Wyoming State Loan Repayment Program

Fall 2017 Program Application and Guidance

Application Deadline: 5:00 P.M. Tuesday October 31, 2017

Office of Rural Health
Public Health Division
Wyoming Department of Health
6101 Yellowstone Road, Suite 420
Cheyenne, WY 82002

Fall 2017 Wyoming State Loan Repayment Program

The Wyoming Department of Health, Public Health Division, Office of Rural Health (ORH) received funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Clinician Recruitment and Service, Division of National Health Service Corps to create the Wyoming State Loan Repayment Program (WY-SLRP). The WY-SLRP is funded in combination by the State Loan Repayment Program Grant, Catalog of Federal Domestic Assistance (CFDA) number 93.165 (50%) and State of Wyoming general funds assigned to the Office of Rural Health (50%).

The purpose of WY-SLRP is to increase the recruitment and retention of primary care providers in federally designated Primary Care Health Professional Shortage Areas (HPSAs) with a HPSA score below fourteen (14). Applications from primary care providers in HPSAs scoring fourteen (14) or over will be accepted with proof of application to and denial of award from the National Health Service Corps Loan Repayment Program which is less than two (2) years old.

WY-SLRP has funding available for awards equivalent to two (2) loan repayment awards of up to $60,000 for a primary care physician and two (2) awards up to $20,000 each for primary care mid-level providers (nurse practitioners, physician assistants, and/or certified nurse midwives). All awards require two (2) years of full-time service at an approved National Health Service Corps (NHSC) site.

Program Contact

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Participant Eligibility

A. The WY-SLRP will accept applications from the following ***primary care*** disciplines:

1. Primary Care Physicians (MD and DO) practicing the following primary care specialties: family practice (including osteopathic general practice), internal medicine, pediatrics, obstetrics and gynecology, and geriatrics.

a. General practitioners (physicians who have not completed residency training programs) are not eligible.

2. Primary Care Physician Assistants (PAs) and Nurse Practitioners (NPs) practicing the following primary care specialties: adult, family, pediatrics, geriatrics, and women's health.

3. Certified Nurse Midwives (CNM)

4. All other health professions not listed above are NOT eligible to participate in WY-SLRP at this time. Additional loan repayment options are:

a. National Health Service Corps Loan Repayment and Scholarship Programs; please visit http://nhsc.hrsa.gov/index.html for additional information.

b. NURSE Corps Scholarship and Loan Repayment Programs; please visit http://hrsa.gov/loanscholarships/nursecorps/index.html for additional information.

B. In order to be eligible to participate in WY-SLRP, all applicants:

1. Must possess an active and valid license to practice an eligible healthcare profession in the State of Wyoming;

2. Must NOT have an outstanding contractual obligation for health professional service to the Federal Government, to a state, or another entity unless the service obligation will be completely satisfied before the WY-SLRP contract is finalized. This includes those whose employment contracts contain provisions creating a service obligation such as a recruitment bonus in return for agreement to practice at the facility for a specified period of time or return the bonus.

a. Those in the Reserve Component of the U.S. Armed Forces or National Guard are eligible to participate in WY-SLRP. In the event the participant's military training

and/or service, in combination with other absences from the service site, exceed thirty-five (35) work days per service year, the WY-SLRP contract and service obligation will be extended to compensate for the break in service.

b. Those with Primary Care Loans through the Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions are NOT eligible to participate in WY-SLRP.

3. Must NOT have any federal judgment liens;

4. Must NOT have:

a. A current default on any federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, federal income tax liabilities, Federal Housing Authority loans, etc.) even if the creditor now considers them to be in good standing;

b. Breached a prior service obligation to the federal/state/local government or other entity, even if the obligation was subsequently satisfied. This includes a prior award and obligation under the Wyoming Healthcare Professional Loan Repayment Program; and/or

c. Had any federal or non-federal debt written off as uncollectible or received a waiver of any federal service or payment obligation.

5. Must practice full-time in providing primary health services at an eligible site.

a. Full-time practice at the eligible site must begin prior to or within ninety (90) days of application to WY-SLRP.

b. Full-time service is defined as a minimum of forty (40) hours per week, for a minimum of forty-five (45) weeks per year.

