



# National Health Service Corps Loan Repayment Program

## Fiscal Year 2017 Continuation Contract Application & Program Guidance

August 2016

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Health Resources and Services Administration  
Bureau of Health Workforce  
5600 Fishers Lane  
Rockville, Maryland 20857

For questions, please call 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except Federal holidays) 8:00 am to 8:00 pm ET.

*Authority: Section 338B of the Public Health Service Act (42 USC 254I-1), as amended  
Section 331(j) of the Public Health Service Act (42 USC 254d(i)), as amended  
Future changes in the governing statute, implementing regulations and Program Guidances may also be applicable to National Health Service Corps Loan Repayment Program participants.*

CFDA Number 93.162

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## PRIVACY ACT NOTIFICATION STATEMENT

### General

This information is provided pursuant to the Privacy Act of 1974 (Public Law 93-579), as amended, for individuals supplying information for inclusion in a system of records.

### Statutory Authority

Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254l-1), as amended; Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended.

### Purposes and Uses

The purpose of the National Health Service Corps (NHSC) Loan Repayment Program (LRP) is to recruit and retain medical, nursing, dental, and behavioral/mental health clinicians in eligible communities of need designated as health professional shortage areas. The information applicants supply will be used to evaluate their eligibility, qualifications and suitability for participating in the NHSC LRP. In addition, information from other sources will be considered (e.g., credit bureau reports and National Practitioner Data Bank reports).

An individual's contract, application, supporting documentation, related correspondence, and data are maintained in a system of records to be used within the U.S. Department of Health and Human Services to monitor NHSC LRP-related activities. The information may also be disclosed outside the Department, as permitted by the Privacy Act and Freedom of Information Act, to the Congress, the National Archives, the Government Accountability Office, and pursuant to court order and various routine uses described here: <http://www.hrsa.gov/about/privacyact/09150037.html>.

The name of an NHSC LRP participant, discipline, specialty, business address, telephone number, and service obligation completion date may be provided to professional placement firms in response to requests made under the Freedom of Information Act.

### Effects of Nondisclosure

Disclosure of the information sought is voluntary; however, if not submitted, except for the replies to questions related to Race/Ethnicity (Section 2 of the online application for NHSC LRP), an application may be considered incomplete and therefore may not be considered for an award under this announcement.

### Paperwork Reduction Act Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current OMB control number. The current OMB control number for information collected through this application process is 0915-0127. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Office, 5600 Fishers Lane, Rockville, Maryland 20857.

### Non-Discrimination Policy Statement

In accordance with applicable Federal laws and U.S. Department of Health and Human Services policy, the Department does not discriminate on the basis of any non-merit factor, including race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.

## PROGRAM OVERVIEW

***Please read this Application and Program Guidance (Guidance) in its entirety before proceeding with an application. This Guidance explains in detail the rights and obligations of individuals selected to participate in the NHSC Loan Repayment Program (LRP). A complete understanding of the commitment to serve at an NHSC-approved service site and the financial, legal, and other consequences of failing to perform that commitment is critical to successful completion of the mandatory service obligation associated with any NHSC LRP Award.***

### INTRODUCTION

The NHSC LRP is administered by the Bureau of Health Workforce (BHW) in the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). The NHSC LRP seeks primary care physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, dental hygienists, and behavioral and mental health providers (health service psychologists, licensed clinical social workers, marriage and family therapists, psychiatric nurse specialists, and licensed professional counselors) to provide culturally competent, interdisciplinary primary health care services to underserved populations located in selected Health Professional Shortage Areas (HPSAs) (see “Definitions” page 29) identified by the Secretary of HHS. HPSAs can be found in rural and urban communities across the nation. In return, the NHSC LRP assists clinicians in their repayment of outstanding qualifying educational loans.

The NHSC seeks clinicians who demonstrate an interest in serving the nation’s medically underserved populations and the characteristics for remaining in a HPSA beyond their service commitment. It is important to remember that service to HPSA populations, not the repayment of educational loans, is the primary purpose of the NHSC LRP.

#### **NHSC LRP Continuation Contracts**

The NHSC Continuation Contract is an opportunity for NHSC clinicians to continue participating in the program once their initial contract has been completed. In exchange for an additional year of service, a qualified NHSC participant may receive additional loan repayment up to the maximum of \$20,000. The actual award amount is dependent upon the participant’s current year of service and outstanding qualifying loan balances.

There is no guarantee that a participant will receive a Continuation Contract for continued participation in the program beyond the initial contract. Continuation Contracts are made at the Government’s discretion and are subject to the availability of appropriated funds.

As a reminder, if you sign an NHSC LRP Continuation Contract, you will be committing to serve in the HPSA to which you are assigned by the Secretary of Health and Human Services – which could be anywhere in the country. Thus, if you do not complete service at the location approved for your continuation award, and you need to be transferred to another NHSC service site, you could be asked to relocate to another area.

**Continuation Contract Application Process**

The process for submitting and processing Continuation Contract applications is completed through the BHW Customer Service Portal. The continuation application cycles are based on the participants' current contract end date; therefore, participants must submit their applications during the application cycle that corresponds to their current contract end date. Participants who fail to submit their Continuation Contract application within the designated timeframe will not be allowed to apply at a later date, but may be eligible to apply and compete for a new two-year initial contract. The schedule is as follows:

Obligation End Dates Between:	Application Cycle Start and End Dates:
September 30, 2016 – February 28, 2017	August 25, 2016 – September 22, 2016
March 1, 2017 – June 30, 2017	November 17, 2016 – December 15, 2016
July 1, 2017 – July 31, 2017	February 9, 2017 – March 9, 2017
August 1, 2017 – September 29, 2017	May 11, 2017 – June 8, 2017

**Service Options and Award Amounts**

Program options include:

**1) Full-Time Clinical Practice.** The NHSC will pay up to \$20,000\* for the first additional year of full-time clinical practice defined as no less than 40 hours per week, for a minimum of 45 weeks a year.

**2) Half-Time Clinical Practice.** The NHSC will pay up to \$10,000\* for the first additional year of half-time clinical practice defined as a minimum of 20 hours per week (not to exceed 39 hours per week), for a minimum of 45 weeks per year.

Note that half-time practice is not available to those serving under the Private Practice Option. See "Practice Types" on page 21.

\* The NHSC LRP will pay the remaining balance of the total previously approved and qualifying educational loans to participants, if the outstanding loan balance is less than the maximum award amount as listed below.

Continuation Contract award levels vary, depending on the number of years a clinician has participated with the NHSC. For FY 2017, the award levels are as follows:

	Full-Time	Half-Time
3 <sup>rd</sup> year of NHSC Service	\$20,000	\$10,000
4 <sup>th</sup> year of NHSC Service	\$20,000	\$10,000
5 <sup>th</sup> year of NHSC Service and beyond	\$10,000	\$5,000

Loan repayment funds awarded under the NHSC LRP are exempt from Federal income and employment taxes. These funds are not included as wages when determining benefits under the Social Security Act.

All loan repayment award funds must be used by the participant to repay the outstanding balances of the qualifying educational loans that were approved for repayment by the NHSC as listed on the Payment Authorization Worksheet (PAW), prior to the completion of the participant's service obligation. Submission of payment history is required at the time the application is made for a Continuation Contract. Any history of failing to apply ALL award funds to the loans previously approved by the NHSC with each contract and as listed on each Payment Authorization Worksheet (PAW) before service under each contract has been completed will result in disqualification for future NHSC award consideration.

## ELIGIBILITY REQUIREMENTS & SELECTION FACTORS

### **Eligibility Requirements**

To remain eligible for loan repayment and receive a Continuation Contract, participants must meet all of the following:

- (1) Continue working at the NHSC-approved practice site listed on their Employment Verification Form (EVF) and in the Customer Service Portal Profile.
- (2) Remain in compliance with NHSC Service Requirements (see "Service Requirements" section, page 10).
- (3) Apply all previous NHSC LRP award funds to the reduction of qualifying educational loans approved by the NHSC that is listed on the last Payment Authorization Worksheet (PAW).
  - a. Loans approved for payment are listed on the Payment Authorization Worksheet (PAW) provided with the most recent NHSC LRP award letter.
  - b. A detailed payment history from the lender of each qualified loan must be submitted with the Continuation Contract application. Be advised that payment histories may take 30 or more days to obtain from lenders, therefore, to ensure it is received prior to the deadline for submitting the Continuation Contract application, a participant should request payment histories well in advance. To expedite the process, many lenders make payment histories available online. The payment history must include:
    - i. the Lender's name;
    - ii. the account holder's name (LRP participant); and
    - iii. the account number.
  - c. The most recent loan account statement(s) must be submitted with the Continuation Contract application.
  - d. Cancelled checks and bank statements are not accepted as verification that award funds were applied to the qualifying loans.
- (4) Submit a complete application through the Customer Service Portal prior to the end date of the application cycle (see page 5).

