

**Wyoming State Loan Repayment Program**  
**Summer 2023 Program Application Guidance**

*Application Deadline: September 8, 2023*



Wyoming  
Department  
of Health

Office of Rural Health  
Public Health Division  
Wyoming Department of Health  
122 West 25<sup>th</sup> Street, Suite 102E  
Cheyenne, WY 82002

## Summer 2023 Wyoming State Loan Repayment Program

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

WY-SLRP is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$556,624 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

WY-SLRP has \$185,208 in funding available for awards during this application cycle. Physicians and dentists practicing in eligible disciplines may receive an award up to \$50,000; physician assistants and nurse practitioners practicing in eligible specialties, certified nurse midwives, psychiatric nurse specialists, pharmacists, and eligible mental health clinicians may receive an award up to \$35,000; and registered nurses and registered dental hygienists may receive an award of up to \$20,000. All awards require two (2) years of full-time service at an approved National Health Service Corps (NHSC) site.

### Program Contact

Keri Wagner, Healthcare Workforce and Primary Care Office Manager  
Office of Rural Health, Rural and Frontier Health Unit  
Public Health Division, Wyoming Department of Health  
122 West 25<sup>th</sup> Street, Suite 102E  
Cheyenne, WY 82002  
Phone: (307) 777-6512  
E-mail: [keri.wagner@wyo.gov](mailto:keri.wagner@wyo.gov)



**RURAL AND  
FRONTIER HEALTH**

**Table of Contents**

**Participant Eligibility** ..... 3

**Practice Site Eligibility** ..... 6

**Participant Awards** ..... 7

**Full-Time Clinical Practice Requirements** ..... 10

**Full-Time Clinical Practice Requirements – By Discipline**..... 12

**Telehealth and Home Health Policies** ..... 15

**Breach of Service Obligation** ..... 17

**Application Checklist**..... 20

**Submission and Deadline** ..... 21

**Appendix I – Fall 2023 WY-SLRP Eligible Sites** ..... 22

**Appendix II – WY-SLRP Application and Award Monitoring System Instructions**..... 26

## **Participant Eligibility**

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

- 1.** Physicians (MD and DO) practicing the following specialties: family practice (including osteopathic general practice), internal medicine, pediatrics, obstetrics and gynecology, geriatrics, and psychiatry.
  - a.** General practitioners (physicians who have not completed residency training programs) are not eligible.
- 2.** General and Pediatric Dentists (DDS/DMD)
- 3.** Physician Assistants (PA) and Nurse Practitioners (NP) practicing the following specialties: adult, family, pediatrics, geriatrics, women's health, and mental health/psychiatry.
- 4.** Certified Nurse Midwives (CNM)
- 5.** Psychiatric Nurse Specialists (PNS)
- 6.** Pharmacists (Pharm)
- 7.** Mental health clinicians licensed and practicing as the following:
  - a.** Health Service Psychologist (HSP); both clinical and counseling
  - b.** Licensed Clinical Social Worker (LCSW)
  - c.** Licensed Professional Counselor (LPC)
  - d.** Marriage and Family Therapist (MFT)
  - e.** Alcohol and Substance Abuse Counselors (must be licensed/credentialed/certified in Wyoming that they meet educational requirements and master's degree requirements).
- 8.** All other health professions or disciplines not listed above are NOT eligible to participate in WY-SLRP at this time. Additional loan repayment options are:
  - a.** National Health Service Corps (NHSC) Loan Repayment Programs; please visit <https://nhsc.hrsa.gov/> for additional information.

- b.** NURSE Corps Loan Repayment Programs; please visit <https://bhwh.hrsa.gov/funding/apply-loan-repayment/nurse-corps> for additional information.