6. Must agree to apply one hundred percent (100%) of WY-SLRP funds to qualifying educational loans.

a. Qualifying educational loans are government and commercial loans for actual costs paid for tuition and reasonable educational and living expenses related to the participant's education.

b. Commercial or consolidated loans which contain non-educational debt or debt belonging to others will NOT be eligible for repayment under WY-SLRP.

c. Proof of payment to qualified educational loans will be a requirement under the WY-SLRP contract.

7. Must complete and submit the approved WY-SLRP application and all required supporting documentation during the application timeframe.

a. All required application forms must be completed fully and correctly.

b. All required supporting documentation must be submitted and include the required information.

c. Incomplete applications, applications completed incorrectly, applications missing required documents and/or the required information on the required documents, and applications received after the application submission deadline, will NOT be considered for a WY-SLRP award.

Practice Site Eligibility

A. Healthcare professionals participating in WY-SLRP must fulfill the service obligation at an eligible practice site. In order to be an eligible site, a site must:

1. Provide primary health services on an ***outpatient*** basis.

2. Complete the process and be approved as a National Health Service Corps approved site prior to a healthcare professional's application submission to WY-SLRP.

3. Be located in a federally designated Primary Care Health Professional Shortage Area (HPSA) or have a facility-specific Primary Care HPSA designation with a HPSA score less than fourteen (14).

a. Areas designated as a Medically Underserved Area (MUA), Medically Underserved Population (MUP), Dental HPSA, Mental Health HPSA, or a Governor's HPSA will not be eligible for participation in WY-SLRP.

b. Rural Health Clinics and federally qualified health centers (FQHCs) with a facility Primary Care HPSA designation that are located in an area otherwise not designated are still eligible if the facility-specific HPSA score is under fourteen (14).

c. Applications from primary care providers practicing at a facility located in a HPSA scoring fourteen (14) or above will be accepted with proof of application to and denial of award from the National Health Service Corps Loan Repayment Program which is less than two (2) years old.

B. All sites must complete the approved WY-SLRP site application forms and provide the necessary required supporting documentation. All site forms and documentation are to be submitted in conjunction with the healthcare professional's WY-SLRP application. The site must certify that:

1. The site is an approved National Health Service Corps site in a federally designated Primary Care HPSA;

a. Status will be verified by WY-SLRP staff.

2. There are no agreements between the site and the healthcare professional for bonus payments which create a service obligation (e.g., must maintain employment at the site for a specific period of time or return the bonus);

3. The site will not reduce the healthcare professional's compensation as a result of participation in WY-SLRP; and

4. The healthcare professional will provide primary health services at the site on a full-time basis for a minimum of forty (40) hours per week, for a minimum of forty-five (45) weeks per year.

a. Primary health services provided by the healthcare professional must be completed in accordance with the Full-Time Clinical Practice Requirements in order to meet the WY-SLRP service obligation.

Participant Awards

A. Award determinations will be made by November 30th.

B. Applicants will be prioritized into award tiers based upon the following:

1. Health Professional Shortage Area (HPSA) Score:

a. HPSA scores between 10 and 13 will be Tier 1. The higher the score within the tier, the higher the priority (e.g., a score of 13 is higher priority than 10);

b. HPSA scores below 10 will be Tier 2. The higher the score within the tier, the higher the priority (e.g., a score of 9 is higher priority than 6);

c. If available funds are not exhausted by eligible applicants in Tier 1, awards will be issued to applicants in Tier 2.

d. If funds are not exhausted by eligible applicants in Tier 2, applicants in HPSA scores 14 and over will be considered.

2. Applicants will be further prioritized within Tier 1 and Tier 2 by length of time practicing in Wyoming, with the least amount of time having highest priority.

3. Applicants who graduated from the University of Wyoming or a Wyoming Community College will be given additional priority within tiers.

4. Applications will be further prioritized within Tier 1 and Tier 2 based upon information and responses supplied in the application for WY-SLRP.

C. Awards will be issued to eligible applicants beginning with the highest priority tier, followed in descending order by the next highest priority tier until all funds are exhausted.

D. Award terms will be:

1. A physician may receive up to $60,000, and physician assistants, nurse practitioners, and certified nurse mid-wives may receive up to $20,000 in exchange for two (2) years of full-time service.

2. Award amounts will not exceed participant's outstanding qualified educational loan balances.

a. Upon notification of award, participants will be required to submit updated statements for qualified education loans. Statements received must be for the same loans submitted with the WY-SLRP application.

