

# 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

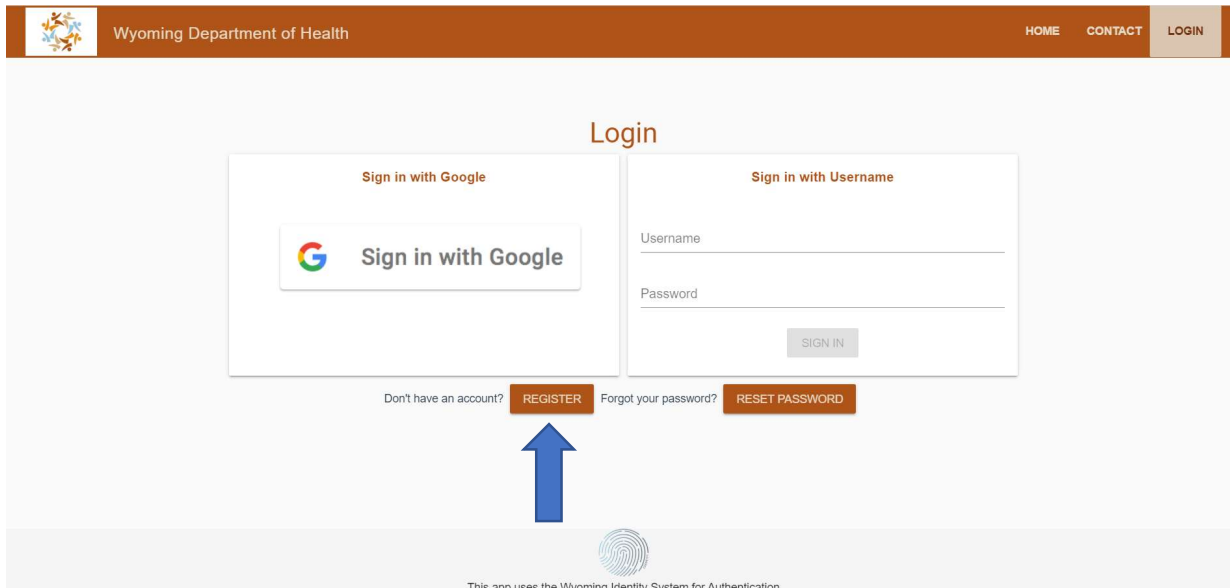
The Wyoming State Loan Repayment Program (WY-SLRP) is open to physicians, nurse practitioners, physician assistants, certified nurse midwives, and mental health clinicians practicing in primary care and mental health settings. Applicants must practice full-time at an already approved National Health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