EXCEPTION: Individuals in a Reserve component of the Armed Forces, including the National Guard, are eligible to participate in the NHSC LRP. Reservists should understand the following:

- Military training or service performed by reservists will not satisfy the NHSC service commitment. If a participant's military training and/or service, in combination with the participant's other absences from the service site, will exceed 7 weeks per service year, the participant should request a suspension (see "Suspension" section, page 24). The NHSC LRP service commitment end date will be extended to compensate for the break in NHSC service.
- If the reservist is deployed, he/she is expected to return to the NHSC-approved service site where he/she was serving prior to deployment. If unable to do so, the reservist must request a transfer to another NHSC-approved service site. If the reservist fails to seek a transfer and subsequently refuses to accept an NHSC assignment to another service site, he/she will be in breach of the NHSC LRP Continuation Contract.

### Selection Factors

- (1) Applicants who have a history of not honoring prior legal obligations, as evidenced by one or more of the following factors, will not be selected:
  - a. Failure to apply all previously awarded NHSC LRP funds to the participant's approved educational loans within the contract obligation period;
  - b. Default on a prior service obligation to the Federal government, a State or local government, or other entity, even if the participant subsequently satisfied that obligation through service, monetary payment or other means;
  - c. Default on any federal payment obligations (e.g., Health Education Assistance Loans, Nursing Student Loans, FHA Loans, Federal income tax liabilities, federally guaranteed/insured loans (such as student or home mortgage loans, etc.)), or non-Federal payment obligations (e.g., court-ordered child support payments);
  - d. Is in breach of a health professional service obligation to the Federal, State or local government;
  - e. Write off of any Federal or non-Federal debt as uncollectible or waiver of any Federal service or payment obligation;
  - f. Has any judgment liens arising from Federal debt; or
  - g. Is currently excluded, debarred, suspended, or disqualified by a Federal agency.
- (2) Additionally, applicants will not be selected if they have any outstanding service obligation for health professional or other service to the **Federal government** (e.g., an active military obligation, an NHSC Scholarship Program obligation, Indian Health Service Loan Repayment Program obligation, or a Nursing Education Loan Repayment Program obligation); **a State** (e.g., a State Loan Repayment Program obligation); or **other entity** (e.g., a recruitment bonus that obligates he/she to remain employed at a certain site).
- (3) Finally, NHSC LRP participants who fail to comply with NHSC program and service requirements that are applicable to their current contract, as evidenced by one or more of the following factors, will not be selected for a Continuation Contract:
  - a. **Failure to submit 6-month In-Service Verifications (ISV) in a timely manner.** Participants with any ISV(s) that are more than 60 days delinquent may not qualify for a Continuation Contract.
  - b. **Unauthorized conversion to half-time.** If a participant converts from a full-time to half-time schedule without first requesting a conversion and obtaining the NHSC's approval, the participant may be considered as unqualified for a Continuation Contract.

- c. **Unauthorized site change.** A participant's failure to alert the NHSC that they have left or are going to leave one or more of his/her NHSC-approved sites, or making irreversible plans to leave one or more of their NHSC-approved sites of record, may disqualify the participant for a Continuation Contract. Participants may be considered as unqualified for a Continuation Contract if they leave the NHSC-approved site of record without notifying the NHSC in advance of the departure.
- d. **Unauthorized or excessive transfers.** Participants who transfer to another site prior to obtaining NHSC approval or request excessive transfers, defined as more than two voluntary transfers, may be considered as unqualified for a Continuation Contract.
- e. **Failure to Adhere to other Program Timelines and Policies.** Participants who fail to disclose information regarding their service that impacts the terms and conditions of their current NHSC contract (e.g., working at an additional site), fail to submit documentation for service requests in a timely manner, or demonstrate inflexibility in practice locations prior to official NHSC site assignment (in cases of unemployed clinicians) may be considered as unqualified for a Continuation Contract.
- f. **Excessive absences.** Participants with absences in excess of 35 work days per service year, without a documented medical, personal, or otherwise substantiated reason may not qualify for a Continuation Contract.

Please note that the 6 scenarios listed above, if not addressed, are a breach of the current NHSC contract and may result in being placed in default. For purposes of selecting individuals for a Continuation Contract, an individual may be deemed as unqualified if any of the above factors are present, despite an individual's subsequent actions to return to compliance.

### **Submitting Additional Loans for Repayment**

The NHSC will consider the repayment of additional educational loans with a Continuation Contract under the following circumstances. Additional loans must be submitted for review and consideration with the Continuation Contract application:

- (1) **Loans Previously Obtained, but Not Previously Submitted.** Loans obtained prior to submitting the initial NHSC LRP application, may be submitted for review with the Continuation Contract application. Loans obtained since submitting the initial NHSC LRP application do not qualify for repayment consideration under a Continuation Contract and should not be submitted for review.
- (2) **Loans Obtained for a New Discipline.** NHSC LRP participants who have obtained loans for another health professions degree since submitting their initial NHSC LRP application, and now wish to serve in their new discipline or specialty, may not submit the loans associated with the new degree when they apply for a continuation award. In order to have the new loans considered for repayment, the participant must submit them with an application for a new 2-year contract during an open application cycle for new NHSC participants. The application for a new 2-year contract will be reviewed competitively against other applications.

### **Withdrawing Your Application**

Continuation Contract applications can be withdrawn by the participant any time before a contract is countersigned by the Secretary, or her designee. To withdraw the application, the participant must

login to their Customer Service Portal account and follow the instructions to withdraw the application.

### **Award Process**

The NHSC will notify participants if their Continuation Contract has been approved and countersigned by the Secretary or her designee. The Continuation Contract becomes effective when:

- (1) The participant has fully completed the current LRP service commitment; and
- (2) The Secretary or her designee has countersigned the contract document.

### **Contract Terminations**

An NHSC LRP Continuation Contract becomes fully executed on the date that the contract is signed by both the participant and the Secretary (or the Secretary's designee). Usually, this date will be the date that the Secretary's designee countersigns the contract. The Secretary may terminate an NHSC LRP Continuation Contract if, no later than 45 days before the end of the fiscal year (i.e., **August 17, 2017**), the participant has requested a termination through the Customer Service Portal and returned any funds disbursed under the contract. If the LRP funds have been disbursed to the participant, he/she will receive separate instructions via the Customer Service Portal or directly from an NHSC representative outlining the process for returning the awarded funds. If applicable, awarded funds should be returned in the form of a check, mailed and made payable to the "DHHS Collections Officer" at:

NHSC LRP Continuation Contract  
Contract Termination  
5600 Fishers Lane, Room 14N70B  
Rockville, Maryland 20857

In recent years, Congress has enacted an alternate contract termination provision, which allows for an LRP contract to be terminated if, within sixty (60) days following the contract's execution date, the participant submits a written request to terminate the contract and returns all loan repayment funds that have been disbursed under that contract. Please note that there is no guarantee that Congress will enact such a provision for FY 2017 NHSC LRP Contracts. If a modified contract termination provision is enacted in FY 2017, LRP continuation applicants will be notified and made aware of the new terms for contract termination.

### **Updating Contact Information**

Participants must provide the NHSC with any changes to their contact information (e.g., name change, email, mailing address, or telephone number) prior to the change occurring, if possible, or immediately after the change occurs. Participants can update contact information through the Customer Service Portal, which is available by logging on through <https://programportal.hrsa.gov/>. The NHSC LRP frequently corresponds with participants through the online portal and by email. Please check your email regularly for correspondence from the NHSC and make certain to disable SPAM blockers (or check the SPAM folder).

## SERVICE REQUIREMENTS

Every LRP participant is required to engage in the full-time or half-time (as applicable) clinical practice of the profession for which they applied and were awarded an NHSC LRP Continuation Contract for a period of one (1) year, at his/her NHSC-approved practice site(s).