3. The two (2) year service obligation will begin on the date the WY-SLRP award contract is finalized or the first day of full-time service at the approved site, whichever is later.

4. Payments will be disbursed directly to the participant as follows:

a. Once the WY-SLRP award contract is finalized and signed by all parties; and

b. Once the WY-SLRP participant has begun full-time practice at the approved site.

c. Both conditions must be met prior to the award payment being disbursed.

d. Participant will be required to submit proof a lump-sum payment equal to the amount received from WY-SLRP was made to qualified educational loans. Proof of payment must be submitted within thirty (30) days of receipt of the WY-SLRP payment.

E. Statements from the approved service site confirming participant's full-time service will be required at six (6), twelve (12), eighteen (18), and twenty-four (24) months of service.

F. Awards will NOT be issued to applicants with an outstanding contractual obligation for health professional service to the Federal Government, a state, or another entity. The obligations include but are not limited to active duty military, National Health Service Corps Scholarship or Loan Repayment Program, NURSE Corps Loan Repayment Program, and the Wyoming Healthcare Professional Loan Repayment Program.

G. Awards under WY-SLRP will NOT be extended to provide additional loan repayment in exchange for a longer service obligation. WY-SLRP participants may apply competitively for a new WY-SLRP award once their current WY-SLRP contract and service obligation have expired.

H. Individuals in a Reserve component of the Armed Forces, including the National Guard, are eligible to participate in WY-SLRP with the following additional terms:

1. Placement opportunities may be limited by WY-SLRP to minimize the impact of a deployment on the area served by the reservist.

2. Military training or service performed by a reservist will NOT satisfy the WY-SLRP service obligation.

a. If the WY-SLRP participant's military training and/or service combined with other absences from the service site exceed seven (7) weeks per service year, the participant's WY-SLRP service obligation will be suspended and the WY-SLRP service contract extended to compensate for the break in service to WY-SLRP.

3. If the approved service site where the reservist is serving at the time of deployment is unable to reemploy the participant upon completion of the deployment, WY-SLRP will

reassign the participant to another WY-SLRP approved site to complete the remaining service obligation.

a. Participants may be asked to sign an employment contract that extends beyond the WY-SLRP service obligation if a short-term assignment is not available.

4. If the reservist is called to active duty, which does not count towards WY-SLRP service, the participant's WY-SLRP service contract will be extended to add the length of time the participant will be on active duty to the original WY-SLRP service obligation.

I. In the event the approved site where the participant is fulfilling their two (2) year service obligation loses its National Health Service Corps approved site status for any reason other than loss of HPSA designation, the participant may be required to finish the remainder of the service obligation at another approved site within the same HPSA designation or in an area with an equivalent HPSA designation score within Wyoming.

Full-Time Clinical Practice Requirements

A. For providers of primary medical care services, excluding obstetrics/gynecology and geriatrics, the full-time practice requirements are:

1. Working a minimum of forty (40) hours per week for a minimum of forty-five (45) weeks per year;

a. At least thirty-two (32) hours per week must be spent providing direct patient care on an outpatient basis at the approved site(s);

i. The remaining eight (8) hours may be spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities. Practice-related administrative time is limited to eight (8) hours.

b. If working in a CMS-approved Critical Access Hospital (CAH), at least sixteen (16) hours per week must be spent providing direct patient care in the CAH-affiliated outpatient clinic.

i. The remaining twenty-four (24) hours per week may be spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities. Practice-related administrative time is limited to eight (8) hours.

2. No more than thirty-five (35) full-time work days per service year may be spent away from the approved site(s) for vacation, holidays, continuing professional education, illness, or any other reason.

a. If the participant works more than forty (40) hours per week, only time spent away from the site(s) which causes the participant's work hours to fall below the required minimum forty (40) hours must be reported and deducted from the allowable number of absences. For example, if the participant's work schedule is forty-eight (48) hours per week, eight (8) hours of sick leave need not be reported as the participant still met the requirement of a minimum of forty (40) hours per week.