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

- 1.** Must possess an active, permanent, and valid license to practice an eligible healthcare profession in the State of Wyoming. Provisional and temporary licensed healthcare professionals are not eligible to participate in WY-SLRP.
- 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;



## 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 care, dental, or mental health services on an *outpatient* basis.
  - 2.** Complete the process and be approved as a National Health Service Corps (NHSC) approved site prior to a healthcare professional's application submission to WY-SLRP.
    - a.** Temporary COVID-19 NHSC sites are not eligible for WY-SLRP.
    - b.** For a list of eligible WY-SLRP sites, please refer to Appendix I – Summer 2023 WY-SLRP Eligible Sites.
  - 3.** Be located in a federally designated geographic, population, or facility Health Professional Shortage Area (HPSA) for primary care, dental and/or mental health.
    - a.** Areas designated as a Medically Underserved Area (MUA), Medically Underserved Population (MUP), or a Governor's Certified Shortage Area for Rural Health Clinics will NOT be eligible for participation in WY-SLRP.
    - b.** The HPSA designation must be appropriate for the applicant's discipline: primary care HPSA for primary care disciplines; dental HPSA for dentists and registered dental hygienists; and mental health HPSA for behavioral health disciplines.
- 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 NHSC site in a federally designated primary care, dental and/or mental health 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 care medical, dental or mental 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 medical, dental or mental 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 October 10<sup>th</sup>, 2023.
- B. Applicants will be prioritized into award tiers based upon the following:
  1. Health Professional Shortage Area (HPSA) Score:
    - a. Tier 1:
      - i. For registered nurses and pharmacists: HPSA scores 14 and over;
      - ii. For all other professions: HPSA scores between 10 and 13;
      - iii. The higher the score within the tier, the higher the priority (e.g., a score of 13 is higher priority than 10).
    - b. Tier 2.
      - i. For registered nurses and pharmacists: HPSA scores between 10 and 13;
      - ii. For all other professions: HPSA scores below 10;
      - iii. The higher the score within the tier, the higher the priority (e.g., a score of 13 is higher priority than 10).
    - c. Tier 3:
      - i. For registered nurses and pharmacists: HPSA scores below 10;





- 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 by August 15, 2024.
- 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, and the NURSE Corps Scholarship or 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 NHSC-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 NHSC-approved site within Wyoming.

### **Full-Time Clinical Practice Requirements**

- A. Every WY-SLRP participant is required to engage in full-time clinical practice of the profession for which they applied and were awarded a WY-SLRP contract at the NHSC-approved site included in the WY-SLRP application. Full-time clinical practice is defined, for the purposes of WY-SLRP, as a minimum of forty (40) hours per week for a minimum of forty-five (45) weeks each service year. The forty (40) hours per week may be compressed into no less than four (4) days per week, with no more than twelve (12) hours of work to be performed in any twenty-four (24) hour period. Excess hours per week cannot be applied to any other workweek. Additionally, time spent "on call" will not count towards the WY-SLRP service obligation, except to the extent the provider is providing patient care during that period. Additional requirements apply based on discipline and practice locations, as described below under Full-Time Clinical Practice Requirements – By Discipline.
- B. The following definitions apply to full-time clinical practice:
1. 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 WY-SLRP 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 WY-SLRP applicants serving in such a capacity should keep in mind

that they cannot count more than four (4) hours per week of administrative and/or management time toward the total forty (40) hours per week.

2. Teaching activities, to qualify as clinical practice, WY-SLRP 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, subject to the WY-SLRP limits on the number of hours per week allowed for teaching as described below under Full-Time Clinical Practice Requirements – By Discipline. The clinical education may:

- a. Be conducted as part of an accredited clinical training program;
- b. Include the clinical supervision of a student/resident that is required for that student/resident to receive a license under state law; or
- c. Include mentoring that is conducted as part of the Health Careers Opportunity Program, or the Centers of Excellence Program.
- d. Clinical service provided by WY-SLRP participants while a student/resident observes should be counted as patient care, not teaching, as the WY-SLRP participant is treating the patient.

- C. 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.

1. 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.
2. Absences over thirty-five (35) workdays per service year will result in the extension of the participant's WY-SLRP service obligation.
  - a. Participants who have a medical or personal emergency that will result in an extended period of absence will need to request a temporary medical or emergency suspension of the WY-SLRP service obligation and provide supporting documentation. WY-SLRP cannot guarantee that a suspension request will be approved. If a suspension is

requested and approved, the participant's WY-SLRP service obligation end date will be extended accordingly.