### **Serving at Multiple Sites**

If a participant works at more than one site (e.g., several satellite clinics), each site must be an NHSC-approved service site. Participants who work at more than one site must provide patient care at each NHSC-approved service site. The participant must confirm all service locations on the application and the site Point of Contact (POC) at each site must verify the participant's employment by completing the online EVF. If the participant intends on working at a site other than the one(s) listed in the Customer Service Portal, that site must be approved prior to the participant submitting his/her application. The participant will be asked to list all locations where he/she is/will be working on the application and complete an Employment Verification for each; if any of the information on the employment verification does not match information provided by the applicant on the application or what is contained in the Customer Service Portal, the Continuation Contract application will be deemed ineligible.

### **Inpatient Settings**

Inpatient hospital settings (except Critical Access Hospitals) are not eligible NHSC service sites. Thus, clinicians whose employment is fully in an inpatient setting are not eligible for an NHSC Continuation award. Hospitalists do not qualify for the NHSC LRP unless they can consistently meet the required minimum number of hours per week in an approved outpatient setting, as set forth in the clinical practice requirements on page 11.

### **Military Service**

Participants with a Reserve or National Guard obligation who are called to active duty while performing NHSC service will not receive NHSC service credit for the period of active duty, but may qualify for a suspension of their NHSC obligation. See "Suspensions, Waiver and Cancellation" on page 24.

NHSC LRP participants who enlist in any of the Armed Forces and incur an active duty military obligation before completing their NHSC obligation are subject to the default provision of their NHSC LRP contract.

**NEW REQUIREMENT FOR BEHAVIORAL AND MENTAL HEALTH PROVIDERS:**

Participants who are providing behavioral and mental health services in a non-exempt NHSC behavioral health service site will only be provided a Continuation Contact if the site can verify that it offers comprehensive primary behavioral and mental health care services (see “Definitions” on page 29). If the site does not provide all of these services on-site, the site must demonstrate a formal affiliation with a comprehensive community-based primary behavioral health setting or facility to provide these services. Note that non-exempt NHSC behavioral health service sites must provide the following services directly, not through affiliation or referral: screening and assessment, treatment plans, care coordination and case management. For additional information regarding this requirement, including certification timelines for sites, please refer to the NHSC Behavioral Health Program Notification (<http://nhsc.hrsa.gov/downloads/bh-program-notificaiton-checklist.pdf>). The following NHSC-approved sites are exempt from the Comprehensive Behavioral Health Services Certification process: FQHCs (Health Center Grantees), FQHC Look-alikes, Indian Health Service facilities, Tribally-Operated 638 Health Programs, Urban Indian Health Programs, Federal Prisons, State Prisons, and Immigration and Customs Enforcement (ICE) Health Service Corps sites.

**Full-Time Clinical Practice**

Full-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours/week may be compressed into no less than 4 days per week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the practice requirements by discipline (below), participants must spend a designated minimum number of hours/week providing patient care. Participants do not receive service credit for hours worked over the required 40 hours/week and excess hours cannot be applied to any other work week. Also, time spent “on call” will not be counted towards the service commitment, except to the extent the participant is providing patient care during that period. Additional rules apply based on discipline and practice location. For these rules, please see “Full-Time Clinical Practice Requirements, by Discipline” on Page 12.

**Half-Time Clinical Practice**

Half-time clinical practice is defined, for the purposes of the NHSC, as a minimum of 20 hours/week (not to exceed 39 hours/week), for a minimum of 45 weeks each service year. The 20 hours/week may be compressed into no less than 2 days/week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the practice requirements by discipline (below), participants must spend a designated minimum number of hours/week providing patient care. Participants do not receive service credit for hours worked over the required 20 hours/week and excess hours cannot be applied to any other work week. Also, time spent “on call” will not be counted towards the service commitment, except to the extent the participant is providing patient care during that period. Additional rules apply, based on discipline and practice location. For these rules, please see “Half-Time Clinical Practice Requirements, by Discipline” on Page 15.

The following definitions apply to both full-time and half-time clinical practice:

*Clinical-related administrative, management or other activities* may include charting, 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 NHSC 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 NHSC LRP applicants serving in such a capacity should keep in mind that they cannot count more than 8 hours per week of administrative and/or management time (4 hours in the case of half-time participants) toward the total required 40 hours per week (or 20-39 hours in the case of half-time participants).

*Teaching activities*, to qualify as clinical practice, require NHSC LRP participants to provide clinical education to students and residents in their area of expertise at the approved service site(s). All teaching must be conducted at the NHSC-approved service site(s). The clinical education may:

- (1) Be conducted as part of an accredited clinical training program;
- (2) Include the clinical supervision of a student/resident that is required in order for that student/resident to receive a license under State law; or
- (3) Include mentoring that is conducted as part of the Health Careers Opportunity Program (HCOP), or the Centers of Excellence program.

Clinical service provided by NHSC participants while a student/resident observes, should be counted as patient care, not teaching, as the NHSC LRP participant is treating the patient.

### **Full-Time Clinical Practice Requirements, by Discipline**

Please note these rules apply to the "full-time clinical practice" definitions below:

- Of the overall minimum 40 hours/week, clinical-related administrative activities shall not exceed a total of 8 hours per week. For more information, please see the definition for clinical administrative, management or other activities on page 29.
- Of the minimum number of hours/week allotted for patient care as noted in each category of providers below, teaching shall not exceed a total of 8 hours/week. If the teaching takes place in a HRSA-funded Teaching Health Center (see Definitions), teaching activities shall not exceed 20 hours/week.

#### **(1) Medical Providers**

- a. **For providers of primary medical care services, excluding obstetrics/gynecology and geriatrics:** Clinician must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 8 hours/week may be spent providing patient care for patients at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be spent providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related

administrative activities. Clinical-related administrative time is limited to 8 hours/week.

If working in a Center for Medicare & Medicaid Services (CMS) -approved Critical Access Hospital (CAH), at least 16 hours/week must be spent providing patient care in the CAH-affiliated outpatient clinic. Of the minimum 16 hours/week spent providing patient care, no more than 8 hours/week may be spent in a teaching capacity. The remaining 24 hours/week may be spent providing patient care for patients at the CAH or the CAH-affiliated outpatient clinic, providing patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities. Clinical-related administrative time is limited to 8 hours/week.

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics and certified nurse midwives) or geriatric services:** Clinician must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing patient care at the approved service site(s). Of the minimum 21 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 19 hours/week may be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a CMS-approved Critical Access Hospital (CAH), at least 16 hours/week must be spent providing patient care in the CAH-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 24 hours/week are spent providing patient care at the CAH or the CAH-affiliated outpatient clinic, providing patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week).

## (2) Dental Providers

- a. **For dentists and registered dental hygienists, excluding pediatric dentists:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours per week

may be spent in a teaching capacity. The remaining 8 hours/week are spent providing patient care for patients at the approved site(s), providing patient care in alternative settings (e.g., hospitals and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be spent providing patient care in alternative settings (e.g., hospitals, and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

- b. **For pediatric dentists:** Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 21 hours/week are spent providing patient care at the approved service site(s). Of the minimum 21 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 19 hours/week are spent providing patient care for patients at the approved site(s), providing patient care in alternative settings (e.g., hospitals and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be spent providing patient care in alternative settings (e.g., hospitals, and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

### (3) **Behavioral & Mental Health Providers:**

**NOTE:** Please read the following section carefully, as the requirements for behavioral and mental health providers have changed.

Clinicians must work a minimum of 40 hours/week, for a minimum of 45 weeks/service year. At least 32 hours/week are spent providing patient care at the approved service site(s). Of the minimum 32 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 8 hours/week are spent providing patient care for patients at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a HRSA-funded Teaching Health Center, teaching activities shall not exceed 20 hours/week. The remaining 20 hours must be spent providing patient care at the approved site(s), 8 hours/week of which may be spent providing patient care in alternative settings (e.g., hospitals, nursing homes,

shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a CMS-approved Critical Access Hospital (CAH) (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least 16 hours/week must be spent providing patient care in the CAH-affiliated outpatient clinic. Of the minimum 16 hours spent providing patient care, no more than 8 hours per week may be spent in a teaching capacity. The remaining 24 hours/week are spent providing patient care at the CAH or the CAH-affiliated outpatient clinic, providing patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week).

### **Half-Time Clinical Practice Requirements, by Discipline**

Please note these rules apply to the “half-time clinical practice” definitions below:

- Of the overall minimum 20 hours/week, clinical-related administrative activities shall not exceed a total of 4 hours per week. For more information, please see the definitions for clinical administrative, management or other activities on page 29.
- Of the minimum number of hours/week allotted for patient care, as noted for each category of providers below, teaching shall not exceed a total of 4 hours/week.

