

# Wyoming State Loan Repayment Program Application and Award Monitoring System Instructions

## Creating a New Account

1. Go to: <https://wyslrp.health.wyo.gov/#/>
2. Click on “LOGIN”



Wyoming Department of Health

HOME CONTACT LOGIN

### Welcome To The Wyoming State Loan Repayment Program Application

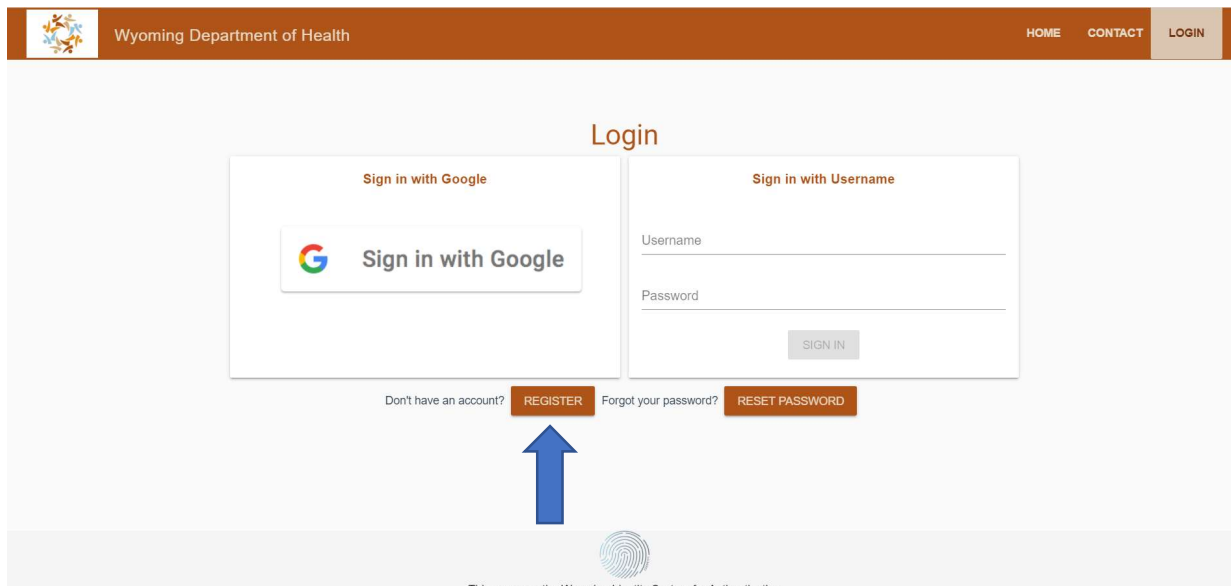
The Wyoming State Loan Repayment Program (WY-SLRP) is open to physicians, nurse practitioners, physician assistants, certified nurse midwives, and mental health clinicians practicing in primary care and mental health settings. Applicants must practice full-time at an already approved National Health Service Corps site.

- Physicians are eligible for up to \$40,000 in loan repayment in exchange for two (2) years of full-time practice at the approved National Health Service Corps site.
- Nurse practitioners, physician assistants, certified nurse midwives, and mental health clinicians are eligible for up to \$20,000 in loan repayment in exchange for two (2) years of full-time practice at the approved National Health Service Corps site.

The Wyoming Department of Health, Public Health Division, Office of Rural Health (ORH) receives funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, Division of National Health Service Corps to fund 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 and mental health providers in federally designated Health Professional Shortage Areas (HPSAs).