- b.** WY-SLRP will automatically approve up to twelve (12) weeks of maternity/paternity/adoption leave. Participants planning to be away from their site for maternity/paternity/adoption leave, must notify WY-SLRP staff before taking the leave and the service obligation will be extended for each day of absence over the allowable thirty-five (35) working days.
- i.** Participants planning to take more than twelve (12) weeks for maternity/paternity/adoption leave will need to request a temporary medical or emergency suspension as described above.

### **Full-Time Clinical Practice Requirements – By Discipline**

#### **A. Medical Providers**

- 1.** For providers of primary medical care services, including pediatricians and geriatricians:
  - a.** Clinicians must work a minimum of forty (40) hours per week, for a minimum of forty-five (45) weeks per service year. At least thirty-six (36) hours per week are spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum thirty-six (36) hours spent providing patient care, no more than eight (8) hours per week may be spent in a teaching capacity. The remaining four (4) hours per week may be spent providing patient care for patients at the approved site(s), providing patient care in approved alternative settings to address continuity of care (e.g., hospitals, nursing homes, shelters, and other community-based settings) as directed by the approved site(s), or performing clinical-related administrative activities up to four (4) hours per week.
  - i.** If serving under a Federal Assignment or Private Practice Agreement and working in a Health Resources and Services Administration (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 twenty (20) hours per week. The remaining twenty (20) hours must be spent providing patient care at the approved site(s), eight (8) hours per week of which may be spent providing patient care in an approved alternative setting to address continuity of care (e.g., hospital, nursing home, or shelter) or performing clinical-related administrative activities up to four (4) hours per week.



hospital-affiliated outpatient clinic, or performing clinical-related administrative activities up to four (4) hours per week.

## **B. Dental Providers**

### **1. For dentists and registered dental hygienists, including pediatric dentists:**

- a.** Clinicians must work a minimum of forty (40) hours per week, for a minimum of forty-five (45) weeks per service year. At least thirty-six (36) hours per week are spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum thirty-six (36) hours spent providing patient care, no more than eight (8) hours per week may be spent in a teaching capacity. The remaining eight (8) hours per week are spent providing patient care for patients at the approved site(s), providing patient care in an approved alternative setting to address continuity of care (e.g., shelter) or performing clinical-related administrative activities up to four (4) hours per week.
- i.** If serving under an Federal Agreement or Private Practice Agreement 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 twenty (20) hours per week. The remaining twenty (20) hours must be spent providing patient care at the approved site(s), eight (8) hours per week of which may be spent providing patient care in an approved alternative setting to address continuity of care (e.g., shelter) or performing clinical-related administrative activities up to four (4) hours per week.
- ii.** General dentists, pediatric dentists, and registered dental hygienists must serve in dental HPSA.

## **C. Behavioral and Mental Health Providers**

### **1. For behavioral and mental health providers, including psychiatrists:**

- a.** Clinicians must work a minimum of forty (40) hours per week, for a minimum of forty-five (45) weeks per service year. At least twenty (20) hours per week must be spent providing patient care at the approved service site(s) during normally scheduled office hours. Of the minimum twenty (20) hours spent providing patient care, no more than eight (8) hours per week may be spent in a teaching capacity, in an alternative setting to address continuity of care (e.g., shelter) as directed by the approved sites, or

performing clinical-related administrative activities up to four (4) hours per week. The remaining twenty (20) hours per 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).

- i.** If serving under an Federal Assignment or Private Practice Agreement 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 twenty (20) hours per week. The remaining twenty (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 eight (8) hours per week may be spent providing patient care in an approved alternative setting (e.g., shelter) or performing clinical-related administrative activities up to four (4) hours per week.
- ii.** If working in an IHS Hospital or a CAH with an affiliated outpatient clinic (only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health), at least twenty-four (24) hours per week must be spent providing patient care in the IHS Hospital or CAH with an affiliated outpatient clinic. The remaining sixteen (16) hours per week are spent providing patient care at the IHS Hospital or CAH or the hospital-affiliated outpatient clinic, or up to four (4) hours per week performing clinical-related administrative activities. Applicants must list both the IHS Hospital or CAH and the affiliated outpatient clinic in their application.