#### **(1) Medical Providers**

- a. **For providers of primary medical care services, excluding obstetrics/gynecology and geriatrics:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 4 hours/week are spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in a CMS-approved Critical Access Hospital (CAH), at least 8 hours/week must be spent providing patient care in the CAH-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the CAH or the CAH-affiliated outpatient clinic, providing patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

- b. **For providers of obstetrics/gynecology (including family medicine physicians who practice obstetrics on a regular basis and certified nurse midwives) or geriatric services:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week are spent providing patient care at the

approved service site(s). Of the minimum 11 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 9 hours/week are spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in a CMS-approved Critical Access Hospital (CAH), at least 8 hours/week must be spent providing patient care in the CAH-affiliated outpatient clinic. Of the minimum 8 spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the CAH or the CAH-affiliated outpatient clinic, providing patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

## (2) Dental Providers

- a. **For dentists and registered dental hygienists, excluding pediatric dentists:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 4 hours/week are spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes, shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).
- b. **For pediatric dentists:** Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 11 hours/week are spent providing patient care at the approved service site(s). Of the minimum 11 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 9 hours/week are spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals and shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

## (3) Behavioral & Mental Health Providers:

**NOTE:** Please read the following section carefully, as the requirements for behavioral and mental health providers have changed.

Clinicians must work a minimum of 20 hours/week, for a minimum of 45 weeks/service year. At least 16 hours/week are spent providing patient care at the approved service site(s). Of the minimum 16 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 4 hours/week are spent providing patient care at the approved site(s), providing patient care in alternative settings (e.g., hospitals, nursing homes,

shelters) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in a CMS-approved Critical Access Hospital (CAH) (*only applies to psychiatrists or physician assistants and nurse practitioners with specialized training in mental health*), at least 8 hours/week must be spent providing patient care in the CAH-affiliated outpatient clinic. Of the minimum 8 hours spent providing patient care, no more than 4 hours per week may be spent in a teaching capacity. The remaining 12 hours/week are spent providing patient care at the CAH or the CAH-affiliated outpatient clinic, providing patient care at the CAH-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 4 hours/week).

### **Requirements for School-Based Clinics**

For providers working at an NHSC-approved school-based clinic, the NHSC requires that the school-based clinic is open year-round with sufficient patient visits to meet the clinical practice requirements. If the NHSC-approved site is not open year-round, the clinician will be required to work at additional NHSC-approved sites to meet the clinical practice requirements. Participants at school-based clinics who either fail to provide documentation that they are meeting NHSC service requirements year-round or who fail to obtain additional employment necessary to maintain compliance with NHSC clinical practice requirements may be placed in default of their current NHSC LRP contract or be deemed ineligible for a new Continuation Contract.

### **Telemedicine and Home Health Policies**

- (1) **Telemedicine.** Subject to the restrictions below, the NHSC will consider telemedicine as patient care when both the originating site (location of the patient) and the distant site (the NHSC-approved site where the NHSC clinician works) are located in a health professional shortage area (HPSA). Also, both the originating site and the distant site must meet the requirements associated with the contract under which the participant was awarded. Further, the individual must follow all applicable licensing requirements and must meet the NHSC requirement to be licensed in the State of practice. Thus, if the originating site and distant site are in different States, the NHSC participant must be licensed in both.
  - a. An NHSC clinician is prohibited from counting telemedicine encounters as more than 25 percent (i.e., no more than 8 hours per week for full-time participants and no more than 4 hours per week for half-time participants) of their patient care hours.
  - b. Telemedicine 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 and NHSC clinician at the distant site.
  - c. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.
  
- (2) **Home Health.** The NHSC does not currently recognize the homes of patients as NHSC-approved sites. As such, 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” on page 12 and “Half-Time Clinical Practice Requirements, by Discipline” on page 15).

### **Absences Policy**

Please note that the information provided below pertains to compliance with the NHSC LRP service obligation and is not a guarantee that a service site will allow any particular amount of leave.

- (1) Full-time participants are allowed to spend no more than 35 full-time workdays per service year away from the NHSC-approved service site for vacation, holidays, continuing professional education, illness, or any other reason.
- (2) Half-time participants are allowed to spend no more than 35 half-time workdays per service year away from their site for vacation, holidays, continuing professional education, illness, or any other reason.

If a participant works more than the minimum number of hours per week (40 for full-time, 20 for half-time), the only time spent away from the site that will need to be reported (see below “Service Verification”) and deducted from the allowed absences per service year (set forth above) are the hours of absence that cause a participant’s work hours to fall below the required minimum number of hours per week. For example, a half-time participant whose work schedule is 32 hours per week would not need to report 12 hours of sick leave taken, because the participant has still met the requirement of a minimum of 20 hours per week.

Absences over 35 workdays will result in the extension of the participant’s service commitment. Participants who have a medical or personal emergency that will result in an extended period of absence will need to request a suspension of the NHSC service commitment and provide supporting documentation. The NHSC cannot guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant’s service commitment end date will be extended accordingly. See “Suspension, Waiver, or Cancellation” on page 24.

### **Maternity/Paternity/Adoption Leave Policy**

Maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the NHSC Customer Service Portal. If participants plan to be away from their site for maternity/paternity/adoption leave, they are required to inform the NHSC before taking the leave. The NHSC will allow participants to be away from their site within the timeframes established by either the Family Medical Leave Act (up to 12 weeks) or the participant’s state of residence; however, the participant must also adhere to the leave policies of his/her NHSC-approved service site. If participants plan to take additional leave, they are required to request a medical suspension (see “Suspension” on page 24), which may or may not be approved by the NHSC. Requests should be submitted through the Customer Service Portal. Remember that a participant is required to serve a minimum of 45 weeks per service year and is allowed to be away from the NHSC-approved service site for no more than 35 workdays per service year; therefore, a participant’s obligation end date will be extended for each day of absence over the allowable 35 workdays.

### **Service Verification**

Every 6 months, the NHSC verifies that participants are fulfilling their service obligation by meeting program requirements. The In-Service Verification must be completed by the participant and the NHSC-approved site point of contact (POC) through the NHSC Customer Service Portal. By completing and electronically signing the In-Service Verification, the participant and the site POC are certifying the participant's compliance with the clinical practice requirements during the preceding 6-month period. The verification will also record the time spent away from the service site, hours that fall below 40 (full-time) and 20 (half-time) hours/week.

The site POC must complete and return the 6-month In-Service Verification in order for the participant to remain in compliance, and it is the participant's responsibility to ensure that the In Service Verification is accurate and timely submitted. Participants who fail to ensure that their 6-month In-Service Verification are completed and submitted on time risk not receiving service credit as well as being placed in default of their current NHSC contract. Participants who do not submit 6-month In Service Verification or who are consistently late in submitting them will not be selected for a Continuation Contract.

### **Changing to a Half-Time Service Commitment**

Conversions from full-time to half-time service during the service obligation period are allowable if ALL of the following conditions are met:

- (1) The participant's NHSC-approved service site agrees in writing, via the online EVF, that he/she may convert to half-time clinical practice (as defined by the NHSC LRP above);
- (2) The participant is a Federal employee or a Private Practice Assignee. The half-time service option is not authorized for Private Practice Option practitioners; and
- (3) The participant agrees in writing (by signing an addendum to his/her NHSC LRP full-time Continuation Contract) to complete his/her remaining service obligation through half-time clinical practice for twice the participant's remaining full time commitment.

Requests should be submitted through the Customer Service Portal. If the participant is approved to convert to half-time status, his/her service obligation end date and his/her allowable leave will be adjusted accordingly.

Participants who receive approval to serve half-time must fulfill the rest of their service commitment serving half-time; participants will not be allowed to switch back to full-time service once authorized for half-time service. Half-time participants are only allowed to convert to full-time service at the point they enter into a new full-time Continuation Contract and under the following conditions:

- (1) The participant has completed his/her existing half-time service contract. Participants will not be allowed to switch from half-time to full-time status within a service contract period (e.g., 6 months into a half-time contract);
- (2) The participant's NHSC-approved service site agrees via the online EVF that he/she will convert to full-time clinical practice (as defined by the NHSC LRP above); and
- (3) The participant agrees to perform one year of full-time clinical practice at his/her NHSC-approved service site.