Sign in with Google

Username

Password

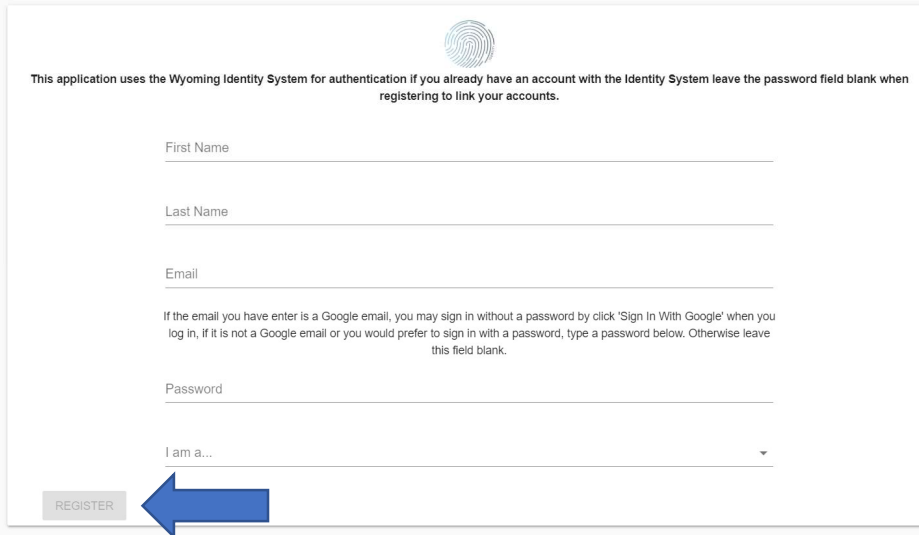
SIGN IN

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

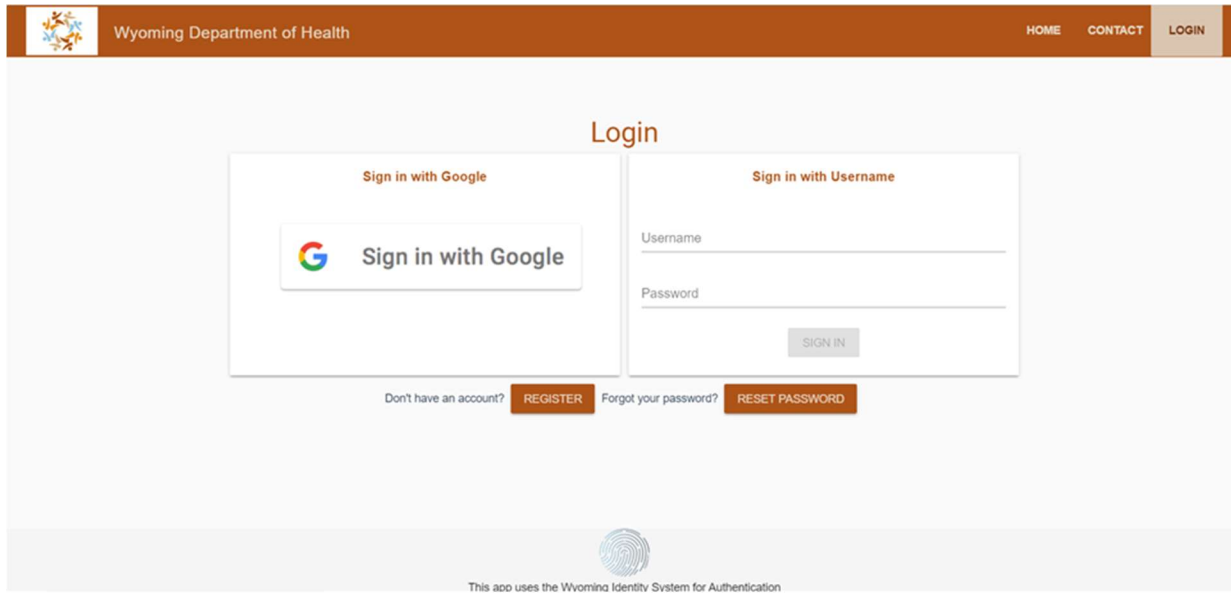
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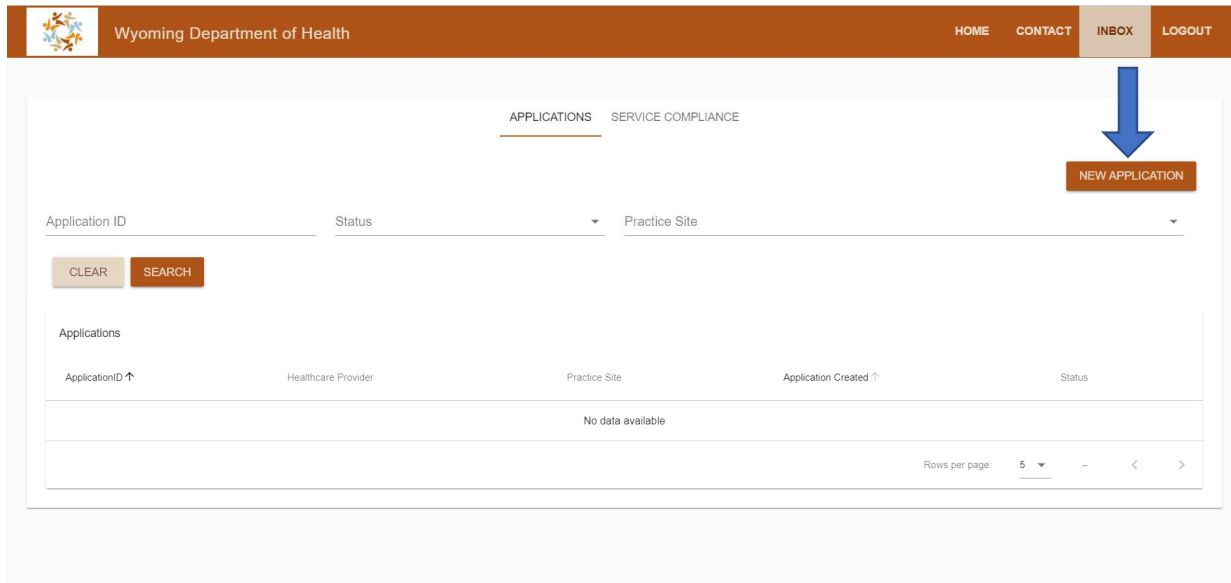
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The purpose of WY-SLRP is to increase the recruitment and retention of primary care and mental health providers in federally designated Health Professional Shortage Areas (HPSAs).


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.



4. Click on "NEW APPLICATION"



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


 Wyoming Department of Health HOME CONTACT INBOX LOGOUT

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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. The header includes the department logo and navigation links: HOME, CONTACT, INBOX, LOGOUT. The main navigation bar contains: HEALTH CARE PROVIDER INFO, LICENSURE INFORMATION (underlined), 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'), Licensing Agency or Board (with error 'Licensing Agency or Board is required'), and a radio button question 'Are You Currently Licensed In Wyoming' with 'Yes' and 'No' options. A 'SAVE APPLICATION' button is at the bottom.