B. For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse midwives) or geriatric services, the full-time practice requirements are:

1. Working a minimum of forty (40) hours per week for a minimum of forty-five (45) weeks per year;

a. At least twenty-one (21) hours per week are spent providing direct patient care on an outpatient basis at the approved site(s).

i. The remaining nineteen (19) hours per week may be spent providing clinical services for patients or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities. Practice related administrative time is limited to eight (8) hours.

b. If working in a CMS-approved Critical Access Hospital (CAH)), at least sixteen (16) hours must be spent providing direct patient care in the CAH-affiliated outpatient clinic.

i. The remaining twenty-four (24) hours per week may be spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated outpatient clinic, providing direct patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities. Practice-related administrative time is limited to eight (8) hours.

2. No more than thirty-five (35) full-time work days per service year may be spent away from the approved site(s) for vacation, holidays, continuing professional education, illness, or any other reason.

a. If the participant works more than forty (40) hours per week, only time spent away from the site(s) which causes the participant's work hours to fall below the required minimum forty (40) hours must be reported and deducted from the allowable number of absences. For example, if the participant's work schedule is forty-eight (48) hours per week, eight (8) hours of sick leave need not be reported as the participant still met the requirement of a minimum of forty (40) hours per week.

Breach of Service Obligation

A. In the event a participant fails to complete the required service obligation, or fails to comply with any or all requirements of their WY-SLRP contract, the participant will be determined to be in default and required to repay the TOTAL of the following:

1. The amount paid by WY-SLRP to the participant for any period not served;

2. The number of months not served, multiplied by $7,500.00; and

3. Interest on (1) and (2) at the maximum legal prevailing rate as determined by the Treasurer of the United States.

a. In the event the resulting amount is less than $31,000.00, the participant will owe $31,000.00.

B. Upon determination of default, WY-SLRP will notify the participant via certified mail. This notification will include:

1. Date of default and reason for determination;

2. Total amount to be repaid broken out by the formula;

3. Options for repayment (e.g., lump-sum payment and date; or monthly, quarterly, or semi-annual payments and dates to be paid);

4. A request for acknowledgement of default and indication of repayment method within thirty (30) days; and

5. The result of inaction by the participant.

a. In the event participant does not respond, does not notify WY-SLRP of the selected repayment option, does not comply with selected repayment option, or fails to repay

all monies due within twelve (12) months, the case will be forwarded to the Wyoming Attorney General's office to begin legal collection proceedings.

C. Waiver of Repayment:

1. In accordance with the WY-SLRP contract and 42 U.S.C. § 254(o)(d)(2), a full or partial waiver of the service obligation and/or repayment may be granted if the participant cannot complete the obligation due to serious illness or other compelling personal circumstance where enforcement would be impossible, or unconscionable, or would create an extreme hardship.

a. WY-SLRP staff will review all written requests for waiver and approve or deny the request for waiver, in full or in part, based upon the information and supporting documentation provided.

b. WY-SLRP may instead suspend a participant's obligation for a period of up to one (1) year if the participant's compliance is temporarily, rather than permanently, impossible or an extreme hardship.

i. A temporary suspension will result in an extension of the term of the service obligation and contract for the amount of time the suspension is granted.

D. Transfer of Service Site:

1. In the event a participant is unable to fulfill the service obligation at the approved site, the participant may request to transfer to another approved site to complete their obligation.

a. All requests for transfer must be submitted in writing with a detailed description of the circumstances.

b. All transfers must be to an approved site within the same HPSA designation or within a HPSA designation with the same or higher HPSA score in Wyoming.

c. If a lapse in service will occur due to the transfer, the participant's service obligation and contract may be extended to accommodate the lapse in service.

i. Any lapse in service may not exceed sixty (60) days.

ii. Any lapse which exceeds sixty (60) days will result in a default determination.

iii. The service obligation and contract will be extended if the participant's full-time service for the year falls below forty (40) hours per week for forty-five (45) weeks during the service year the transfer occurs.

Wyoming State Loan Repayment Program Application

Application Deadline: October 31, 2017

Section I. Application Checklist

Below is a list of all required documentation and forms. In the event an application is submitted which is missing any of the below required documentation or forms and/or any of the documentation or forms are incomplete, the application will be considered ineligible for an award under the WY-SLRP.