### **SITES & CHANGING JOBS**

## Sites

To be considered an NHSC-approved service site, a participant's site must meet the following requirements:

- (1) Have a currently approved Site Application (formerly called a Multi-Year Recruitment and Retention Assistance Application) on file with the NHSC and
- (2) Be located in or serving a HPSA.
  - a. The HPSA must have a status of "Designated" at the time the NHSC verifies the information contained in the Continuation Contract application. Any status other than "designated" will result in the site being deemed ineligible.

For calendar year 2016, the NHSC is using HPSA data as of January 1, 2016 to determine eligibility for a Continuation Contract. For calendar year 2017, the NHSC will use HPSA data as of January 1, 2017. If a participant's site is not located in or serving a HPSA with a status of "Designated" at the time of the application submission, he or she will not be eligible for a Continuation Contract. Please note that there will be no mechanism to update data pertaining to a site's HPSA designation in an attempt to change the outcome of an application that has been deemed ineligible due to the loss or pending withdrawal of a site's HPSA designation.

Given the implications of a site losing its HPSA designation, participants are encouraged to monitor the status of an NHSC-approved service site's HPSA designation and encourage site administration to provide any data requested to continue the designation. Interested parties can utilize the HRSA Data Warehouse to find information on and the status of HSPAs:

<https://datawarehouse.hrsa.gov/tools/analyzers/geo/ShortageArea.aspx>.

## Changing Jobs

The NHSC expects that participants will fulfill their obligation at the NHSC-approved service site(s) identified in the Customer Service Portal and in the Continuation Contract Application. However, the NHSC does understand that circumstances may arise that require a participant to leave the initial service site and complete service at another NHSC-approved service site. If a participant needs to transfer to another location to complete his/her LRP obligation, the participant should first notify the NHSC through the Customer Service Portal and then locate a new site by visiting the NHSC Jobs Center at <http://nhscjobs.hrsa.gov>. Transfers must be approved and processed by the NHSC prior to the participant beginning to work at the new site. If the participant leaves his/her NHSC-approved service site(s) without prior approval of the NHSC, he/she will not receive service credit for the time period between his/her last day providing patient care at the initial service site and resumption of service at the transfer site following NHSC approval and/or he/she may be placed in default as of the date he/she left the initial NHSC-approved service site and become liable for the monetary damages specified in the participant's NHSC LRP contract.

Alternatively, if a participant wishes to transfer to a site that currently does not have NHSC approval, the site will need to submit a Site Application and have the Site Application approved before the clinician is eligible to apply for the NHSC LRP Continuation Contract. The NHSC Site Application cycle will be announced through the NHSC website. There will be no exceptions to this policy; if the participant intends to continue his/her service with the NHSC and wishes to work at another site that is not currently approved, the site must submit an application by the deadline and be approved by

the NHSC before the participant completes service under the current contract or the applicant's Continuation Contract application will be deemed ineligible.

### **Unemployment**

Participants who have become unemployed or who are informed by their site of a termination date must contact the NHSC immediately through the Customer Service Portal. The NHSC provides regional assistance to help unemployed participants identify a position at an approved NHSC service site, so long as the unemployment is not the result of a termination for cause or a voluntary resignation.

Note: Participants who voluntarily resign from their sites without prior approval from the NHSC or are terminated by their site(s) for cause may not receive a transfer to another site, may be deemed as unqualified for a Continuation Contract, and may be placed in default.

### **Working at Unapproved Sites**

Participants who are asked to work at a clinic that is not listed in the provider's profile on the NHSC Customer Service Portal, must immediately notify the NHSC through the Customer Service Portal. Generally, time spent at unapproved clinics will not count towards the service commitment.

Please be advised that if the participant requests to transfer to another NHSC-approved site, the transfer must be approved by the Division of Participant Support and Compliance prior to the submission of the Continuation Contract application. Otherwise, the participant will have to wait until his/her Continuation Contract is approved before initiating a transfer request. Approval of all transfer requests are at the NHSC's discretion, and may depend on the circumstances of the participant's resignation or termination from the current service site.

### **Practice Types**

Generally, NHSC LRP participants will serve in the NHSC as either federal employees (Public Health Service Commissioned Officers or Civil Servants) or as Private Practice Assignees who are employees of a public or private entity, receiving an income at least equal to what he or she would have received as a civilian employee of the U.S. Government, including malpractice insurance with tail coverage (either commercial or through the Federal Tort Claims Act).

In some circumstances, an NHSC participant is not subject to the personnel system of the site to which he/she is assigned, does not receive a salary equivalent to a civilian employee of the U.S. Government, and/or is not provided malpractice coverage by their site. In these cases, the clinician can request to fulfill his/ her obligation through the Private Practice Option (PPO). Under the PPO, an NHSC LRP participant may be (a) self-employed – i.e., a solo practitioner; (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible NHSC-approved service site who is not receiving salary and malpractice coverage at least equal to what he/she would receive as a Federal Civil Servant. In order to serve under the PPO, the applicant must make such a request by submitting a PPO Request Form. Completed PPO Request Forms should be uploaded as an additional document when completing the application. If it is identified during the application review performed by the NHSC that a PPO Request Form is necessary, the NHSC will send an email request to

the email address associated with the application and provide a timeline for submission. In addition, if the NHSC approves such request, the participant must enter into a PPO Agreement that stipulates the special provisions that apply to those serving under the PPO. The PPO service option is open only to full-time participants.

**NOTE:** Federal Assignments and Private Practice Assignments require the NHSC-approved service site to accept Medicare assignment, enter into the appropriate agreements under Medicaid and the Children’s Health Insurance Program, and utilize a schedule of discounts (including, as appropriate, waivers) of fees based on a patient’s ability to pay). See definition of NHSC-approved service site on page 32. The Private Practice Option requires the individual to comply with the aforementioned billing requirements.

If you are...	and your salary and malpractice/tail coverage are...	you will serve under a:
A Federal Civil Service employee or an active member of the U.S. Public Health Service Commissioned Corps	provided by a federal government entity	Federal Assignment (FA)
NOT a Federal employee but you are an employee of an NHSC certified site	<i>at least equal to</i> what you would earn as a civilian employee of the U.S. Government	Private Practice Assignment (PPA)
NOT a Federal employee but you are an employee of an NHSC certified site	<i>less than</i> what you would earn as a civilian employee of the U.S. Government	Private Practice Option (PPO)
NOT a Federal employee but a contractor to an eligible HPSA site, or a member of a group practice in an NHSC certified site, or a solo practitioner in an eligible HPSA site	whatever income you earn or generate; whatever malpractice coverage you purchase or receive	PPO

**BREACHING THE NHSC LOAN REPAYMENT PROGRAM CONTINUATION CONTRACT**

While the NHSC will work with participants to assist them, to the extent possible, to avoid a breach and fulfill the service commitment, participants are reminded that the failure to complete service for any reason is a breach of the NHSC LRP Continuation Contract. Prior to breaching his/her contract, the participant should make sure that he/she understands the following monetary damages required by Federal law.

A participant who breaches a commitment to serve in a full-time clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$7,500 multiplied by the number of months of obligated service not completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

See Section 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254o(c)(1)), as amended.

A participant who breaches a commitment to serve in a half-time clinical practice will become liable to the United States for an amount equal to the sum of the following:

- (1) The amount of the loan repayments paid to the participant representing any period of obligated service not completed;
- (2) \$3,750 multiplied by the number of months of obligated service not completed; AND
- (3) Interest on the above amounts at the maximum legal prevailing rate, as determined by the Treasurer of the United States, from the date of breach.

See Sections 331(i)(F) and 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254d(i)(F) and 254o(c)(1)).

NOTE: The minimum amount the United States is entitled to recover from a participant who breaches a commitment to serve full-time or half-time will not be less than \$31,000, even if the debt calculated using the formulas above is less than \$31,000.

Any amounts the United States is entitled to recover, as set forth above, must be paid within one year from the date of default. Failure to pay the debt by the due date has the following consequences:

- (1) The debt will be reported as delinquent to credit reporting agencies. During the one-year repayment period, the debt will be reported to credit reporting agencies as “current.” If the debt becomes past due (i.e., remains unpaid at the end of the one-year repayment period), it will be reported as “delinquent.”
- (2) The debt may be referred to a debt collection agency and the Department of Justice. Any NHSC LRP debt past due for 45 days may be referred to a debt collection agency. If the debt collection agency is unsuccessful in collecting payment, the debt will be referred to the Department of Justice for filing of a lawsuit against the defaulter.
- (3) Administrative Offset. Federal or State payments due to the participant (e.g., an IRS or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC LRP debt. Also, defaulters who are Federal employees may have up to 15% of their take-home pay from their salary garnished to pay a delinquent NHSC LRP debt.
- (4) Licensure Sanctions. In some States, health professions licensing boards are allowed to impose sanctions, including suspension or revocation of a defaulter’s professional license, if the defaulter fails to satisfactorily address repayment of his/her NHSC LRP debt.