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. The header is identical to the previous screenshot. The main navigation bar contains: HEALTH CARE PROVIDER INFO, LICENSURE INFORMATION, EDUCATION (underlined), GENERAL QUESTIONS, LOAN AND LENDER INFORMATION, PRACTICE SITE INFORMATION, EMPLOYMENT FORM, and a right arrow. The form is divided into sections: 'Degree Information' with two entries for 'Undergraduate' and 'Graduate' degrees. Each entry includes fields for School Type, School Name, Degree, Date (calendar icon), City, and State. Below this is the 'Apprenticeship Information' section.

**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 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 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 is a row of three input fields: "Lending Institution 2 Name:", "Current Loan Balance:", and "Current Balance As Of". A blue arrow points to the "Lending Institution 2 Name" field. Below these fields, there is a summary section with "Total number of Lenders" set to "2" and "Total Eligible Debt Seeking Assistance Through WYSLRP" set to "\$ NaN". At the bottom right of the form is a "SAVE APPLICATION" button, which is pointed to by another blue arrow. An "ADD LENDER" button is visible in the top right corner of the form area.

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 (underlined), EMPLOYMENT FORM, and ADDITIONAL DOCUMENTS: >. Below the navigation menu, there is a "New Practice Site" dropdown menu with a blue arrow pointing to it. Below the dropdown, there is a calendar icon and a text field with the label "If not currently employed by practice site, date employment will begin". An "ADD PRACTICE SITE" button is located at the bottom right of the form area.

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.”**

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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 clen...

**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**

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 interface. At the top, there is a navigation bar with the Wyoming Department of Health logo and the text 'Wyoming Department of Health'. To the right of the logo are links for 'HOME', 'CONTACT', 'INBOX', and 'LOGOUT'. Below the navigation bar is a horizontal menu with several tabs: 'HEALTH CARE PROVIDER INFO', 'LICENSURE INFORMATION', 'EDUCATION', 'GENERAL QUESTIONS', 'LOAN AND LENDER INFORMATION', 'PRACTICE SITE INFORMATION' (which is currently selected and underlined), 'EMPLOYMENT FORM', 'ADDITIONAL DOCUMENTS', 'PRINT APPLICATION', and 'ACKNOWLEDGMENTS'. The main content area shows a form for adding a practice site. The first entry is 'WY-SLRP Test Site'. Below this entry is a calendar icon and the text 'If not currently employed by practice site, date employment will begin'. To the right of the form is a button labeled 'ADD PRACTICE SITE'. A blue arrow points from the text '13. If you practice at more than one location, click on the “Add Practice Site” button.' to the 'ADD PRACTICE SITE' button.

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 interface, similar to the previous one. The 'PRACTICE SITE INFORMATION' tab is selected. The form now shows two practice site entries. The first entry is 'WY-SLRP Test Site'. Below it is a blank line, and a blue arrow points down to this line. To the right of the form is a button labeled 'ADD PRACTICE SITE'. The text 'If not currently employed by practice site, date employment will begin' is also present.

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 expanded form for a practice site. The form contains the following fields and options:

- 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

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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

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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

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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

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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

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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.

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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

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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

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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 Wyoming Department of Health logo and the text "Wyoming Department of Health". To the right of the logo are links for "HOME", "CONTACT", "INBOX", and "LOGOUT". 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, each representing a different compliance period:

- Service Confirmations:** This section contains a table with one row. The first cell of the row has a blue arrow pointing down to an orange circle with a pencil icon. The table headers are "Application ↑", "HealthCare Provider", "Site", and "Status". The data row shows "1028", "Provider Test", "WY-SLRP Test Site", and "New".
- 6 Month Service Compliance:** This section contains a table with one row. The first cell of the row has an orange circle with a pencil icon. The table headers are "Application ↑", "HealthCare Provider", "Site", and "Status". The data row shows "1028", "Provider Test", "WY-SLRP Test Site", and "New".
- 12 Month Service Compliance:** This section contains a table with one row. The first cell of the row has an orange circle with a pencil icon. The table headers are "Application ↑", "HealthCare Provider", "Site", and "Status". The data row shows "1028", "Provider Test", "WY-SLRP Test Site", and "New".
- 18 Month Service Compliance:** This section contains a table with one row. The first cell of the row has an orange circle with a pencil icon. The table headers are "Application ↑", "HealthCare Provider", "Site", and "Status". The data row shows "1028", "Provider Test", "WY-SLRP Test Site", and "New".

Each table includes a "Rows per page" dropdown menu set to "5" and a "1-1 of 1" indicator with navigation arrows.




**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).