



National Health Service Corps Loan Repayment Programs

Fiscal Year 2019 Continuation Contract Application & Program Guidance

October 2018

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(i) 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 254I-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) and NHSC Students to Service (S2S) LRP is to recruit and retain primary care 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 being awarded an NHSC LRP Continuation Contract. 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- or NHSC S2S 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 in the [System of Record Notice 09-15-0037](#).

The name of an NHSC LRP or NHSC S2S 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 and NHSC S2S 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 National Health Service Corps (NHSC) Loan Repayment Program (LRP) or NHSC Students to Service (S2S) 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 or NHSC S2S LRP Award.

INTRODUCTION

The NHSC LRP and NHSC S2S LRP are administered by 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 certain 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” section). 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 S2S LRP provides loan repayment awards to students pursuing a degree in allopathic or osteopathic medicine or dentistry. In exchange for loan repayment, these individuals agree to provide primary health services in HPSAs of greatest need.

NHSC LRP Continuation Contract

The NHSC Continuation Contract is an opportunity for NHSC clinicians to continue participating in the NHSC 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 \$25,000. In response to the current opioid crisis across the country, the NHSC will also provide a \$5,000 award enhancement for Physicians, Nurse Practitioners and Physician Assistants that possess a waiver under 21 U.S.C. § 823(g)(2), otherwise known as a Drug Addiction and Treatment Act of 2000 (DATA 2000) waiver. The primary purpose of this award enhancement is to ensure an agile health workforce that is knowledgeable about the needs of patients with opioid use disorder, which is an ever increasing population within HPSAs. A supplemental award of up to \$5,000 in addition to their base continuation award will be granted to these participants, provided that the participant’s outstanding qualifying loan balances are not less than the combination of the \$5,000 award enhancement and their base continuation award.

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. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed and funds awarded in a timely manner. Applicants should note that this *Guidance* may be cancelled prior to award recommendations in the absence of funding.

Continuation Contract Application Process

The NHSC Continuation Contract application is completed through the Customer Service Portal. All continuation application cycles are based on the current participant’s contract end date. The table below outlines the range of contract end dates and the corresponding application open and close periods for submission. Participants who fail to submit their Continuation Contract application within the designated timeframe may not be allowed to apply at a later date. In the event the deadline is missed you may be required to apply and compete for a new two-year initial contract. The schedule is as follows:

Contract End Dates Between:	Application Cycle Start and End Dates:
September 30, 2018 – July 31, 2019	October 31, 2018 – November 29, 2018
August 1, 2019 – August 31, 2019	February 7, 2019 – March 7, 2019
September 1, 2019 – September 30, 2019	May 9, 2019 – June 11, 2019

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” section.

Continuation Contract award levels vary, depending on the number of years a clinician has participated with the NHSC or the S2S Loan Repayment Program. For FY 2019, subject to appropriations, the award levels are estimated to be:

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

Qualified NHSC participants who possess a DATA 2000 wavier and can demonstrate they are providing MAT at their NHSC-approved site may receive additional award repayment of up to \$5,000 on top of the award amounts listed above.

Please note the following limitations apply to award amounts:

1. NHSC participants who qualify for a continuation award enhancement can only receive this enhancement once during their lifetime.
2. Award amounts will not exceed the remaining balance of the total previously approved and qualifying educational loans to participants. For example, a full-time participant in their 3rd or 4th year of service with outstanding qualified debt of \$19,500 will only receive \$19,500 not receive the full \$20,000 award for which they are eligible.

Please note that S2S participants must have completed three years of NHSC service under their original NHSC S2S LRP contract before beginning an additional year of service under a Continuation Contract.

Please also note that an NHSC S2S LRP participant's first Continuation Contract year LRP award will be equivalent to the fourth year of NHSC service listed in the above award.

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

ELIGIBILITY REQUIREMENTS AND AWARD PROCESS

Eligibility Requirements for Continuation Contract Awards

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) Be in compliance with NHSC Service Requirements (see "Service Requirements" section).
- (3) Apply all previous NHSC LRP or NHSC S2S 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 PAW provided with the most recent NHSC LRP or NHSC S2S 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 under “Continuation Contract Application Process”).