☐ Healthcare Provider Application Form (Section II)

☐ Healthcare Provider Educational Loan Information and Verification Form (Section III) for each loan and copies of supporting documentation which includes the following:

- ☐ Statement from the current loan holder/servicer for each loan indicating the borrower's name, original amount borrowed, date of original disbursement, and type of loan
- ☐ Current account statement for each loan showing outstanding loan balance
- ☐ Documentation for each consolidation loan showing all loans included in the consolidation as well as documentation for each loan included as required above
- ☐ Documentation for each commercial loan which shows the funds were used only for the applicant's actual costs paid for healthcare professional education tuition and reasonable educational and living expenses

☐ Practice Site Application and Employment Verification Form (Section IV)

☐ Copy of practice site discounted sliding fee schedule in effect for the previous 12 months as well as for current and ongoing use

☐ Copy of the healthcare provider's job description

☐ Copy of employment contract and/or agreement showing start date

☐ Copy of the healthcare provider's permanent Wyoming professional license

☐ Proof of healthcare provider's U.S. Citizenship or U.S. National status (certified birth certificate or passport)

☐ Necessary signatures in Section V. Acknowledgements and Signatures

Section II. Healthcare Provider Application Form

Healthcare Provider Information

Healthcare Provider Name (Last, First, Middle):
Practice Site Name:
Practice Site Address: City, State Zip:
DOB: / / US Citizen (Yes/No):
Residential Address: City, State Zip:
Mailing Address: City, State Zip:
Home Phone: Work Phone: Cell Phone:
Personal E-mail: Work E-mail:
Health Profession: Specialty:
Race/Ethnicity (used for federal reporting purposes only): ☐ White ☐ Asian ☐ Black/African-American ☐ Hispanic/Latino ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander
Sex (used for federal reporting purposes only): ☐ Male ☐ Female

Are you fluent in languages other than English (Yes/No)?
If yes, please specify:

Do you possess experience or training in multicultural settings or serving populations with special needs (Yes/No)?
If yes, please describe:

Are you a native of a rural or medically underserved area, or have you spent a significant amount of time living or working in such an area (Yes/No)?
If yes, please describe:

Licensure Information

License Type: Number: Discipline/Specialty:
Original License Date: Expiration Date:
Restrictions:
Licensing Agency or Board:
If not currently licensed in Wyoming, when will Wyoming licensure be obtained?

Education

Undergraduate school:
Degree: Date: City, State:

Graduate/Professional school:
Degree: Date: City, State:

Residency Site (if applicable):
Dates (from and to): City, State:

Internship Site (if applicable):
Dates (from and to): City, State:

Preceptorship Site (if applicable):
Dates (from and to): City, State:

General Questions

If the answer is "Yes" to any of the following questions, please provide detailed information on a separate sheet of paper. Each separate sheet of paper ***must*** include healthcare provider name and practice site at the top of each page.

Has your license ever been suspended or revoked? ☐ Yes ☐ No

Are there any professional disciplinary actions pending against you? ☐ Yes ☐ No

Are there any restrictions on your license? ☐ Yes ☐ No

Have you ever been convicted of or pled guilty to a felony as defined under federal or state law? ☐ Yes ☐ No

Do you have an existing service obligation that will not be completed by the beginning of your WY-SLRP service obligation period? ☐ Yes ☐ No

Are you in default on any educational loans? ☐ Yes ☐ No

Have you ever had a judgment lien against your property for a debt to the United States? ☐ Yes ☐ No

Have you ever defaulted on any federal payment obligations? (HEAL, Nursing Student Loans, federal income tax liability, FHA loans, etc.) ☐ Yes ☐ No

Have you ever breached a prior service obligation to the federal/state/local government or other entity, even if you have subsequently satisfied the obligation? ☐ Yes ☐ No

Have you ever had any federal debt written off as uncollectible or had any federal service or payment obligation waived? ☐ Yes ☐ No

Do you have any unfulfilled child support obligations? ☐ Yes ☐ No

If yes, provide name of child and name, address, and phone number of person to whom payment is mailed, and when this obligation will be completed.

Practice Site Information

Name of practice site:
Medical Director of practice site:
Site contact name and title:
Address:
City, State Zip: County:
Phone: E-mail:
Employment date of healthcare provider:
If not currently employed by practice site, date employment will begin:

Is the practice site a ***currently approved*** National Health Service Corps Site in a ***currently designated*** primary care health professional shortage area? ☐ Yes ☐ No

Does the practice site accept all patients regardless of insurance or ability to pay?
☐ Yes ☐ No

If no, provide detailed information on a separate sheet of paper and include healthcare provider name and practice site at the top of each page.