## **Telehealth and Home Health Policies**

### **A. Telehealth.**

- 1.** WY-SLRP will consider telehealth as patient care when both the originating site (location of the patient) and the distant site (location of the WY-SLRP clinician) are located in an appropriate health professional shortage area (HPSA) for primary care, dental, and/or mental health and are NHSC-approved sites.
  - a.** All originating sites and distant sites must be identified in the WY-SLRP application.



- i.** WY-SLRP service credit will not be given for telehealth services provided from a distant site or to an originating site that was not included on the WY-SLRP application.
- b.** The WY-SLRP participant must be practicing in accordance with applicable licensure and professional standards.
- c.** WY-SLRP 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 WY-SLRP application regardless of whether such sites are distant or originating.
- d.** Telehealth may be conducted to or from an approved alternative setting as directed by the WY-SLRP participant's NHSC-approved site. All service completed in an approved alternative setting is restricted to the program guidelines.
  - i.** 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.
- e.** Self-employed clinicians are not eligible to earn WY-SLRP service credit for telehealth services.
- 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 WY-SLRP participant at the distant site. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.
- g.** Telehealth delivered services cannot exceed more than seventy-five percent (75%) of the minimum weekly hours required to provide direct patient care, under the WY-SLRP award contract.

**B. Home Health.**

1. WY-SLRP and NHSC do not recognize the homes of patients or providers as NHSC-approved sites; therefore, 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 “Full-Time Clinical Practice Requirements – By Discipline” section).

**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, from the date of breach.
  - 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 a NHSC-approved site 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.

**REMAINDER OF PAGE INTENTIONALLY LEFT BLANK**

# Wyoming State Loan Repayment Program Application

Application Deadline: September 8, 2023

## Application Checklist

Below is a list of all required documentation. The below documents must be uploaded into the WY-SLRP Application and Award Monitoring System during the application process. 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.

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; official statements or e-statements are acceptable; online account printouts are not acceptable; all statements must show the borrower's name

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

Copy of current practice site discounted sliding fee schedule

Copy of the healthcare provider's job description

Copy of employment contract and/or agreement showing start date (must be a copy of the signed and completed document)

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) including legal documentation of any name changes from birth certificate or passport

## Submission and Deadline

All WY-SLRP applications, required supporting documents, and practice site employment verifications *must be submitted through the WY-SLRP Application and Award Monitoring System no later than 11:59 P.M. M.S.T., September 8, 2023.*

To access the WY-SLRP Application and Award Monitoring System, please visit <https://wyslrp.health.wyo.gov/#/>. Please reference the WY-SLRP Application and Award Monitoring System Instructions for a step-by-step guide to registering for an account and completing an application. For further assistance, please contact Keri Wagner at [keri.wagner@wyo.gov](mailto:keri.wagner@wyo.gov).

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.

## Appendix I – Fall 2023 WY-SLRP Eligible Sites

Site Name	Address	Site City
Ag Workers Health & Services - Powell Clinic	212 E 6th St	Powell
Atlas Therapy, LLC	100 Warren Ave	Gillette
Bear Lake Community Health Centers - Evanston	75 Yellow Creek Rd	Evanston
Bear Lake Community Health Centers - Rock Springs	2620 Commercial Way	Rock Springs
Big Horn Counseling Services, Inc - Main	1114 Lane 12	Lovell
Big Horn County Counseling, Inc. - Basin	116 S 3rd St	Basin
Bighorn Valley Health Center - Heritage Health Center	128 N Bent St	Powell
Bighorn Valley- Sheridan	201 E 5th St	Sheridan
Campbell County Health - Outpatient Behavioral Health Clinic	501 S Burma Ave	Gillette
Castle Rock Medical Center	1400 Uinta Dr	Green River
Central Wyoming Counseling Center	1430 Wilkins Cir	Casper
Cheyenne Regional Medical Center - Behavioral Health Clinic	2600 E 18th St	Cheyenne
Cloud Peak Counseling Center	401 S 23rd St	Worland
Community Action of Laramie County - Crossroads Healthcare Clinic	100 Central Ave	Cheyenne
Community Health Center of Central Wyoming - Dubois Community Health Center	5647 US Highway 26	Dubois
Community Health Center of Central Wyoming - Fremont Community Health Center	1035 Rose Ln	Riverton
Community Health Center of Central Wyoming - Fremont County Pediatrics	115 Wyoming St	Lander
Community Health Center of Central Wyoming - Main	5000 Blackmore Rd	Casper
Counseling and Play Therapy Center, LLC	140 S Main St	Buffalo
County of Natrona - Central Wyoming Rescue Mission	230 N Park St	Casper
County of Natrona - Health Care for the Homeless	1514 E 12th St STE 201	Casper
Cowboy Medical Group - Worland	1125 Charles Ave	Worland