3. Click on “REGISTER”




Wyoming Department of Health

HOME CONTACT LOGIN

### Login

Sign in with Google



Sign in with Username

Username

Password

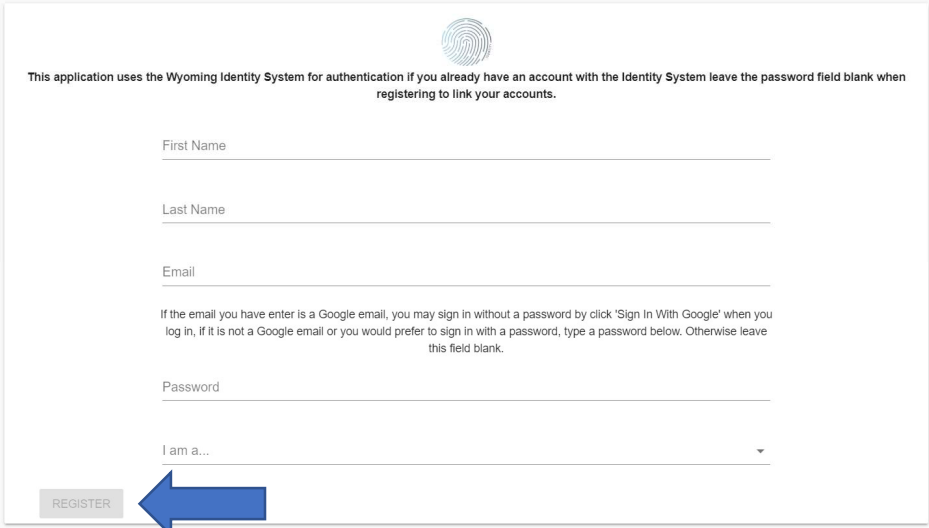
SIGN IN

Don't have an account? [REGISTER](#) Forgot your password? [RESET PASSWORD](#)

This app uses the Wyoming Identity System for Authentication

4. Complete the registration by entering your first name, last name, email address, password, and selecting whether you are a healthcare provider or a site facilitator. Site facilitators are staff at practice site locations responsible for verifying healthcare providers service under the WY-SLRP service obligation. **NOTE:** If you are using a GMAIL email address, you can log into the system

with Google and do not have to enter a separate password as part of the registration process. Click on “REGISTER.”



This application uses the Wyoming Identity System for authentication. If you already have an account with the Identity System, leave the password field blank when registering to link your accounts.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

If the email you have entered is a Google email, you may sign in without a password by clicking 'Sign In With Google' when you log in. If it is not a Google email or you would prefer to sign in with a password, type a password below. Otherwise, leave this field blank.

Password \_\_\_\_\_

I am a... \_\_\_\_\_

**REGISTER**

Once you have submitted your registration, WY-SLRP staff will review and approve your registration. **Please allow 1-2 business days for the approval to process.** Once WY-SLRP staff has approved the registration, you will receive an email notification that your account is now approved and active. Once active, you can create an application to WY-SLRP for loan repayment.