Eligibility Requirements for Enhanced Continuation Contract Awards

To be eligible for an award enhancement, participants must meet all of the requirements to receive a continuation contract as stated above, in addition to the following requirements:

- (1) Submit a current valid DEA Registration Certificate that clearly reflects the possession of a DATA 2000 waiver. This must be submitted through the Customer Service Portal with the application submission.

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 or NHSC S2S 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, Federal Housing Administration 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, or will incur, 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 (IHS) Loan Repayment Program obligation, or a NURSE Corps 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 or NHSC S2S 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, may 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.

- 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.
- c. **Leaving site without authorization.** 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.
- d. **Unauthorized transfers.** Participants who transfer to another site prior to obtaining NHSC approval.
- 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 who refuse to accept an NHSC site assignment (in cases of unemployed clinicians).
- f. **Excessive absences.** Participants with absences in excess of 35 work days per service year, without a documented medical, personal, or otherwise substantiated reason.

Please note that the six scenarios listed above (a-f), if not addressed, 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:

- (1) **Loans previously obtained, but not previously submitted.** Loans obtained prior to submitting the initial NHSC LRP or NHSC S2S LRP application may be submitted for review with the Continuation Contract application. Loans obtained since submitting the initial NHSC LRP or NHSC S2S 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 or NHSC S2S LRP participants who have obtained loans for another health professions degree since submitting their initial NHSC LRP or NHSC S2S 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 his designee. To withdraw the application, the participant must log in 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 his designee, prior to the end of the current service obligation. The Continuation Contract becomes effective when:

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

UNDERSTANDING THE CONTRACT AND SERVICE OBLIGATION

Service Obligation

In return for receiving an NHSC continuation award, a current NHSC LRP or NHSC S2S LRP participant agrees to provide an additional one (1) year of clinical practice at an NHSC-approved site in a HPSA after his/her initial contract has been completed.

All participants must notify the NHSC of changes in personal information. Applicants and participants must provide the NHSC with notification of 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. Applicants can manage their contact information through their online application account on the “Account Settings” page. NHSC participants have been provided with information for logging into the Customer Service Portal. The NHSC frequently corresponds with participants through the online portal and by email. It is important that the applicant checks his/her email regularly for correspondence from the NHSC and make certain to disable SPAM blockers (or check the SPAM folder).

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). Currently, the Secretary may terminate a fiscal year 2019 NHSC LRP continuation contract 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. 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.

SERVICE OBLIGATION REQUIREMENTS

Every NHSC 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 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 EVF for each. If any of the information on the EVF 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 (CAHs) and IHS 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 or S2S unless they can consistently meet the required minimum number of hours per week in an approved outpatient setting, as set forth in the "Full and Half Time Clinical Practice" requirements section.

The CAHs and IHS Hospitals must provide comprehensive primary care and related inpatient services. They must also demonstrate an affiliation (either through direct ownership or affiliation agreement) with an outpatient, primary care clinic. Both the CAHs and IHS Hospitals and their affiliated primary care clinics must submit separate site applications during the same application cycle and certify compliance with the NHSC Site Agreement.

Military Service

Individuals in a Reserve component of the Armed Forces, including the National Guard, are eligible to participate in the NHSC LRP and NHSC S2S 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). The NHSC LRP or NHSC S2S 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 Continuation Contract.

NHSC 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 Continuation Contract.

Clinical Practice Requirements

NHSC participants may fulfil their service via full-time or half-time clinical practice. The following definitions apply to both full-time and half-time clinical practice:

1. 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.
2. *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).
3. *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 as directed by the NHSC-approved service site(s). The clinical education may:
 - a. Be conducted as part of an accredited clinical training program;
 - b. Include the clinical supervision of a student/resident that is required in order for that student/resident to receive a license under state law; or
 - c. Include mentoring through a structured program, such as the Centers of Excellence Program or the Health Careers Opportunity Program.
4. *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

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. Additional rules apply based on discipline and practice location. For these rules, please see “Full-Time Clinical Practice Requirements, by Discipline” section.

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 in the “Definitions” section.
- 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:** 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 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, and other community-based settings) 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, and other community-based settings) 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 Centers for Medicare and Medicaid Services (CMS)-approved CAH or IHS Hospital, at least 16 hours/week must be spent providing patient care in the hospital-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 IHS hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-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:** 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 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, and other community-based settings) 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, and other community-based settings) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

If working in a CMS-approved CAH or IHS Hospital, at least 16 hours/week must be spent providing patient care in the hospital-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 IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-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, and other community-based settings) 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, and other community-based settings) 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, shelters, and other community-based settings) 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, shelters, and other community-based settings) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 8 hours/week).