Crook County Medical Services - Hulett Clinic	PO BOX 65	Hulett
Crook County Medical Services District - Moorcroft Clinic	PO BOX 187	Moorcroft
Crook County Medical Services District - Sundance Clinic	713 E Oak St	Sundance
Crook County Medical Services District (CAH)	713 E Oak St	Sundance
Curran Seeley Foundation	610 W Broadway Ave STE L-1	Jackson
Eastern Shoshone Recovery Program	7 Shipton Ln	Fort Washakie
Eastern Shoshone Tribal Health - Morning Star Care Center	4 N Fork Rd	Fort Washakie
Fern Ridge Counseling, LLC	1120 Beck Ave	Cody
Fremont Counseling Service - Lander	748 Main St	Lander
Fremont Counseling Service - Main	1110 Major Ave	Riverton
Glenrock Health Center	PO BOX 786	Glenrock
HealthWorks - Main Clinic	2508 E Fox Farm Rd	Cheyenne
HealthWorks - Suite 1C	2508 E Fox Farm Rd	Cheyenne
High Country Behavioral Health - Evanston	190 Overthrust Rd	Evanston
High Country Behavioral Health - Glenrock	319 E Birch St	Glenrock
High Country Behavioral Health - Kemmerer	821 Sage Ave	Kemmerer
High Country Behavioral Health - Lusk	905 S Main St	Lusk
High Country Behavioral Health - Main	389 Adams St	Afton
High Country Behavioral Health - Main Douglas	1841 Madora Ave	Douglas
High Country Behavioral Health - Mountain View	1050 N Highway 414	Mountain View
High Country Behavioral Health - Pinedale	24 County Club Ln	Pinedale
High Country Behavioral Health - Thermopolis	121 S 4th St	Thermopolis
Hot Springs County Memorial Hospital - Big Horn Clinic	156 S 6th St	Basin
Hot Springs County Memorial Hospital - Red Rock Family Practice	120 N C Ave	Thermopolis
Jackson Hole Community Counseling Center	640 E Broadway Ave	Jackson



KA Skates, LLC	337 Robert St	Cody
Life Strategy Center	1949 Sugarland Dr STE 218	Sheridan
Life's Journey Counseling	956 12th St	Cody
LIV Health - Cheyenne Main Office	2500 Dell Range Blvd	Cheyenne
LIV Health - Laramie	1264 N 4th St	Laramie
Memorial Hospital of Carbon County - Family Practice Clinic	300 3rd St	Rawlins
Memorial Hospital of Carbon County - Family Practice Clinic Hanna	1008 Feldspar Ct	Hanna
Memorial Hospital of Carbon County - Women's Health Clinic	2221 Elm St	Rawlins
Memorial Hospital of Carbon County (CAH)	2221 Elm St	Rawlins
Niobrara Community Hospital - Rawhide Rural Health Clinic	921 Ballancee Ave	Lusk
Niobrara Community Hospital (CAH)	921 Ballancee Ave	Lusk
Northern Arapaho Tribe of Wyoming - White Buffalo Recovery Center	24 Great Plains Rd	Arapahoe
Northern Arapaho Tribe of Wyoming - Wind River Cares Ethete	510 Ethete Rd	Lander
Northern Arapaho Tribe of Wyoming - Wind River Cares Riverton	511 N 12th St E	Riverton
Northern Arapaho Tribe of Wyoming - Wind River Family & Community Health Care Clinic	14 Great Plains Rd	Arapahoe
Northern Wyoming Mental Health Center, Inc.- Sheridan	1701 W 5th St	Sheridan
Office of Youth Alternatives	1328 Talbot Ct	Cheyenne
Overcomer Counseling, LLC	265 N 4th St	Laramie
Pain Care Center - Casper	5850 E 2nd St	Casper
Pain Care Center - Evanston	170 Arrowhead Dr STE 2	Evanston
Pain Care Center - Lander	15 Shrine Club Rd STE B	Lander
Pain Care Center - Rock Springs	2620 Commercial Way	Rock Springs
Personal Frontiers Inc.	310 S Miller Ave STE G	Gillette
Pioneer Counseling Services - Main	350 City View Dr	Evanston
Positive Progressions, LLC - Main	507 N Clark St	Powell