### Creating a New Application for Loan Repayment

1. Go to: <https://wyslrp.health.wyo.gov/#/>
2. Click “LOGIN”



Wyoming Department of Health

HOME CONTACT **LOGIN**

## Welcome To The Wyoming State Loan Repayment Program Application

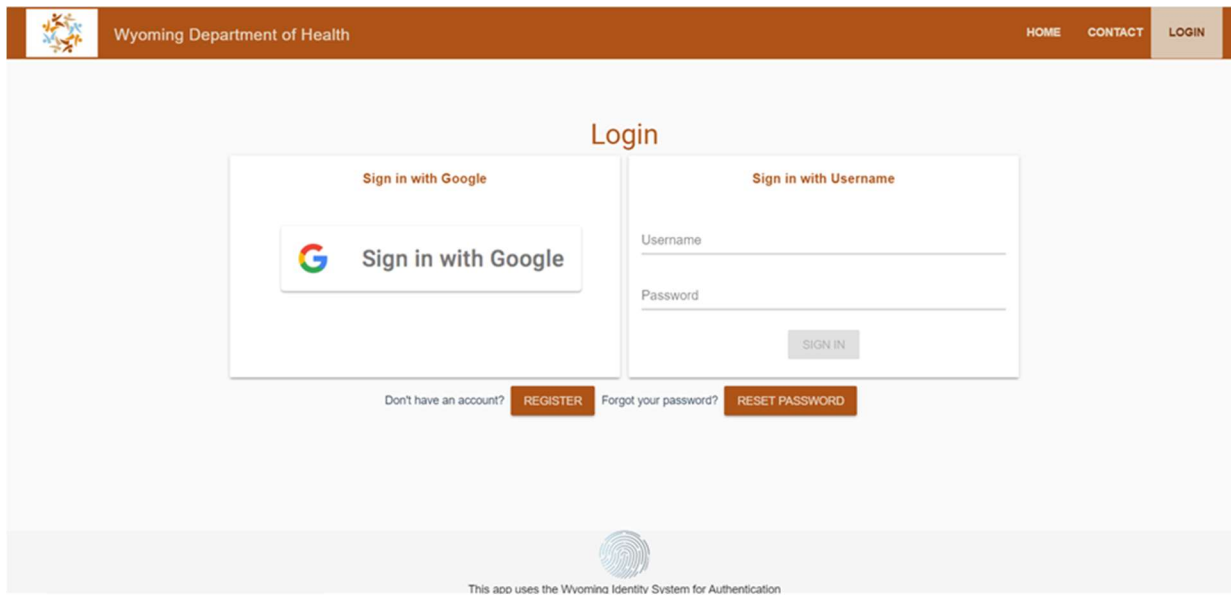
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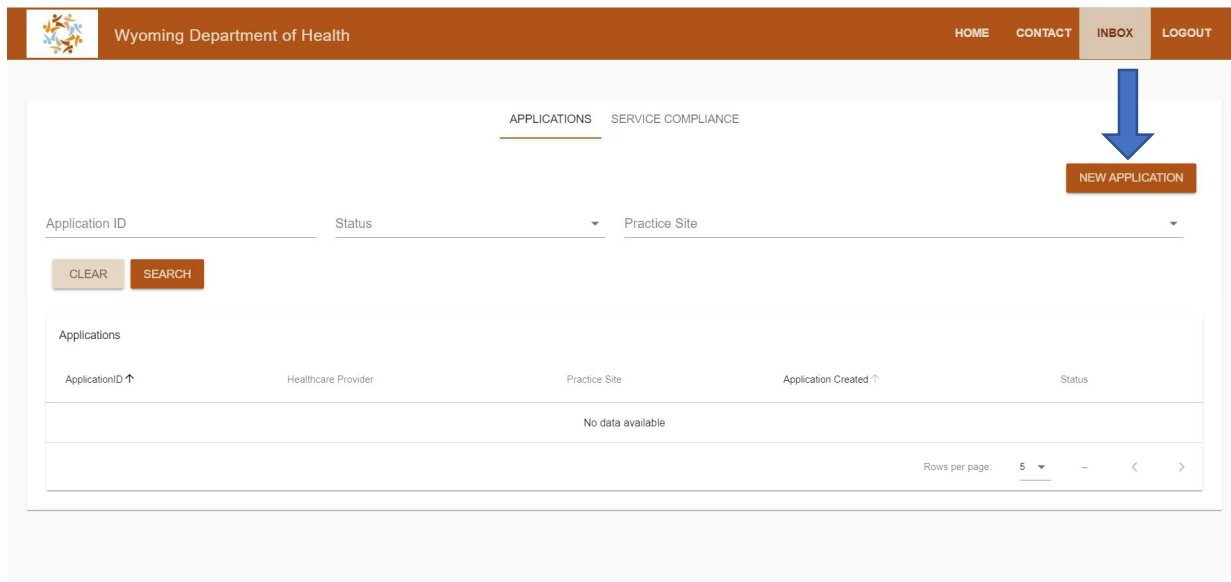
The purpose of WY-SLRP is to increase the recruitment and retention of primary care and mental health providers in federally designated Health Professional Shortage Areas (HPSAs).

3. Log in with Google if you registered with a Google Account and did not enter a separate password during the registration process **OR** enter the email address and password you entered during the registration process.




The login page features a header with the Wyoming Department of Health logo and navigation links for HOME, CONTACT, and LOGIN. The main content area is titled "Login" and contains two sign-in options: "Sign in with Google" and "Sign in with Username". The Google sign-in button includes the Google logo. The username sign-in form has fields for "Username" and "Password", followed by a "SIGN IN" button. Below these options are links for "Don't have an account?" (REGISTER) and "Forgot your password?" (RESET PASSWORD). At the bottom, a fingerprint icon and text indicate the use of the Wyoming Identity System for Authentication.

4. Click on “NEW APPLICATION”



The applications page has a header with the Wyoming Department of Health logo and navigation links for HOME, CONTACT, INBOX, and LOGOUT. The main content area is titled "APPLICATIONS" and "SERVICE COMPLIANCE". A blue arrow points to a "NEW APPLICATION" button in the top right corner. Below this, there are search filters for "Application ID", "Status", and "Practice Site", along with "CLEAR" and "SEARCH" buttons. A table titled "Applications" lists columns for "ApplicationID ↑", "Healthcare Provider", "Practice Site", "Application Created ↑", and "Status". The table currently shows "No data available". At the bottom right, there is a "Rows per page" dropdown set to 5, with navigation arrows.