## Bankruptcy

The participant should also be aware that it is not easy to discharge an NHSC LRP debt by filing for bankruptcy. A financial obligation under the NHSC LRP is not dischargeable in bankruptcy for 7 years after the debt becomes due (i.e., for 7 years from the end of the one-year repayment period). After the 7-year period of absolute non-dischargeability expires, the debt may be discharged in bankruptcy only if a bankruptcy court determines that it would be unconscionable.

### **Sample Default Scenarios**

**Scenario 1:** Dr. Jane Smith entered into a 2-year NHSC LRP full-time service contract effective January 14, 2016. Her service end date is January 13, 2018. She received \$50,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her service site at the end of her workday on March 31, 2017. The NHSC determines that she defaulted on her LRP contract on April 1, 2016, and served 443 days of her 2-year (730-day) service obligation.

Dr. Smith is liable to the United States for: (1) \$19,658 for the loan repayments received for obligated service not completed ( $287/730 \times \$50,000$ ) and (2) \$75,000 for the months of service not completed ( $\$7,500 \times 10$ ). Her total LRP debt of \$94,658 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2017), and is due to be paid in full on March 31, 2018.

**Scenario 2:** Dr. Smith entered into a 2-year NHSC LRP half-time service contract effective January 15, 2016. Her service end date is January 14, 2018. She received \$25,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her service site at the end of her workday on September 30, 2017. The NHSC determines that she defaulted on her LRP contract on October 1, 2017, and served 626 days of her 2-year (731-day) service obligation.

Dr. Smith is liable to the United States in the amount of \$31,000, since the loan repayments she received for obligated service not completed ( $105/731 \times \$25,000 = \$3,590.97$ ) and the amount owed for the months of service she did not complete ( $\$3,750 \times 4 = \$15,000$ ) total less than \$31,000. Her total LRP debt of \$31,000 will begin accruing interest at the maximum legal prevailing rate as of her default date (October 1, 2017), and is due to be paid in full on September 30, 2018.

### **SUSPENSION, WAIVER, AND CANCELLATION**

The Secretary of Health and Human Services may, under certain circumstances, suspend (i.e., put “on hold”) or waive (i.e., excuse) the NHSC LRP service or payment obligation.

- (1) **Suspension.** A suspension of the NHSC LRP commitment may be granted if compliance with the commitment by the participant: (i) is temporarily impossible, or (ii) would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the participant’s service commitment end date. The major categories of suspension are set forth below. Suspension requests are submitted through the Customer Service Portal.
  - a. **Leave of Absence for Medical or Personal Reasons.** A suspension may be granted for up to one year, if the participant provides independent medical documentation of a physical or mental health disability, or personal circumstances, including a terminal

illness of an immediate family member (e.g., – child or spouse, including a same-sex spouse regardless of where the couple lives), which results in the participant’s temporary inability to perform the NHSC LRP obligation.

- b. **Maternity/Paternity/Adoption Leave.** If the participant’s maternity/paternity/adoption will exceed 12 weeks during that service year, a suspension may be granted by the NHSC based on documented medical need. The NHSC will allow participants to be away from their site within the timeframes established by either the Family Medical Leave Act (up to 12 weeks) or the participant’s state of residence.
  - c. **Call to Active Duty in the Armed Forces.** Participants who are military reservists and are called to active duty must submit a request for an NHSC service suspension through the NHSC Customer Service Portal. The period of active military duty will not be credited towards the NHSC service obligation. Suspensions for active duty military assignment are granted for up to one year, beginning on the activation date described in the reservist’s call to active duty order. A copy of the order to active duty must be provided to the NHSC with the request for a suspension. In the event that the NHSC participant’s period of activity duty with the Armed Forces entity is extended beyond the approved suspension period, the participant must contact the NHSC through the Customer Service Portal for guidance on how to request an extension of the suspension period.
- (2) **Waiver.** A waiver permanently relieves the participant of all or part of the NHSC LRP commitment. A waiver may be granted only if the participant demonstrates that compliance with his/her commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable. A waiver request must be submitted by uploading a signed request letter, including the reason(s) the waiver is being sought, as an inquiry through the Customer Service Portal. The participant will be contacted by the BHW Division of Participant Support and Compliance/ Legal and Compliance Branch regarding the medical and financial documentation necessary to complete the waiver request. All documents can be submitted through the Customer Service Portal. Note that waivers are not routinely granted, and require a showing of compelling circumstances.

### **Cancellation of NHSC Obligation**

The NHSC obligation will be cancelled in its entirety in the event of a participant’s death. No liability will be transferred to the participant’s heirs.

## NHSC LRP APPLICATION INSTRUCTIONS

The NHSC LRP Continuation Contract application consists of:

- (1) Online Application and
- (2) Required Supporting Documents.

### General Instructions

Participants will be notified electronically with instructions for how to access the online application through the Customer Service Portal during their respective application cycle as outlined on page 5. The application requires the participant to upload all required supplemental documents. The participant will not be able to submit a completed application without uploading all of the necessary documentation.

If any of the required forms/documents described below are not included with the application and/or the application is not submitted by the specified deadline, the application will be deemed ineligible and participant will not be considered for a Continuation Contract. In addition, if any of the information provided in the online application does not match what the NHSC-approved service site provides during the employment verification process, the application will be deemed ineligible.

Participants should confirm that their contact information is current, as this is used to communicate the status of the Continuation Contract application. Changes to the participant's contact information can be made in the Customer Service Portal.

A participant should submit any questions through the Customer Service Portal or contact the HRSA Call Center (see "Resources for Participants" section, page 29).

If approved for an NHSC LRP continuation contract, the participant will be notified by email and should log into the Customer Service Portal for information on his/her anticipated contract start and end dates. With Continuation Contracts, the start date is generally the day after the participant's current NHSC obligation ends. However, in the event that participants are away from the site for more than the allowable 35 days per year, days will be added to the service, changing the day the Continuation will go into effect.

The Continuation Contract will not become effective until it has been countersigned by the Secretary's designee and the participant has fully completed the current NHSC LRP service obligation.

### *Online Application*

Participants are required to complete each section in order to submit an online application.

- (1) **Site Information.** This section of the online application will prompt the participant to confirm whether his/her service type and site information are correct. If the participant would like to make any changes to this information, such as transferring or adding a site, a request must be made through the Customer Service Portal. All transfer or additional site requests must be approved before the participant applies for a Continuation Contract.
- (2) **Loan Information.** Answers in this section of the application pertain to the qualifying educational loans that were originally submitted to the NHSC for repayment that still have

outstanding balances; as well as information pertaining to any new qualifying educational loans for which the applicant is seeking repayment under the Continuation Contract. As part of this section, the participant is required to submit a Payment History showing that the previous loan repayment funds provided were used to pay down the qualifying educational loans that were approved under the most recent award, as well as account statements for any new loans for which the applicant is seeking repayment. All loans submitted will be verified to determine whether they are eligible for repayment through a review of the supporting documents, by contacting lenders/holders, and by checking the participant's credit report. The following information must be entered about each of the loans applicants wish to submit for repayment, and the Required Supporting Documentation (see below) must be uploaded separately:

- a. Name and contact information for the lender/holder.
- b. Loan account number.
- c. Original amount disbursed.
- d. Original date of the loan.
- e. Current outstanding balance (no more than 30 days from the date of the LRP application submission).
- f. Current interest rate.

#### *Required Additional Documentation*

- (1) **Employment Verification.** The participant's site Point of Contact (POC) must complete the Employment Verification. It is the participant's responsibility to ensure that the NHSC-approved service site completes the employment verification on time. No exceptions will be made if a participant misses the submission deadline due to the site not completing the employment verification.

#### *Required Supporting Documents*

It is the participant's responsibility to upload supplemental documents into the online application. An application will not be considered complete, and an applicant may not submit an application, unless it contains each of the following required supplemental documents:

- (1) **Payment History.** In order to review a Continuation Contract application, documentation must be provided to confirm that all disbursed NHSC LRP funds have been used to repay qualifying educational loans that were approved as part of the applicant's most recent NHSC LRP award, except as noted below. Participants can find the loans that were approved in his/her most recent Payment Authorization Worksheet that was provided with their last contract. A payment history must be provided for each qualifying educational loan that was approved as part of your most recent NHSC LRP award.
  - a. Cancelled checks and bank statements will not be accepted as proof that loan payments were properly applied.
  - b. Payment history must be an official document or webpage and include the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the contract period.
  - c. The payment history must show all NHSC LRP funds received have been paid toward his/her qualifying educational loans that were approved by the NHSC with the most recent contract.