Rising Phoenix Solutions Wyoming	2321 Dunn Ave	Cheyenne
Rocky Mountain Behavioral Healthcare, LLC	940 E 3rd St	Casper
South Lincoln Medical Center - South Lincoln Medical Clinic	711 Onyx St	Kemmerer
South Lincoln Medical Center - South Lincoln Medical Clinic Evanston	195 Feather Way	Evanston
South Lincoln Medical Center (CAH)	711 Onyx St	Kemmerer
Southwest Counseling Service - College Facility	1124 College Dr	Rock Springs
Southwest Counseling Service - Main Foothill Facility	2300 Foothill Blvd	Rock Springs
University of Wyoming Family Practice Residency - Albany CHC	1174 N 22nd St	Laramie
University of Wyoming Family Practice Residency - Cheyenne	821 E 18th St	Cheyenne
University of Wyoming Family Practice Residency - Main	1522 E A St	Casper
Volunteers of America Northern Rockies – Buffalo Clinic	521 W Lott St	Buffalo
Volunteers of America Northern Rockies - Cheyenne 29th Street	510 W 29th St	Cheyenne
Volunteers of America Northern Rockies - Cheyenne Seymour Avenue	2526 Seymour Ave	Cheyenne
Volunteers of America Northern Rockies - Laramie	1263 N 15th St	Laramie
Volunteers of America Northern Rockies - Main	604 E 25th St	Cheyenne
Volunteers of America Northern Rockies – Newcastle Clinic	420 Deanne Ave	Newcastle
Volunteers of America Northern Rockies – Sheridan Clinic	1221 W 5th St	Sheridan
Volunteers of America Northern Rockies – Sundance Clinic	420 1/2 Main St	Sundance
Volunteers of America Northern Rockies - Torrington	501 Albany Ave	Torrington
Volunteers of America Northern Rockies- Wheatland	1954 W Mariposa Pkwy	Wheatland
Wind River Service Unit - Fort Washakie Health Center	29 Black Coal Dr	Fort Washakie
Yellowstone Behavioral Health Center - Cody	2538 Big Horn Ave	Cody
Yellowstone Behavioral Health Center - Powell	627 Wyoming Ave	Powell

## Appendix II – WY-SLRP 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

Sign in with Google

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

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. 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.

### Login

Sign in with Google

**Sign in with Google**

Sign in with Username

Username

Password

Don't have an account?  Forgot your password?



This app uses the Wyoming Identity System for Authentication

#### 4. Click on "NEW APPLICATION"

APPLICATIONS SERVICE COMPLIANCE

Application ID  Status  Practice Site

Applications

ApplicationID ↑	Healthcare Provider	Practice Site	Application Created ↑	Status
No data available				

Rows per page: 5

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

The screenshot shows the 'Healthcare Provider Info' tab of an application form. The header includes the Wyoming Department of Health logo and navigation links: HOME, CONTACT, INBOX, and LOGOUT. The form has several tabs: HEALTH CARE PROVIDER INFO (selected), LICENSURE INFORMATION, EDUCATION, GENERAL QUESTIONS, LOAN AND LENDER INFORMATION, PRACTICE SITE INFORMATION, and EMPLOYMENT FORM. The 'Provider Information' section contains the following fields:

- Enter Last name, Enter First name, Enter Middle name
- Date Of Birth (calendar icon), Are you a US Citizen (Yes/No radio buttons)
- 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 (dropdown), Race (dropdown), Sex (used for federal reporting purposes only) (dropdown)
- Are you fluent in languages other than English? (Yes/No radio buttons)
- Do you possess experience or training in multicultural settings or serving populations with special needs? (Yes/No radio buttons)
- 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 radio buttons)
- Do you provide Substance use disorder(SUD) treatment services? (Yes/No radio buttons)
- Do you have SUD license or certificate? (Yes/No radio buttons)
- Do you have a DATA2000 Waiver? (Yes/No radio buttons)
- Are you a telehealth Provider? (Yes/No radio buttons)

A 'SAVE APPLICATION' button is located at the bottom center of the form.