## 5. Complete all the fields in the “Healthcare Provider Info” tab and click on “SAVE APPLICATION”

Wyoming Department of HealthHOMECONTACTINBOXLOGOUT

HEALTH CARE PROVIDER INFO

LICENSURE INFORMATION

EDUCATION

GENERAL QUESTIONS

LOAN AND LENDER INFORMATION

PRACTICE SITE INFORMATION

EMPLOYMENT FORM


>

**Provider Information**

Enter Last name

Enter First name

Enter Middle name

 Date Of Birth

Are you a US Citizen ☐ Yes ☐ No

Residential Address Line One:

Residential Address Line Two:

City

County

State

Zip

☐ Mailing address is same as residential address

Mailing Address Line One:

Mailing Address Line Two:

City

County

State

Zip

Home Phone:

Work Phone:

Cell Phone:

Personal E-mail:

Work E-mail:

Health Profession

Race

Sex (used for federal reporting purposes only):

Are you fluent in languages other than English? ☐ Yes ☐ No

Do you possess experience or training in multicultural settings or serving populations with special needs? ☐ Yes ☐ No

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

Do you provide Substance use disorder(SUD) treatment services? ☐ Yes ☐ No

Do you have SUD license or certificate? ☐ Yes ☐ No

Do you have a DATA2000 Waiver? ☐ Yes ☐ No

Are you a telehealth Provider? ☐ Yes ☐ No

SAVE APPLICATION

6. Complete all fields in the “Licensure Information” tab and click “SAVE APPLICATION”

The screenshot shows the 'Licensure Information' tab of the Wyoming Department of Health application form. The header includes the department logo and navigation links: HOME, CONTACT, INBOX, and LOGOUT. The form has several tabs: HEALTH CARE PROVIDER INFO, LICENSURE INFORMATION (selected), EDUCATION, GENERAL QUESTIONS, LOAN AND LENDER INFORMATION, PRACTICE SITE INFORMATION, and EMPLOYMENT FORM. The 'Licensure Information' section contains the following fields: License Type (with a red error message 'License Type is required'), Number (with a red error message 'License Number is required'), Discipline/Specialty (with a red error message 'Discipline/Specialty is required'), Original License Date (with a calendar icon), License Expiration Date (with a calendar icon), Restrictions (with a red error message 'Information required, type N/A if there are no restrictions'), Licensing Agency or Board (with a red error message 'Licensing Agency or Board is required'), and a question 'Are You Currently Licensed In Wyoming' with radio buttons for Yes and No. A 'SAVE APPLICATION' button is located at the bottom right of the form.

7. Complete all applicable fields in the “Education” tab. If you have more than one undergraduate or graduate degree, enter the most recent and applicable degrees for your current healthcare profession. For the apprenticeship information, complete only if applicable and complete with the most recent and applicable to your current healthcare profession. Click “SAVE APPLICATION”

The screenshot shows the 'Education' tab of the Wyoming Department of Health application form. The header is identical to the previous screenshot. The 'Education' tab is selected, showing two sections: 'Degree Information' and 'Apprenticeship Information'. The 'Degree Information' section has two entries. The first entry is for an 'Undergraduate' degree, with fields for School Name, Degree, Date (with a calendar icon), City, and State. The second entry is for a 'Graduate' degree, with similar fields for School Name, Degree, Date, City, and State. The 'Apprenticeship Information' section is currently empty.

**Apprenticeship Information**

Site Type  
Residency

Site Name:

Start Date End Date City: State:

Site Type  
Internship

Site Name:

Start Date End Date City: State:

Site Type  
Preceptorship

Site Name:

Start Date End Date City: State:

**SAVE APPLICATION**

**8. Answer all the questions on the “General Questions” tab and click “SAVE APPLICATION”**

Wyoming Department of Health

HOME CONTACT INFOX LOGOUT

HEALTH CARE PROVIDER INFO LICENSURE INFORMATION EDUCATION **GENERAL QUESTIONS** LOAN AND LENDER INFORMATION PRACTICE SITE INFORMATION EMPLOYMENT FORM ADDITIONAL DOCUMENTS PRINT APPLICATION ACKNOWLEDGMENTS AND SIGNATURES VERIFICATION

**If the answer is “Yes” to any of the following questions, please provide detailed information.**

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

**SAVE APPLICATION**

**9. Complete the “Loan and Lender Information” tab for all eligible educational loans. To add the first lender/servicer, click on the “Lending Institution 1 Name” box which will expand the loan information page. Complete all fields and upload your most recent official loan statement (PDF of an official E-Statement is acceptable, an online account printout is not). To add additional lenders/servicers, click on the “Add Lender” button on the right of the page and repeat this process for all eligible educational loans. Once you have added all loans, click “SAVE APPLICATION.”**


