



NHSC PRIVATE PRACTICE OPTION REQUEST FORM

This form is to be completed by National Health Service Corps (NHSC) applicants and participants who work in a solo or group practice; are full or partial owners in the NHSC-approved service site at which they serve; are not subject to the personnel system of the NHSC-approved service site at which they serve; do not receive malpractice insurance or tail coverage through the site; or do not receive salaries at least equal to that of a federal civilian employee. If approved for the NHSC Private Practice Agreement option (PPO), the applicant must fulfill the NHSC service commitment in full-time clinical practice. Participants serving under the NHSC PPO are not eligible to serve half-time. Please review the current Application and Program Guidance for additional information on the requirements of a PPO, including the clinical practice requirements outlined below.

NHSC Participation Status:
[] Applying to Serve in NHSC
[] Currently Serving NHSC Service Commitment

NHSC Program:
[] Loan Repayment
[] Scholarship

Applicant's Name Last Four Digits of Social Security Number Phone

Mailing Address

Site Administrator's Name Site Administrator's Email Address Site Administrator's Phone
(Person who verified your NHSC employment-Only)

NHSC Service Site Address

Practice Type: [] Solo Practice [] Group Practice [] Other: Please Describe

Full-Time Clinical Practice Requirement: PPO participants must work in the full-time clinical practice of their discipline. Full-time is defined as 40 hours/week, for at least 45 weeks/year. For all health professionals (except as noted below), at least 32 hours/week are spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) during normally scheduled office hours. The remaining 8 hours/week are spent providing direct patient care or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities.

For obstetricians/gynecologists, family practice physicians who practice obstetrics on a regular basis, providers of geriatric services, pediatric dentists, and mental and behavioral health providers, at least 21 hours/week are spent providing direct patient care or teaching in the outpatient ambulatory care setting(s) at the approved service site(s) during normally scheduled office hours. The remaining 19 hours/week are spent providing direct patient care or teaching at the approved site(s), providing clinical services in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing practice-related administrative activities.

For physicians (including psychiatrists), nurse practitioners, physician assistants, and certified nurse midwives serving in a Critical Access Hospital that is an approved site, at least 16 hours/week must be spent providing direct patient care or teaching in the CAH-affiliated outpatient setting. The remaining 24 hours/week are spent providing clinical services for patients or teaching at the CAH or the CAH-affiliated outpatient setting, providing direct patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing practice-related administrative activities.

For all health professionals, practice-related administrative activities shall not exceed a total of 8 hours/week. In addition, teaching activities at the approved site(s) shall not exceed 8 hours/week, unless the teaching takes place in a HRSA-funded Teaching Health Center. Teaching activities in a Teaching Health Center shall not exceed 20 hours/week.

I am applying to serve under the Private Practice Option (PPO), pursuant to Sec. 338D of the Public Health Service Act, which means I am asking to fulfill my NHSC LRP service obligation by entering into the full-time private clinical practice of my profession in a health professional shortage area approved by the Secretary of Health and Human Services. I further understand that as a PPO clinician, whether self-employed or working as an employee or contractor of an approved site, I am not guaranteed any minimum salary or benefits. I also understand that by electing to serve under the PPO, I am committing to full-time clinical practice and am ineligible to fulfill my service obligation through half-time clinical practice.

Signature Date

Admin Use Only:
PPO Application Approved: [] Yes [] No NHSC Official Signature: Date:



NHSC PRIVATE PRACTICE OPTION AGREEMENT

This form is to be completed by National Health Service Corps (NHSC) applicants and participants who have submitted a NHSC Private Practice Option (PPO) Request Form, work in a solo or group practice; are full or partial owners in the NHSC-approved service site at which they serve; are not subject to the personnel system of the NHSC-approved service site at which they serve; do not receive malpractice insurance or tail coverage through the site; or do not receive a salaries at least equal to that of a federal civilian employee. Note: The agreement does not take effect, and the Individual will not receive service credit under the PPO, until the Secretary of Health and Human Services (the Secretary), or his or her designee, countersigns this agreement and the Individual begins full-time clinical practice at the site identified below. PPO participants are ineligible to serve in half-time status.

Form with four columns: Individual's Name, Last Four Digits of Social Security Number, Phone, and Site Information (Site Name, Address, City, State). Each site information column contains two identical boxes for data entry.

The Secretary agrees to:

- 1. Allow the Individual to serve in the full-time clinical practice of his or her profession for the period of time specified in the Individual's NHSC contract and in the Customer Service Portal Profile, at the location specified in the Customer Service Portal Profile, by releasing the Individual from his or her obligation to serve as a Corps member.
2. Cancel the Individual's private practice obligation or default repayment obligation if the Individual dies before fulfilling either of these obligations.
3. Exercise reasonable care and provide adequate safeguards to assure the confidentiality of information regarding individuals identified in any records reviewed during the conduct of Department assessments is not compromised by the misuse of such information.
4. Provide, upon the Individual's request and subject to the availability of appropriated funds, technical assistance to the Individual to assist in fulfilling his/her private practice obligation.
5. The following additional conditions:

Two horizontal lines for additional conditions.

Secretary of HHS/Designee Title (if Designee)

Signature Date

The Individual agrees to:

- 1. Enter into the full-time private clinical practice of his or her profession in a health professional shortage area approved by the Secretary to fulfill my service obligation under the PPO.
2. Waive his or her right to any minimum salary or benefits.
3. Accept that he or she may not have malpractice insurance, including tail coverage, provided by the NHSC-approved service site specified in his or her Customer Service Portal Profile.
4. Accept that, as a PPO, he or she is ineligible to fulfill his or her service obligation in half-time clinical practice.

Individual's Name (Print) Individual's Signature Date