Eligible Loans

List all educational lender names and current loan balances for which you are requesting WY-SLRP assistance. List additional loan information on a separate sheet with healthcare provider name and practice location at the top of each additional page. In addition, the healthcare provider must also complete the WY-SLRP Loan Information form for each educational loan listed.

Lender 1:	Balance: $	as of (date):
Lender 2:	Balance: $	as of (date):
Lender 3:	Balance: $	as of (date):
Lender 4:	Balance: $	as of (date):

Additional loans attached? ☐ Yes ☐ No

Total eligible debt for which you are seeking assistance through the WY-SLRP: $

Section III. Healthcare Provider Loan Information and Verification Form

Complete ***one*** Loan Information and Verification form ***for each loan*** you wish the Wyoming State Loan Repayment Program (WY-SLRP) to consider for repayment.

Attach the following documents to this form:

- Statement from the current holder/servicer indicating the borrower's name, original amount borrowed, date of original disbursement, and type of loan
- Current account statement showing loan balance
- Documentation for each consolidation loan showing all loans included in the consolidation as well as documentation for each loan included as required above.
- Documentation for each commercial loan which shows the funds were used only for the actual costs paid for your healthcare professional education tuition and reasonable educational and living expenses.

If you have consolidated your loans for undergraduate and graduate education costs, you must attach a copy of the loan documents for healthcare profession education costs that were consolidated into the new loan. You may fill out one Loan Information and Verification form for the consolidation loan, but you must list on a separate sheet of paper the original date and amount of each educational loan, including the original disbursement date, the amount and the loan type.

If an eligible educational loan is consolidated or refinanced with any debt other than an educational loan of the healthcare provider, no portion of the consolidated/refinanced loan will be eligible for loan repayment.

Healthcare Provider Information

Healthcare Provider Name (Last, First, Middle):
Practice Site Name:

Lending Institution Information

Lending institution name: Loan account no.:
Address: City, State Zip:
Phone: Fax: E-Mail:
Is this a consolidated loan? ☐ Yes ☐ No Academic period covered by loan:
Original date of loan: Original loan amount: $
Current loan balance (principal & interest): $ as of (date): Interest rate:
Purpose of the loan as indicated on the loan application:
Type of loan (e.g., GSL, NDSL, HEAL):

Was the loan sold? (if you are not sure, check with your lender) ☐ Yes ☐ No

If yes, please list the secondary loan holder's information below.

Lending institution name: Loan account no.:

Address: City, State Zip:

Phone: Fax: E-Mail:

If the answer to any of the following questions is "Yes," please use a separate sheet of paper to provide additional detail. Additional pages must include the healthcare provider name and practice site at the top of each page.

Is the loan in default? ☐ Yes ☐ No If yes, date of default:

Is the loan under a federal court judgment? ☐ Yes ☐ No

If yes, date of judgment:

IV. Practice Site Application and Employment Verification Form

Healthcare Provider Employment Information

Healthcare Provider Name (Last, First, Middle):
Healthcare Profession: Specialty/discipline:
Practice Site Name:
Practice Site Address: City, State Zip:
☐ Recruitment (hired within last three months) ☐ Retention (existing staff member)
Employment date:
Weekly days and hours worked by healthcare provider *at this practice location only*:

Does the healthcare professional provide services at multiple locations? ☐ Yes ☐ No
If yes, please complete the Additional Practice Site section for each practice location

Does the healthcare professional provide specialty care/services at the practice site?
☐ Yes ☐ No If yes, please describe:

List the proposed/current salary, benefits and malpractice coverage provided for the healthcare professional:

Has the site, or will the site, reduce the healthcare professional's compensation as a result of participation in WY-SLRP? ☐ Yes ☐ No

Is there an agreement between the site and the healthcare professional for bonus payments which create a service obligation? (e.g., must maintain employment at the site for a specific period of time or the funds must be returned to the site) ☐ Yes ☐ No

Describe the practice site's plan to retain the healthcare professional in the service area upon completion of their service obligation to the WY-SLRP:

Practice Site Information

Main Practice Site name:
Medical director of practice site:
Site contact name and title:
Main Practice Site Address:
City, State Zip: County:

Phone: E-Mail:
FEIN:
Public entity? ☐ Yes ☐ No If yes, type of practice:
Private not-for-profit? ☐ Yes ☐ No If yes, type of practice:
National Health Service Corps Site approval date: Expiration:
Primary Care Health Professional Shortage Area (HPSA) Designation ID:
HPSA Type: ☐ Geographic ☐ Low-Income ☐ Facility
HPSA Score:

Are there any limits on patients the healthcare provider or practice site accepts?
☐ Yes ☐ No If yes, please explain:

Does the healthcare provider and the practice site accept Medicare assignment?
☐ Yes ☐ No If no, please provide additional detail:

Does the healthcare provider and the practice site accept Medicaid/KidCare CHIP patients?
☐ Yes ☐ No If no, please provide additional detail:

List practice site boundaries:

Population centers included in this practice area:

List any indicators of unusually high need in the service area, such as unemployment, cultural or language differences in the community, difficulty with primary care access for Medicaid/KidCare CHIP and/or Medicare clients, etc.:

Total number of full-time equivalent (FTE) providers employed by the practice site in the applicant's healthcare discipline:

Total number of active patients at the practice site:

Additional Practice Site Information

Practice Site 2:
Medical director of practice site:
Site contact name and title:
Site 2 address:

City, State Zip: County:
Phone: E-Mail:
Employment date of healthcare provider: Hours per week at site:
HPSA ID: HPSA Score:
Is this additional site location an approved National Health Service Corps site?
☐ Yes ☐ No

Practice Site 3:
Medical director of practice site:
Site contact name and title:
Site 3 address:
City, State Zip: County:
Phone: E-Mail:
Employment date of healthcare provider: Hours per week at site:
HPSA ID: HPSA Score:
Is this additional site location an approved National Health Service Corps site?
☐ Yes ☐ No

Practice Site 4:
Medical director of practice site:
Site contact name and title:
Site 4 address:
City, State Zip: County:
Phone: E-Mail:
Employment date of healthcare provider: Hours per week at site:
HPSA ID: HPSA Score:
Is this additional site location an approved National Health Service Corps site?
☐ Yes ☐ No

Practice Site 5:
Medical director of practice site:
Site contact name and title:
Site 5 address:
City, State Zip: County:
Phone: E-Mail:
Employment date of healthcare provider: Hours per week at site:
HPSA ID: HPSA Score:
Is this additional site location an approved National Health Service Corps site?
☐ Yes ☐ No

I certify that the above named provider began/will begin work at the above-named site(s) on . I certify that the above named provider works/will work full-time (at least 40 hours per week) for at least 45 weeks per year in accordance with the WY-SLRP Full-Time Clinical Practice Requirements.

Signature of Authorized Site Representative	Date
Printed Name of Authorized Site Representative	Title

V. Acknowledgments and Signatures

Healthcare Provider

I have read and understand the requirements of the Wyoming State Loan Repayment Program, and affirm that I meet the qualifications for participation in the Wyoming State Loan Repayment Program.

I certify that the information provided is accurate and complete to the best of my knowledge and that I am applying for Wyoming State Loan Repayment of loans incurred solely for the costs of education, including reasonable living expenses, leading to a degree in an eligible healthcare profession.

I hereby authorize the Wyoming Department of Health, Public Health Division, Office of Rural Health to contact the listed employer and relevant licensing authorities to confirm my eligibility for this program.

_____ _____

Signature of Healthcare Provider Date

_____

Printed Name of Healthcare Provider

Practice Site

I have read and understand the requirements of the Wyoming State Loan Repayment Program, and affirm that the listed practice site(s) in this application meets the qualifications for participation in the Wyoming State Loan Repayment Program.

I certify that the information provided is accurate and complete to the best of my knowledge, and that our agency has successfully completed negotiations for employment with the healthcare provider.

_____ _____

Signature of Authorized Site Representative Date

_____ _____

Printed Name of Authorized Site Representative Title

VI. Submission and Deadline

All WY-SLRP applications and required supporting documents ***must be received***, **not postmarked**, by the Office of Rural Health ***no later than 5:00 PM on October 31, 2017***. Applications must be delivered to:

> Keri Wagner, Healthcare Workforce and Primary Care Office Manager
> Office of Rural Health, Public Health Division, Wyoming Department of Health
> 6101 Yellowstone Road, Suite 420
> Cheyenne, WY 82002 (for regular mail) or 82009 (for FedEx, UPS, etc.)

It is the applicant's responsibility to verify receipt of all required application documents by the Office of Rural Health by the deadline stated above.