Wyoming Department of Health
HOME CONTACT INBOX LOGOUT

HEALTH CARE PROVIDER INFO LICENSURE INFORMATION EDUCATION GENERAL QUESTIONS **LOAN AND LENDER INFORMATION** PRACTICE SITE INFORMATION EMPLOYMENT FORM >

Lending Institution 1 Name:

Current Loan Balance:

Current Balance As Of

X

▼

Lender is required

Balance is required

ADD LENDER


Total number of Lenders

1

Total Eligible Debt Seeking Assistance Through WySLRP

\$ NaN

SAVE APPLICATION


Wyoming Department of Health
HOME CONTACT INBOX LOGOUT

HEALTH CARE PROVIDER INFO LICENSURE INFORMATION EDUCATION GENERAL QUESTIONS **LOAN AND LENDER INFORMATION** PRACTICE SITE INFORMATION EMPLOYMENT FORM >

Lending Institution 1 Name:

Current Loan Balance:

Current Balance As Of

X

^

Lender is required

Balance is required

Lender Basic Information

Address

City

State

Zip

Address is required

City is required

State is required

Zip is required

Phone

Fax

Email

Phone is required

Fax is required

Email is required

Loan Information

Original Loan Balance

Original Loan Date

Interest Rate

Balance is required

Interest Rate must be formatted as a percentage

Academic Period Covered By Loan

Loan Type

Loan Account Number

Academic Period Covered By Loan is required

Loan type is required

This information is required

Is this a consolidated loan?

☐ Yes

☐ No

Purpose of Loan Indicated on Application

Was the loan sold? (if you are not sure, check with your lender)

☐ Yes

☐ No

Is the loan in default?

☐ Yes

☐ No

Is the loan under a federal court judgment?

☐ Yes

☐ No

Drag file to upload or click to browse

UPLOAD FILES

Total number of Lenders

1

Total Eligible Debt Seeking Assistance Through WySLRP

\$ NaN

SAVE APPLICATION

ADD LENDER

After clicking “ADD LENDER” to add a 2<sup>nd</sup> lender/servicer, click on the “Lending Institution 2 Name” box and complete the expanded form and uploading required official loan statements. Repeat for each additional loan/lender/servicer. **NOTE:** If any of the loans listed are consolidation loans, you **MUST** upload documentation which adequately shows the educational loans included in the consolidation loan. Consolidation loans may not contain other balances such as personal debt, another person’s debt (educational or personal), and non-eligible educational debt. Once all loans have been entered, click “SAVE APPLICATION.”

The screenshot shows a form for adding a lender. A blue arrow points to the "Lending Institution 2 Name:" input field. Below this field, there are labels for "Total number of Lenders" (2) and "Total Eligible Debt Seeking Assistance Through WYSLRP" (\$ NaN). To the right of the input field is an "ADD LENDER" button. At the bottom of the form is a "SAVE APPLICATION" button, which is pointed to by another blue arrow.

10. Complete the “Practice Site Information” tab. Click on the “New Practice Site” box at the top of the page to expand the form.

The screenshot shows the "Practice Site Information" tab selected in a navigation bar. The navigation bar includes links for HEALTH CARE PROVIDER INFO, LICENSURE INFORMATION, EDUCATION, GENERAL QUESTIONS, LOAN AND LENDER INFORMATION, PRACTICE SITE INFORMATION, EMPLOYMENT FORM, and ADDITIONAL DOCUMENTS. Below the navigation bar, there is a "New Practice Site" dropdown menu, which is pointed to by a blue arrow. To the right of the dropdown is an "ADD PRACTICE SITE" button. Below the dropdown, there is a label "If not currently employed by practice site, date employment will begin" followed by an input field.

11. Select your practice site from the drop-down list. Once your site is selected, many of the fields will auto-populate. Please verify the information is correct. If the information is incorrect or your practice site is not listed in the drop-down menu, please contact WY-SLRP staff to update or determine if your site is an approved site.



New Practice Site

Name:

undefined Medical Director Name

undefined Site Contact Name and Title

Address

City

State

Zip

County

Phone

Email

📅

Employment Date

Hours per Week Worked at undefined

HPSA ID:

HPSA Score

Designation Type

☐ Geographic
☐ Low-Income
☐ Facility

HPSA Type

☐ Primary Care
☐ Dental
☐ Mental Health

☐ Is Primary Practice Site

Is undefined an approved National Health Service Corps site?