Please note that General Dentists, Pediatric Dentists, and Registered Dental Hygienists must serve in dental HPSAs.

(3) Behavioral & Mental Health Providers:

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

If working in a CMS-approved CAH or IHS Hospital (*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 hospital-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 IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-affiliated skilled nursing facility or swing bed unit, or performing clinical-related administrative activities (limited to 8 hours/week).

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. Additional rules apply, based on discipline and practice location. For these rules, please see “Half-Time Clinical Practice Requirements, by Discipline” section.

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 in the “Definitions” section.
- 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, and other community-based settings) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in a CMS-approved CAH or IHS Hospital, at least 8 hours/week must be spent providing patient care in the hospital-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 IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-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, and other community-based settings) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

If working in a CMS-approved CAH or IHS Hospital, at least 8 hours/week must be spent providing patient care in the hospital-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 IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-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 and other community-based settings) 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, shelters and other community-based settings) as directed by the approved site(s), or performing clinical-related administrative activities (limited to 4 hours/week).

Please note that General Dentists, Pediatric Dentists, and Registered Dental Hygienists must serve in dental HPSAs.

(3) Behavioral & Mental Health Providers:

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

If working in a CMS-approved CAH or IHS Hospital (*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 hospital-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 IHS Hospital or the hospital-affiliated outpatient clinic, providing patient care at the hospital-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.

Telehealth and Home Health Policies

- (1) **Telehealth.** Please read the following section carefully, as the requirements for telehealth have changed.

NHSC participants who are performing telehealth are encouraged to utilize HRSA’s [Telehealth Resource Centers \(TRCs\)](#). These centers provide free telehealth technical assistance and training for providers using telehealth.

Subject to the restrictions below, the NHSC will consider telehealth as patient care when both the **originating site** (location of the patient) and the **distant site** (location of the NHSC clinician) are located in a Health Professional Shortage Area (HPSA) and are NHSC-approved.

- a. NHSC clinicians must be available, at the discretion of the NHSC-approved site, to provide in-person care at the direction of each telehealth site on the LRP application regardless of whether such sites are distant or originating.
- b. Telehealth may be conducted to or from an alternative setting as directed by the participant's NHSC-approved site. All service completed in an alternative setting are restricted to the program guidelines.
- c. Self-employed clinicians are not eligible for NHSC service credit for telehealth services.
- d. If telehealth services are provided to patients in another state, the clinician must be licensed to practice (including compacts) in both the state where the clinician is located (i.e., the distant site) and the state where the patient is physically located (i.e., the originating site).
- e. Telehealth services must be furnished using an interactive telecommunications system, defined as multimedia communications equipment that includes, at a minimum, audio and video equipment permitting two-way, real time interactive communication between the patient at the originating site and the NHSC clinician at the distant site. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

PROGRAM COMPLIANCE

The information provided below pertains to compliance with the NHSC LRP and NHSC S2S LRP service obligations and is not a guarantee that a service site will allow any particular amount of leave.

Worksite Absences

- (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 NHSC-approved 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" section.

Maternity/Paternity/Adoption Leave

Maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the 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" section), 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 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.

Changing to a Full-Time Service Commitment

Participants who receive approval to perform their continuation contract through half-time service must fulfill the rest of their continuation contract serving half-time. A participant serving half-time may convert to full-time service only after the completion of the participant's half-time continuation contract under the following conditions:

- (1) The participant's NHSC-approved service site agrees in writing, via the online EVF, that he/she may convert to full-time clinical practice (as defined by the NHSC LRP above);
- (2) 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);
- (3) If, after completing an existing half-time service contract, 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
- (4) The participant agrees to perform one year of full-time clinical practice at his/her NHSC-approved service site.

All requests to change a participant's service commitment must be submitted through the Customer Service Portal. If the participant is approved to change his/her service commitment the contract end date and his/her allowable leave will be adjusted accordingly.