- d. For loans consolidated during the current contract period, loan documents, including the lending institution's list of the loans included in the consolidation and their original disbursement dates, are required. The NHSC will not give credit to participants who consolidate qualifying educational loans with non-qualifying debt.
- (2) **Loan Information Verification.** Participants will be required to provide two types of documentation for each loan that is being submitted for consideration: an account statement and a "disbursement report."
- a. **Account Statement.** This document is used to provide current information on his/her qualifying educational loans. Often borrowers receive monthly statements indicating the status of his/her loan balance. This document should:
    - i. be on official letterhead or other clear verification that it comes from the lender/holder;
    - ii. include the name of the borrower (i.e., the NHSC LRP participant);
    - iii. contain the account number;
    - iv. include the date of the statement (cannot be more than 30 days from the date of LRP Continuation Contract application submission);
    - v. include the current outstanding balance (principal and interest) or the current payoff balance; and
    - vi. include the current interest rate.
  - b. **Disbursement Report.** This report is used to verify the originating loan information and should:
    - i. be on official letterhead or other clear verification that it comes from the lender/holder;
    - ii. include the name of the borrower;
    - iii. contain the account number;
    - iv. include the type of loan;
    - v. include the original loan date (must be prior to the date of the NHSC LRP Continuation Contract application submission); and
    - vi. include the original loan amount.

Note: For all *Federal* loans, the National Student Loan Data System (NSLDS) Aid Summary Report is used to verify the originating loan information, which can be accessed at <http://www.nsls.ed.gov>. The participant will need a PIN to log in to his/her secured area; if the participant does not have a PIN, go to <http://www.pin.ed.gov>. If the participant has multiple Federal loans, he/she will only need to access one NSLDS Aid Summary Report. The NSLDS report will contain information on all his/her Federal loans.

For all other loans, the disbursement report can be satisfied through various types of documents including a promissory note, a disclosure statement, and letters directly from the lender containing the required information (as indicated in (b) above). The participant may be able to obtain this disbursement information on his/her lender's web site; however, all documentation must be on official letterhead from the lender.

- (3) **Banking Information.** In order to receive a Continuation Contract, participants must make sure that banking information is current and updated in their portal account.

## ADDITIONAL MATERIALS

### RESOURCES FOR PARTICIPANTS

#### **NHSC Jobs Center**

- This is a searchable database of open job opportunities and information on NHSC-approved sites <http://nhscjobs.hrsa.gov>

#### **Need Help**

Any individual with questions about the NHSC LRP may contact the Customer Care Center Monday through Friday (except Federal holidays), 8:00am to 8:00pm ET.

- 1-800-221-9393
- TTY: 1-877-897-9910

#### **Customer Service Portal**

This web-based system will allow NHSC LRP awardees and participants to communicate with the NHSC, make service requests (e.g., suspensions, transfers, waivers, etc.), and access the 6-month In-Service Verification Forms.

- <https://programportal.hrsa.gov/>

#### **NHSC SOCIAL MEDIA**

See below for links to NHSC social media sites; however, participants should send specific questions or issues regarding their service commitment to the Customer Service Portal (see link above).

NHSC Facebook Page: <https://www.facebook.com/nationalhealthservicecorps>

NHSC Twitter Page: <https://twitter.com/NHSCorps>

NHSC LinkedIn Page: <https://www.linkedin.com/company/national-health-service-corps>

### DEFINITIONS

**Approved Alternative Setting** – Alternative settings include any setting in a HPSA at which the clinician is directed to provide care by the approved site (e.g., hospitals, nursing homes, shelters). The alternative sites must provide services to a HPSA that is appropriate for the discipline and specialty of the clinician and the services provided. Services at alternative sites must be an extension of the comprehensive primary care provided at the approved site.

**Bureau of Health Workforce (BHW)** – The bureau within the Health Resources and Services Administration (HRSA) that administers the National Health Service Corps (NHSC) and NURSE Corps scholarship and loan repayment programs, the Faculty Loan Repayment Program (FLRP), Native Hawaiian Health Scholarship Program (NHHSP), and grants for State Loan Repayment Programs (SLRP).

**Clinical-related Administrative, Management or Other Activities** – May include charting, 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 NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are considered primarily administrative, and NHSC LRP participants serving in such a capacity should keep in mind that they cannot count more than 8 hours per week of administrative and/or management time (4 hours in the case of half-time) toward the total required 40 hours per week (or 20 hours in the case of half-time).

**Commercial or Private Student Loans** – Also known as a college loan, an educational loan or an alternative student loan – is a non-government loan made by a private lender specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated costs. Loans made by banks, credit unions, savings and loan associations, insurance companies, schools, and other financial or credit institutions which are subject to examination and supervision in their capacity as lenders by an agency of the United States or of the State in which the lender has its principal place of business. These are unsecured loans with various options for repayment and may offer forbearance and deferral options. Loans obtained to cover residency and relocation expenses do not qualify for repayment under the NHSC Loan Repayment Program.

**Comprehensive Primary Behavioral and Mental Health Services** – Services that include, but are not limited to: screening and assessment, diagnosis, treatment plans, therapeutic services including access to medication prescribing and management, crisis care including 24 hour call access, consultative services, care coordination, and case management. Sites must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must offer or ensure access to ancillary, inpatient, and specialty referrals.

**Continuation Contract** – An optional 1-year extension of an NHSC LRP contract. The award level is dependent on the service status (i.e., half- or full-time clinical practice) and the particular year of additional support. NHSC LRP participants must meet all program eligibility criteria in effect at the time they are being considered for a continuation contract, which includes providing documentation that all previously received NHSC LRP payments were applied to reduce their qualifying educational loans. A continuation contract will not take effect until the current contract is completed and the continuation contract has been countersigned by the Secretary of Health and Human Services' designee. An LRP participant cannot be guaranteed a continuation contract.

**Critical Access Hospital (CAH)** – A facility certified by the Centers for Medicare and Medicaid Services (CMS) under section 1820 of the Social Security Act. A CAH must be located in a rural area in a state that has a Rural Hospital Flexibility Program, have no more than 25 inpatient beds, an average annual length of stay of 96 hours or less, and be located either more than a 35-mile drive from the nearest hospital or CAH, or more than a 15-mile drive in areas with mountainous terrain or only secondary roads. For more information, please visit: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/critaccesshospfctsht.pdf>.

**Default of Payment Obligation** – Being more than 120 days past due on the payment of a financial obligation.

**Default of Service Obligation** – Failure for any reason to begin or complete a contractual service commitment.

**Family and Family Member** – As used in the guidance and for the purposes of the National Health Service Corps “family member” includes spouses, as well as unmarried partners (both same-sex and opposite-sex).

**Federal Direct Student Loans** – A student loan offered by the Federal government that has a low-interest rate for students and parents and is used to pay for the costs of any form of education after high school. The lender for the Federal Direct Student Loan is the U.S. Department of Education, rather than an institution, such as a bank.

**Federal Judgment Lien** – A lien that is placed against an individual’s home or property when a court-ordered judgment is entered against the individual for an unpaid Federal debt (e.g., a Federal student loan or Federally-insured home mortgage). An IRS tax lien that is not created pursuant to a court-ordered judgment is not a Federal judgment lien.

**Federally-Qualified Health Centers (FQHC)** – FQHCs include: (1) nonprofit entities that receive a grant (or funding from a grant) under section 330 of the Public Health Service (PHS) Act (i.e., health centers); (2) FQHC “Look-Alikes” which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the PHS Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act.

**Fiscal Year (FY)** – The Federal FY is defined as October 1 through September 30.

**Full-Time Clinical Practice** – Working a minimum of 40 hours per week in a clinical practice, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the full-time clinical practice requirement, please see the Program Overview, “The Service Commitment and Requirements.”

**Government Loans** – Government loans are loans made by Federal, State, and county or city agencies authorized by law to make such loans.

**Half-Time Clinical Practice** – Working a minimum of 20 hours per week in a clinical practice, not to exceed 39 hours per week, for a minimum of 45 weeks per service year, in an NHSC-approved service site. For a more detailed explanation of the half-time clinical practice requirement, please see the Program Overview, “Service Requirements.”