☐ Yes
☐ No

📅 If not currently employed by practice site, date employment will begin

ADD PRACTICE SITE

## 12. Complete the rest of the “Practice Site Information” tab and click “SAVE APPLICATION.”

Wyoming Department of Health

HOME CONTACT INBOX LOGOUT

HEALTH CARE PROVIDER INFO LICENSURE INFORMATION EDUCATION GENERAL QUESTIONS LOAN AND LENDER INFORMATION PRACTICE SITE INFORMATION EMPLOYMENT FORM ADDITIONAL DOCUMENTS PRINT APPLICATION ACKNOWLEDGMENTS

PRACTICE SITE INFORMATION

WY-SLRP Test Site

ADD PRACTICE SITE

📅 If not currently employed by practice site, date employment will begin

FEIN:

FEIN is required

Does the practice site accept all patients regardless of insurance or ability to pay?

☐ Yes
☐ No

Public Entity?

☐ Yes
☐ No

Private not-for-Profit?

☐ Yes
☐ No

📅 National Health Service Corps Site Approval Date

📅 Expiration

Are there any limits on patients the healthcare provider or practice site accepts?

☐ Yes
☐ No

Does the healthcare provider and the practice site accept Medicare assignment?

☐ Yes
☐ No

Does the healthcare provider and the practice site accept Medicaid/KidCare CHIP patients?

☐ Yes
☐ No

List Practice Site Boundaries

List Practice Site Boundaries required

Population centers included in this practice area:

List Practice Site Boundaries required

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 and/or mental health access for Medicaid/KidCare CHIP and/or Medicare clie...

This information is required

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

Total number of active patients at the practice site:

Total Number Of FTE Providers is required

Total Number Of Active Patients is required

SAVE APPLICATION

WY-SLRP APPLICATION AND AWARD MONITORING SYSTEM INSTRUCTIONS

9

13. If you practice at more than one location, click on the “Add Practice Site” button.

Wyoming Department of Health

HOME CONTACT INBOX LOGOUT

HEALTH CARE PROVIDER INFO LICENSURE INFORMATION EDUCATION GENERAL QUESTIONS LOAN AND LENDER INFORMATION PRACTICE SITE INFORMATION EMPLOYMENT FORM ADDITIONAL DOCUMENTS PRINT APPLICATION ACKNOWLEDGMENTS >

WY-SLRP Test Site

If not currently employed by practice site, date employment will begin

ADD PRACTICE SITE

14. Click the blank line under your 1<sup>st</sup> practice site to expand the form.

Wyoming Department of Health

HOME CONTACT INBOX LOGOUT

HEALTH CARE PROVIDER INFO LICENSURE INFORMATION EDUCATION GENERAL QUESTIONS LOAN AND LENDER INFORMATION PRACTICE SITE INFORMATION EMPLOYMENT FORM ADDITIONAL DOCUMENTS PRINT APPLICATION ACKNOWLEDGMENTS >

WY-SLRP Test Site

If not currently employed by practice site, date employment will begin

ADD PRACTICE SITE

15. Select your 2nd practice site from the drop-down menu. All additional practice locations to be used to meet the requirements of WY-SLRP must be approved sites. Complete the expanded form for the new location, scroll to the bottom of the page and click “SAVE APPLICATION.” Repeat for any additional practice locations.

Name: undefined Medical Director Name undefined Site Contact Name and Title

Address City State Zip County

Phone Email

Employment Date Hours per Week Worked at undefined

HPSA ID:

HPSA Score

Designation Type

☐ Geographic ☐ Low-Income ☐ Facility


HPSA Type

☐ Primary Care ☐ Dental ☐ Mental Health

☐ Is Primary Practice Site

Is undefined an approved National Health Service Corps site? ☐ Yes ☐ No

16. Complete the “Employment Form” tab and click “SAVE APPLICATION.” **NOTE:** Your practice site administrator (the site contact listed on the “Practice Site Information” tab above) will be required to verify this information through the WY-SLRP application system and must register for an account prior to loan repayment application submission.