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 2018, the NHSC is using HPSA data as of January 1, 2018 to determine eligibility for a Continuation Contract. For calendar year 2019, the NHSC will use HPSA data as of January 1, 2019. 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.

Transferring Sites

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: (1) first notify the NHSC through the Customer Service Portal, and then (2) locate a new site by visiting the [Health Workforce Connector](#).

Please be advised that if a participant requests to transfer to another NHSC-approved site, the transfer must be approved prior to the submission of the Continuation Contract application. 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.

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: (1) submit a Site Application, and then (2) 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 resign or are terminated from their NHSC-approved site(s) must contact the NHSC immediately through the Customer Service Portal. If the NHSC deems the participant eligible for a transfer, the NHSC will give the participant a certain time frame in which to obtain and accept an employment offer at an approved service site identified by the NHSC or at another suitable NHSC approved site identified by the participant. Although the NHSC may assist unemployed participants with identifying suitable positions at NHSC-approved sites (referred to as "site assistance"), it is the participant's responsibility to obtain employment at an NHSC-approved site. Unemployed participants may be expected to relocate in order to fulfill their NHSC LRP obligation.

Participants who voluntarily resign from their sites without prior approval from the NHSC or are deemed ineligible for site assistance 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 Customer Service Portal, must immediately notify the NHSC through the Customer Service Portal. Generally, time spent at unapproved clinics will not count towards the participant’s service commitment.

Practice Types

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

Generally, NHSC LRP and NHSC S2S 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. The PPO service option is open only to full-time participants.

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.

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 under "Definitions" section. The Private Practice Option requires the individual to comply with the aforementioned billing requirements.

Breaching the 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 or NHSC S2S 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.

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.

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 or NHSC S2S LRP debt. Also, defaulters who are federal employees may have up to 15 percent 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 or NHSC S2S LRP debt.

Bankruptcy

The participant should also be aware that it is not easy to discharge an NHSC LRP or NHSC S2S LRP debt by filing for bankruptcy. A financial obligation under the NHSC LRP or NHSC S2S 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.

Suspensions & Waivers

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 or NHSC S2S LRP service or payment obligation.

- (1) **Suspension.** A suspension of the NHSC LRP or NHSC S2S 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 or NHSC S2S 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.
 - 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 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 or NHSC S2S 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 Bureau of Health Workforce 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.

APPLICATION INFORMATION

COMPLETING AN APPLICATION

Application Information

The NHSC LRP and NHSC S2S LRP Continuation Contract applications consist 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 under the “Continuation Contract Application Process” section. 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).

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.
- (2) **DEA Registration Certificate (for enhanced award applicants).** Submit a current valid DEA Registration Certificate that clearly reflects the issuance of a Data 2000 waiver. This must be submitted through the Customer Service Portal with the application submission.

Required Supporting Documents (as applicable)

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 or NHSC S2S LRP funds have been used to repay qualifying educational loans that were approved as part of the applicant's most recent NHSC LRP or NHSC S2S 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 or NHSC S2S 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 or NHSC S2S 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.”

- e. **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 or NHSC S2S 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.
- f. **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 or NHSC S2S 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. The participant will need to [create an FSA ID](#) to log in to his/her secured area if they do not already have one. 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.

NOTIFICATION OF AWARD

If approved for an NHSC LRP or NHSC S2S 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.

ADDITIONAL MATERIALS

RESOURCES FOR PARTICIPANTS

Provider's Clinical Support System for Medication-Assisted Treatment (PCSS-MAT) - PCSS-MAT is a national training and clinical mentoring project developed in response to the prescription opioid misuse epidemic and the availability of pharmacotherapies to treat opioid use disorder. PCSS-MAT trains health professionals to provide effective, evidence-based, medication-assisted treatments to patients with opioid use disorder in primary care, psychiatric care, substance use disorder treatment, and pain management settings.

For training, please visit the [website for PCSS-MAT](#).

Substance Abuse and Mental Health Service Administration (SAMSHA) - [SAMSHA](#) is the agency within the U.S. Department of Health and Human Services, whose primary aim is to improve the behavioral health of the nation while reducing the impact of mental illness and substance abuse in communities.

Health Workforce Connector

The [Health Workforce Connector](#) (HWC) is a searchable database of open job opportunities and information on NHSC-approved sites.

