and Human Services will treat as valid marriages of same-sex couples. The term "spouse" does not include individuals in 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 – As used in this *Guidance*, teaching is providing clinical education to students or residents in their area of expertise. All teaching must be conducted as directed by the NHSC-approved service site(s), subject to the NHSC limits on the number of hours per week allowed for teaching (see Full-Time or Half-Time Clinical Practice Requirements section, as applicable).

The clinical education may:

(1) be conducted as part of an accredited clinical training program; (2) include the clinical supervision of a student/clinician that is required in order for that student/clinician to receive a license under state law; or (3) include mentoring that is conducted as a part of the HCOP or the COE program, which are both funded through HRSA grants. Teaching may be conducted at the NHSC-approved practice site specified in the [BHW Customer Service Portal](#) profile. If the NHSC participant is actually providing the clinical service while a student/clinician observes, the activity should be treated as patient care.

Teaching Health Center – An entity funded by HRSA under Section 340H of the PHS Act [42 U.S.C. § 256h] that (1) is a community-based, ambulatory patient care center and (2) operates a primary care postgraduate training program (i.e., an approved graduate medical residency 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 Data Warehouse site](#).

Teaching Health Center Graduate Medical Education (THCGME) Program – As authorized by Section 340H of the PHS Act [42 U.S.C. § 256h], as amended, the THCGME payment program provides funding to support the training of residents in primary care or dental residency programs in community-based ambulatory patient care centers.

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 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.