**Health Professional Shortage Area (HPSA)** – A HPSA is a geographic area, population group, public or nonprofit private medical facility or other public facility determined by the Secretary of HHS to have a shortage of primary health care professionals based on criteria defined in statute and regulation. Information considered when designating certain primary care HPSA includes health provider to population ratios, rates of poverty, and access to available primary health services. HPSAs are

designated by the Shortage Designation Branch, within HRSA's Bureau of Health Workforce, pursuant to Section 332 of the PHS Act (Title 42, U.S. Code, Section 254e) and implementing regulations (Title 42, Code of Federal Regulations, Part 5).

**Health Resources and Services Administration (HRSA)** – An operating agency of the U.S. Department of Health and Human Services.

**Holder** – The commercial or Government institution that currently holds the promissory note for the qualifying educational loan (e.g., Sallie Mae, PHEAA, etc.).

**Indian Health Service, Tribal or Urban Indian Health Clinic (ITU)** – A health care facility (whether operated directly by the Indian Health Service; or by a tribe or tribal organization contracting with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act, codified at 25 U.S.C. 450 et seq.; or by an urban Indian organization receiving funds under Subchapter IV of the Indian Health Care Improvement Act, codified at 25 U.S.C. 1651 et seq.) which provides clinical treatment services to eligible American Indians and Alaska Natives on an outpatient basis. For more information, please visit:

Urban Indian Health Program fact sheet:

<http://www.ihs.gov/newsroom/factsheets>.

Indian Health Service Year 2015 Profile:

<http://www.ihs.gov/newsroom/factsheets/ihsyear2015profile/>.

**Lender** – The commercial or Government institution that initially made the qualifying loan (e.g., Department of Education).

**National Health Service Corps (NHSC)** – "The Emergency Health Personnel Act of 1970," Public Law 91-623, established the NHSC on December 31, 1970. The NHSC Program, within the Department of Health and Human Services, was created to eliminate the health professional shortages in HPSAs through the assignment of trained health professionals to provide primary health services in HPSAs. The NHSC seeks to improve the health of underserved Americans by bringing together communities in need and quality primary health care professionals.

**NHSC Jobs Center** – A searchable database of open job opportunities and information on NHSC-approved sites <http://nhscjobs.hrsa.gov>.

**NHSC Loan Repayment Program (LRP)** – The NHSC LRP is authorized by Sections 338B and 331(i) of the PHS Act, as amended. Under the NHSC LRP, participants provide full-time or half-time primary health services in HPSAs in exchange for funds for the repayment of their qualifying educational loans. The NHSC LRP selects fully trained and licensed primary health care clinicians dedicated to meeting the health care needs of medically underserved HPSA communities.

**NHSC-Approved Service Site** – Each health care site must submit an NHSC Site Application to become an NHSC service site. In order for a site to be eligible for NHSC approval, it must: be located in and

providing service to a federally designated Health Professional Shortage Area (HPSA); provide comprehensive primary medical care, mental and behavioral health and/or dental services; provide ambulatory care services (no inpatient sites, except Critical Access Hospitals); ensure access to ancillary, inpatient and specialty referrals; charge fees for services consistent with prevailing rates in the area; discount or waive fees for individuals at or below 200% of the Federal poverty level; accept assignment for Medicare beneficiaries; enter into agreements with Medicaid and the Children's Health Insurance Program (CHIP), as applicable; not discriminate in the provision of services based on an individual's inability to pay for services or the source of payment (Medicare/Medicaid/CHIP); prominently post signage that no one will be denied access to services due to inability to pay; agree not to reduce clinician's salary due to NHSC support; provide sound fiscal management; and maintain a recruitment and retention plan, as well as a credentialing process, for clinicians. If the Site Application is approved, the community site becomes an NHSC-approved service site. All NHSC-approved service sites must continuously meet the above requirements.

**Postgraduate Training** – Refers to additional training that a health professions student may participate in after they graduate from a health professions education program (e.g., internships, residencies, chief residency, and fellowships).

**Primary Health Services** – Means health services regarding family medicine, internal medicine, pediatrics, obstetrics and gynecology, dentistry, or mental health, that are provided by physicians or other health professionals.

**Qualifying Educational Loans** – Government and private student loans for actual costs paid for tuition and reasonable educational and living expenses related to the undergraduate or graduate education of the participant that were obtained by the clinician prior to his/her submission of an application to participate in the NHSC LRP. Such loans must be contemporaneous with the education received. Participants will receive funds for repayment of qualifying educational loans that are still owed. If the applicant has a consolidated/refinanced loan that is made up entirely of qualifying educational loans of the applicant, the consolidated/refinanced loan is eligible for repayment. If the applicant has consolidated otherwise qualifying educational loans with any non-qualifying debt, no portion of the consolidated/refinanced loan will be eligible.

**Reasonable Educational Expenses** – The costs of education, exclusive of tuition, such as fees, books, supplies, clinical travel, educational equipment and materials, and board, certification/licensing exams, which do not exceed the school's estimated standard student budget for educational expenses for the participant's degree program and for the year(s) of that participant's enrollment. Debt associated with residency programs or relocation is not considered "reasonable educational expenses" under the NHSC LRP.

**Reasonable Living Expenses** – The costs of room and board, transportation and commuting costs which do not exceed the school's estimated standard student budget for living expenses at that school for the participant's degree program and for the year(s) of that participant's enrollment. Debt associated with residency programs or relocation is not considered "reasonable living expenses" under the NHSC Loan Repayment Program.

**Rural Health Clinic** – A facility certified by the Centers for Medicare & Medicaid Services under section 1861(aa)(2) of the Social Security Act that receives special Medicare and Medicaid reimbursement. RHCs are located in a non-urbanized area with an insufficient number of health care practitioners and provide routine diagnostic and clinical laboratory services. RHCs have a nurse practitioner, a physician assistant, or a certified nurse midwife available to furnish patient care services not less than 50 percent of the time the clinic operates. For more information, please see: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/RuralHlthClinfctshst.pdf>.

**Solo or Group Private Practice** – A clinical practice that is made up of either one or many providers in which the providers have ownership or an invested interest in the practice. Private practices can be arranged to provide primary medical, dental and/or mental health services and can be organized as entities on the following basis: fee-for-service; capitation; a combination of the two; family practice group; primary care group; or multi-specialty group.

**Spouse and Marriage** – As used in this *Guidance* and for the purposes of the National Health Service Corps, “spouse” includes same-sex married couples, as well as opposite-sex married couples. In accordance with the Supreme Court decisions in *United States v. Windsor* and in *Obergefell v. Hodges*, the Department of Health and Human Services will treat as valid marriages of same-sex couples. The term “spouse” does not include individuals in registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.

**State** – As used in this *Guidance*, State includes the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Territory of American Samoa, Territory of Guam, Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia.

**Teaching** – As used in this *Guidance*, teaching refers to participants providing clinical education to students or residents in their area of expertise at the NHSC-approved service site. The clinical education may: (1) be conducted as part of an accredited clinical training program; (2) include the clinical supervision of a student/clinician that is required in order for that student/clinician to receive a license under state law; or (3) include mentoring that is conducted as a part of the Health Careers Opportunity Program (HCOP) or the Centers of Excellence program, which are both funded through HRSA grants. Teaching must be conducted at the NHSC-approved practice site specified in the Customer Service Portal Profile. If the NHSC participant is actually providing the clinical service while a student/clinician observes, the activity should be treated as patient care.

**Teaching Health Center** – A Teaching Health Center (THC) is an entity that (1) is a community based, ambulatory patient care center and (2) operates a primary care postgraduate training program (i.e., an approved graduate medical residency program in family medicine, internal medicine, pediatrics, internal medicine-pediatrics, obstetrics and gynecology, psychiatry, general dentistry, pediatric dentistry, or geriatrics). Currently funded THCs are listed on the HRSA Web site at <http://granteefind.hrsa.gov/>.

**Tribal Health Program** – An Indian tribe or tribal organization that operates any health program, service, function, activity, or facility funded, in whole or part, by the Indian Health Service (IHS) through, or provided for in, a contract or compact with the IHS under the Indian Self-Determination and Education Assistance Act (25 USC 450 et seq.).

**Unencumbered License** – An unencumbered license means a license that is not revoked, suspended, or made probationary or conditional by the State licensing authority as the result of disciplinary action.