Wyoming Department of Health
HOME CONTACT INBOX LOGOUT

HEALTH CARE PROVIDER INFO LICENSURE INFORMATION EDUCATION GENERAL QUESTIONS LOAN AND LENDER INFORMATION PRACTICE SITE INFORMATION EMPLOYMENT FORM ADDITIONAL DOCUMENTS PRINT APPLICATION AC >

☐ Recruitment (hired within last three months)
☐ Retention (existing staff member)

Weekly days and hours worked by healthcare provider at this practice location only

Weekly day work hours is required

Does the healthcare professional provide services at multiple locations? ☐ Yes ☐ No

Does the healthcare professional provide specialty care/services at the practice site ☐ Yes ☐ No

\$ List the proposed/current salary for the healthcare professional:

Proposed Salary is required

List the benefits and malpractice coverage provided for the healthcare professional:

This information is required

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

This information is required

SAVE APPLICATION

- 17. Upload all other required documentation on the “Additional Documents” tab. Please refer to the WY-SLRP Summer 2020 Application Guidance Document for a list of required documents and descriptions. Click on each category to open the upload box and drag and drop or browse to select your files. Click on “Upload Files” to upload each file after dragging/dropping/selecting. NOTE: If your last name does not match your citizenship documentation (i.e.: birth certificate for a married woman), please also upload proof of the name change (marriage certificate, etc.). Once complete, click “SAVE APPLICATION.”**


Wyoming Department of Health
HOME CONTACT INBOX LOGOUT

HEALTH CARE PROVIDER INFO LICENSURE INFORMATION EDUCATION GENERAL QUESTIONS LOAN AND LENDER INFORMATION PRACTICE SITE INFORMATION EMPLOYMENT FORM ADDITIONAL DOCUMENTS PRINT APPLICATION AC >

**You are required to submit the following documents:**

- 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)

Sliding Fee Schedule

Job Description

Employment Contract

Professional License

Proof of Citizenship

SAVE APPLICATION

18. Review and print and/or save your application for your personal records. Click on the “Print Application” tab. Review the information in your application. If you discover errors, click on the appropriate tab, update the information, and click “SAVE APPLICATION” to save the corrections. Return to the “Print Application” tab and review the information again. Once satisfied with your complete application, click on the “Print Application” button at the bottom of the page to print a hard copy or print to PDF to save a PDF for your records. Then, click “SAVE APPLICATION” on the bottom of the page.
19. Read the “Acknowledgements and Signatures” tab. If you agree, click on “SUBMIT APPLICATION.” After submitting, click on “SAVE APPLICATION.”

20. Once your application is submitted, your site facilitator (the site contact listed on the Practice Site Administration tab) will need to verify your employment. If your site facilitator has not yet registered in the WY-SLRP system (all site facilitators must register for an account during the Summer 2020 application period), they will need to register for an account as described in the “Creating a New Account” section on page 1, and select “Site Facilitator” for the account type and choose the practice site from the drop down menu. Once the registration is submitted, WY-SLRP staff will review and activate the registration. **Please allow 1 to 2 business days for registration approval.** Once approved by WY-SLRP staff, the site facilitator can login to the system to verify the practice site and employment information submitted on your application.

### Saving an Application and Returning to Complete it Later

You can save your application when it is incomplete and return to complete it later. Your existing application will be located as indicated below. Click on the orange circle to the left of your application to edit.

Wyoming Department of Health

HOME CONTACT INBOX LOGOUT

APPLICATIONS SERVICE COMPLIANCE

NEW APPLICATION

Application ID Status Practice Site

CLEAR SEARCH

Applications

ApplicationID ↑	Healthcare Provider	Practice Site	Application Created	Status
1028	Provider Test		06/15/2020	New

Rows per page: 5 1-1 of 1 < >

### Site Facilitator Employment Verification for Application Submission

1. Login to WY-SLRP at <https://wyslrp.health.wyo.gov/#/>
2. Under the “APPLICATIONS” tab, select the appropriate provider application by clicking on the orange circle.

Wyoming Department of Health

HOME CONTACT INBOX LOGOUT

APPLICATIONS SERVICE COMPLIANCE

NEW APPLICATION

Application ID Status Practice Site


CLEAR SEARCH

Applications

ApplicationID ↑	Healthcare Provider	Practice Site	Application Created	Status
1028	Provider Test	WY-SLRP Test Site	06/15/2020	Submitted

Rows per page: 5 1-1 of 1 < >

3. Review all information submitted under the “PRACTICE SITE INFORMATION” and “EMPLOYMENT FORM” tabs. **NOTE:** to review all information listed for the practice site, click on the site name to expand the form. If corrections need to be made, contact the provider and have them login, make corrections to their application, “SAVE APPLICATION” and resubmit. Once the provider has completed any necessary corrections, login and review the information again. Once satisfied, go to the “VERIFICATION” tab.