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

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 and navigation are identical to the previous screenshot. The main navigation bar contains: HEALTH CARE PROVIDER INFO, LICENSURE INFORMATION, EDUCATION (selected), GENERAL QUESTIONS, LOAN AND LENDER INFORMATION, PRACTICE SITE INFORMATION, EMPLOYMENT FORM, and a right arrow. The form is divided into two sections: 'Degree Information' and 'Apprenticeship Information'. The 'Degree Information' section has two entries. Each entry includes: School Type (Undergraduate/Graduate), School Name, Degree, Date (calendar icon), 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 INDEX 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**

Lender is required Balance is required

Total number of Lenders  
1

Total Eligible Debt Seeking Assistance Through WYSLRP  
\$ NaN

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**

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

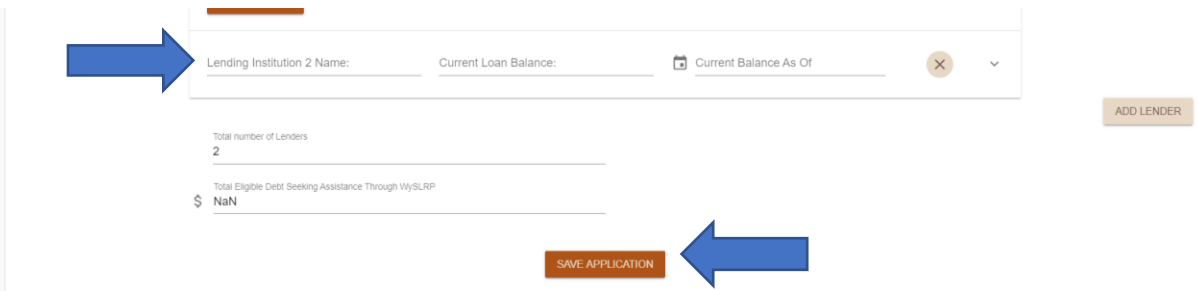
Is the loan under a federal court judgment?  Yes  No

Drag file to upload or click to browse

Total number of Lenders  
1

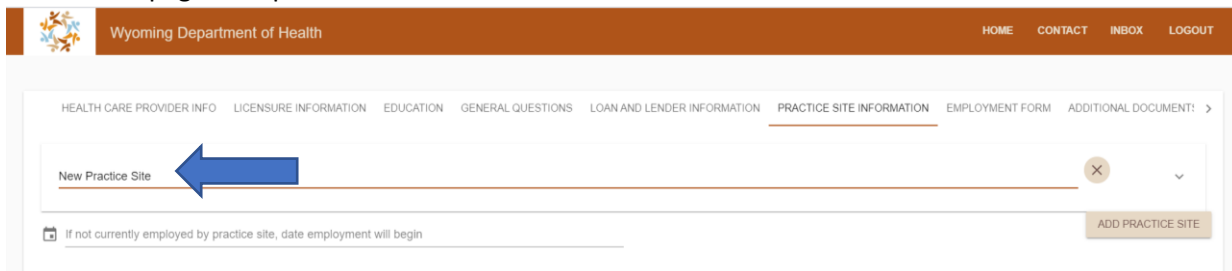
Total Eligible Debt Seeking Assistance Through WYSLRP  
\$ NaN

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 web form for adding a lender. At the top, there are three input fields: "Lending Institution 2 Name:", "Current Loan Balance:", and "Current Balance As Of". A blue arrow points to the first field. Below these fields, there are two summary rows: "Total number of Lenders" with the value "2", and "Total Eligible Debt Seeking Assistance Through WYSLRP" with the value "\$ NaN". At the bottom right of the form is a button labeled "ADD LENDER". Below the form, a "SAVE APPLICATION" button is highlighted with a blue arrow pointing to it from the right.

