The National Health Service Corps (NHSC) Rural Community Loan Repayment Program (LRP) supports clinicians working to combat the opioid epidemic in the nation’s rural communities. The NHSC Rural Community LRP makes loan repayment awards in coordination with the Rural Communities Opioid Response Program (RCORP) within the Federal Office of Rural Health Policy (FORHP) to provide evidence-based substance use disorder (SUD) treatment, assist in recovery, and to prevent overdose deaths in rural communities across the nation.

**Award Amounts and Service Commitments**

<table>
<thead>
<tr>
<th>Service Commitment</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three years of full-time service (minimum 40 hours/week, 45 weeks/year)</td>
<td>Up to $100,000</td>
</tr>
<tr>
<td>Three years of half-time service (minimum 20 hours/week, 45 weeks/year)*</td>
<td>Up to $50,000</td>
</tr>
</tbody>
</table>

**Tax Liability**

Not taxable

**Eligible Disciplines**

- Physicians
- Nurse Practitioners
- Certified Nurse Midwives
- Physician Assistants
- Behavioral Health Professionals
- Substance Use Disorder Counselors
- Registered Nurses
- Pharmacists
- Certified Registered Nurse Anesthetists

**Application Requirements**

Applicants must be a U.S. citizen (U.S. born or naturalized) or a U.S. national

*Half-time practice is not available to those serving under the Private Practice Option (PPO). Learn more in the NHSC Rural Community LRP Application Program and Guidance on the [NHSC Rural Community LRP web page](#).

[Continued]
The NHSC gives first priority funding to:

- Current or former NHSC scholars who have completed their service obligation and have eligible student loans; then
- Applicants serving at rural NHSC-approved SUD treatment facilities that are RCORP Consortium member sites; then
- Applicants in each Health Professional Shortage Area (HPSA) score, ranked by a disadvantaged background and characteristics that show that they’ll likely remain in a HPSA – such as completing a Primary Care Training and Enhancement (PCTE) Fellowship; and finally
- Applicants who serve at a SUD facility in a county with a high overdose mortality rate.

The NHSC uses the funding priority factors above to rank the applicants in three tiers.

Tier 1 NHSC Rural Community LRP applicants include:

- All SUD professionals with or without SUD Licensure/Certification or DATA 2000 Waivers who are working at an RCORP Consortium Member site.

Learn more about funding priorities on the NHSC Rural Community LRP web page.

Where Members Serve

- NHSC Rural Community LRP applicants must work at a rural NHSC-approved SUD treatment facility located in a HPSA.
- A rural NHSC-approved SUD Treatment Facility must meet the requirements in the NHSC Site Agreement and NHSC Site Reference Guide.
- Eligible NHSC-approved SUD treatment facilities can include:
  - SAMHSA-certified outpatient treatment programs (OTPs)
  - Office-based opioid treatment facilities (OBOTs)
  - Non-opioid substance use disorder treatment facilities (SUD treatment facilities)
  - Federally Qualified Health Care Centers (FQHCs)
  - Rural Health Clinics (RHCs)
  - Indian Health Service, Tribal, and Urban Indian Health Clinics (ITUs); and some Indian Health Services (IHS) Hospitals
  - FQHC Look-Alikes
  - State or federal correctional facilities
  - Critical Access Hospitals (CAHs)
  - Community Health Centers (CHCs)
  - State or local health departments and health clinics
  - Community outpatient facilities
  - Private practices (Solo/Group)
  - School-based clinics
  - Mobile units and free clinics
- Clinicians may qualify:
  - Even if they work at a rural, NHSC-approved SUD treatment facility with a HPSA score that would ordinarily be too low to qualify for NHSC funding.
  - Using either the mental health or primary care HPSA score of their NHSC-approved SUD treatment facility.

Web Site

NHSC Rural Community LRP

NHSC’s mission is to build healthy communities by supporting qualified medical, dental, mental and behavioral health care clinicians working in areas of the United States with limited access to care.