Wyoming Department of Health
HOME CONTACT INBOX LOGOUT

PRACTICE SITE INFORMATION EMPLOYMENT FORM VERIFICATION

WY-SLRP Test Site

If not currently employed by practice site, date employment will begin
ADD PRACTICE SITE


FEIN:  
123456789

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

Public Entity? ☐ Yes ☒ No

Private not-for-Profit? ☒ Yes ☐ No

If yes, type of Practice  
rural health clinic


Wyoming Department of Health
HOME CONTACT INBOX LOGOUT

PRACTICE SITE INFORMATION EMPLOYMENT FORM VERIFICATION

☐ Recruitment (hired within last three months) ☒ Retention (existing staff member)

Weekly days and hours worked by healthcare provider at this practice location only  
M-F 8-5

Does the healthcare professional provide services at multiple locations? ☐ Yes ☒ No

Does the healthcare professional provide specialty care/services at the practice site ☐ Yes ☒ No

List the proposed/current salary for the healthcare professional:  
\$ 240000

List the benefits and malpractice coverage provided for the healthcare professional:  
vacation, sick leave, CE leave, malpractice ins, performance bonus

- Under the “VERIFICATION” tab, enter the provider’s employment/practice start date at the practice site. Read the certification statements, and if you agree, click on “VERIFY APPLICATION”


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HOME CONTACT INBOX LOGOUT

PRACTICE SITE INFORMATION EMPLOYMENT FORM VERIFICATION

**Practice Site**

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.

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 meet(s) 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.

As a facilitator, by checking "verify application", I certify all the above information is correct

VERIFY APPLICATION

## Monitoring and Service Compliance Reporting

Applicants selected for an award will be required to submit service compliance reports at 3, 6, 12, 18, and 24 months. The WY-SLRP system will automatically generate reminder e-mails based upon the award date entered into the system by WY-SLRP staff.

**Service compliance** reports must be completed and verified **by the site facilitator**.

**Proof of Payment** must be completed and submitted **by the WY-SLRP Participant**.

Compliance reports can be accessed by signing into the WY-SLRP system, and clicking on the "Service Compliance" tab.

Wyoming Department of Health

HOME CONTACT INBOX LOGOUT

APPLICATIONS SERVICE COMPLIANCE

NEW APPLICATION

Application ID Status Practice Site

CLEAR SEARCH

The following reports will be listed in the "Service Compliance" tab:

- A. **Service Confirmations** is the 3-month service confirmation that also serves as the "invoice" to receive the loan repayment funds under your WY-SLRP award. This report cannot be completed and submitted until 90 days have passed from the effective date of your WY-SLRP award contract.
- B. **6 Month Service Compliance** will be due 6 months from the WY-SLRP award effective date.
- C. **12 Month Service Compliance** will be due 12 months from the WY-SLRP award effective date.

- D. 18 Month Service Compliance will be due 18 months from the WY-SLRP award effective date.
- E. 24 Month Service Compliance will be due 24 months from the WY-SLRP award effective date and serves as the final compliance report for the 24-month service obligation to WY-SLRP.
- F. Proof of Payment is the form used to upload proof of payment to your qualified educational loans of all funds received from WY-SLRP and is due by August 15<sup>th</sup> of the year received.

When a compliance report is due, there will be an orange circle with a pencil indicating the form can be edited.

1. Click on the circle.

Wyoming Department of Health

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APPLICATIONS
SERVICE COMPLIANCE

**Service Confirmations**

Application ↑	HealthCare Provider	Site	Status
	1028	Provider Test	WY-SLRP Test Site

Rows per page: 5
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**6 Month Service Compliance**

Application ↑	HealthCare Provider	Site	Status
	1028	Provider Test	WY-SLRP Test Site

Rows per page: 5
1-1 of 1

**12 Month Service Compliance**

Application ↑	HealthCare Provider	Site	Status
	1028	Provider Test	WY-SLRP Test Site


Rows per page: 5
1-1 of 1

**18 Month Service Compliance**


Application ↑	HealthCare Provider	Site	Status
	1028	Provider Test	WY-SLRP Test Site

Rows per page: 5
1-1 of 1



24 Month Service Compliance				
	Application ↑	HealthCare Provider	Site	Status
	1028	Provider Test	WY-SLRP Test Site	New
<div> Rows per page: 5 1-1 of 1 &lt; &gt; </div>				

Proof of Payment				
	Application ↑	Healthcare Provider	Practice Site	Status
	1028	Provider Test	WY-SLRP Test Site	New
<div> Rows per page: 5 1-1 of 1 &lt; &gt; </div>				

For questions or technical assistance, please contact Keri Wagner at [keri.wagner@wyo.gov](mailto:keri.wagner@wyo.gov).