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 menu. The navigation menu includes: HEALTH CARE PROVIDER INFO, LICENSURE INFORMATION, EDUCATION, GENERAL QUESTIONS, LOAN AND LENDER INFORMATION, PRACTICE SITE INFORMATION (highlighted), EMPLOYMENT FORM, and ADDITIONAL DOCUMENT! >. Below the navigation, there is a form with a field labeled "New Practice Site" and a blue arrow pointing to it. Below this field is a date input field with a calendar icon and the text "If not currently employed by practice site, date employment will begin". At the bottom right of the form is a button labeled "ADD PRACTICE SITE".

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:

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 INFOBOX 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

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 discipl...  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**

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

The screenshot shows the Wyoming Department of Health application form. The top navigation bar includes 'HOME', 'CONTACT', 'INDEX', and 'LOGOUT'. The main navigation menu includes 'HEALTH CARE PROVIDER INFO', 'LICENSURE INFORMATION', 'EDUCATION', 'GENERAL QUESTIONS', 'LOAN AND LENDER INFORMATION', 'PRACTICE SITE INFORMATION', 'EMPLOYMENT FORM', 'ADDITIONAL DOCUMENTS', 'PRINT APPLICATION', and 'ACKNOWLEDGMENTS'. The 'PRACTICE SITE INFORMATION' tab is active. A text input field contains 'WY-SLRP Test Site'. Below it is a date input field with a calendar icon and the text 'If not currently employed by practice site, date employment will begin'. To the right of the date field is a blue arrow pointing to a button labeled 'ADD PRACTICE SITE'.

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

The screenshot shows the Wyoming Department of Health application form with the 'PRACTICE SITE INFORMATION' tab active. The first practice site is expanded, showing a form with fields for 'Name', 'Address', 'City', 'State', 'Zip', 'County', 'Phone', 'Email', 'Employment Date', and 'Hours per Week Worked at'. Below the first site is a blank line, and a blue arrow points down to it. To the right of the blank line is a button labeled '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.

The screenshot shows the Wyoming Department of Health application form with the 'PRACTICE SITE INFORMATION' tab active. The first practice site is expanded, showing a form with fields for 'Name', 'Address', 'City', 'State', 'Zip', 'County', 'Phone', 'Email', 'Employment Date', and 'Hours per Week Worked at'. Below the first site is a blank line, and a blue arrow points down to it. To the right of the blank line is a button labeled 'ADD PRACTICE SITE'.

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**

Sliding Fee Schedule

Drag file to upload or click to browse

UPLOAD FILES

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.”

Wyoming Department of Health

HOME CONTACT INBOX LOGOUT

ATION EDUCATION GENERAL QUESTIONS LOAN AND LENDER INFORMATION PRACTICE SITE INFORMATION EMPLOYMENT FORM ADDITIONAL DOCUMENTS PRINT APPLICATION ACKNOWLEDGMENTS AND SIGNATURES VERIFICATION

**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.

As the healthcare provider applicant, by clicking "submit application, I certify all the above information is correct.

SUBMIT APPLICATION

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

4. 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”




Wyoming Department of Health

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.

The screenshot shows the Wyoming Department of Health portal interface. At the top, there is a navigation bar with the logo and 'Wyoming Department of Health' on the left, and 'HOME', 'CONTACT', 'INBOX', and 'LOGOUT' on the right. Below the navigation bar, there are two tabs: 'APPLICATIONS' and 'SERVICE COMPLIANCE', with 'SERVICE COMPLIANCE' being the active tab. The main content area is divided into four sections: 'Service Confirmations', '6 Month Service Compliance', '12 Month Service Compliance', and '18 Month Service Compliance'. Each section contains a table with columns for 'Application ↑', 'HealthCare Provider', 'Site', and 'Status'. The 'Service Confirmations' section has a blue arrow pointing to an orange pencil icon in the first row. The other three sections have an orange circle icon in the first row. Each table also includes a 'Rows per page' dropdown set to '5' and a '1-1 of 1' indicator with navigation arrows.


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

**24 Month Service Compliance**

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

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

**Proof of Payment**

	Application ↑	Healthcare Provider	Practice Site	Status
	1028	Provider Test	WY-SLRP Test Site	New

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

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