Need Help

Any individual with questions about the NHSC LRP or NHSC S2S 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

The web-based [Customer Service Portal](#) will allow NHSC LRP and NHSC S2S 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.

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](#)

[NHSC Twitter Page](#)

[NHSC LinkedIn Page](#)

DEFINITIONS

Approved Alternative Setting – Alternative settings include any setting in a HPSA at which the clinician is directed to provide care by the NHSC-approved site (e.g., hospitals, nursing homes,

shelters, and other community-based settings). The alternative sites must provide services to a HPSA that is appropriate for the discipline and specialty of the clinician and the services provided. Approved Alternative Settings may be at a lower HPSA score than the HPSA score on the participant's application. Services at alternative sites must be an extension of the comprehensive primary care provided at the NHSC-approved site.

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 if serving full-time (4 hours if serving half-time) toward the total required 40 hours per week (or 20 hours per week in the case of half-time service).

Commercial or Private Student Loans – Also known as college loans, educational loans, or alternative student loans. These are non-government loans made by a private lender specifically for graduate or undergraduate education expenses, such as tuition, room, board, books, and other associated educational costs. These loans are 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 programs.

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, and care coordination. Sites providing such services must function as part of a system of care to ensure continuity of patient-centered, comprehensive, and coordinated care. The site must also offer or ensure access to ancillary, inpatient, and specialty referrals.

Critical Access Hospital (CAH) – A facility certified by the Centers for Medicare and Medicaid Services 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 review the [Critical Access Hospital Booklet](#).

DATA 2000 Waiver – A waiver obtained under the Controlled Substances Act (CSA), 21 U.S.C. § 823(g)(2), as amended by the Drug Addiction Treatment Act of 2000 (DATA 2000), and the Comprehensive Addiction and Recovery Act of 2016 that permits physicians, nurse practitioners, and physician assistants who meet certain qualifications to treat opioid use disorder with Schedule III, IV,

and V narcotic medications, including buprenorphine, or combinations of such medications, that are approved by the Food and Drug Administration (FDA) in treatment settings other than opioid treatment programs (OTPs).

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 education for undergraduate, graduate, and professional students at a college or career 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) – 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, see “Service Requirements” section.

Government Loans – 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, see “Service Requirements” section.

Health Professional Shortage Area (HPSA) – 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 regulation. Information considered when designating a 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.

Health Workforce Connector (HWC) – The [Health Workforce Connector](#) is a searchable database of open job opportunities and information on NHSC-approved sites.

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 (IHS) Hospitals – A collective term that includes hospitals that are both IHS-owned and IHS-operated, or IHS-owned and tribally-operated (i.e., a federal facility operated by a tribe or tribal organization contracting with the IHS pursuant to the Indian Self-Determination and Education Assistance Act), which provide both inpatient and outpatient clinical treatment services to eligible American Indians and Alaska Natives. This term does not include hospitals that are both tribally-owned and tribally-operated.

Indian Health Service, Tribal or Urban Indian Health Clinic (ITU) – A health care facility (whether operated directly by the IHS; or by a tribe or tribal organization contracting with the IHS 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](#) or view the [IHS Profile](#).

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.

National Health Service Corps (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.

National Health Service Corps (NHSC) Students to Service (S2S) Loan Repayment Program (LRP) – The NHSC S2S LRP is authorized by Section 338B of the Public Health Service (PHS) Act (42 United States Code Section 254I-1), as amended and Section 331(i) of the PHS Act (42 United States Code Section 254d(i)), as amended. Under the NHSC S2S LRP, the NHSC enters into contracts with students while in their last year of medical or dental school, to provide loan repayment assistance in return for a commitment to provide primary health services in eligible communities of need designated as health professional shortage areas.

National Health Service Corps (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 CAHs); 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 or NHSC S2S 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 or NHSC S2S 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 LRP or NHSC S2S LRP.

Rural Health Clinic (RHC) – A facility certified by the Centers for Medicare and 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, review the [Rural Health Clinic Fact Sheet](#).

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. 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 is providing clinical education to students or residents in their area of expertise at the NHSC-approved service site. All teaching must be conducted as directed by 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/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 (THC) – 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 Data Warehouse site](#).

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 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 – A license that is not revoked, suspended, or made probationary or conditional by the state licensing authority as the result of disciplinary action.