National Health Service Corps Loan Repayment Program

Full-Time & Half-Time Service Opportunities

Fiscal Year 2026 Application and Program Guidance

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, call 1-800-221-9393 (TTY: 1-877-897-9910) Monday through Friday (except federal holidays) 8:00 a.m. to 8:00 p.m. ET.

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

Assistance Listings (AL/CFDA) Number 93.162

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Executive Summary

The Health Resources and Services Administration (HRSA) is accepting applications for the National Health Service Corps Loan Repayment Program (NHSC LRP) for this year's application cycle. Licensed primary care providers in eligible disciplines can receive loan repayment assistance for their qualifying educational debt through the NHSC LRP. For primary care providers assigned to a primary care Health Professional Shortage Area (HPSA), which includes maternity care health professionals assigned to a Maternity Care Target Area (MCTA), the initial contract can fund up to $75,000 of loan repayment in exchange for two years of service at an NHSC-approved site. For behavioral and oral health care providers assigned to a mental or dental HPSA, respectively, the initial contract can fund up to $50,000 of loan repayment in exchange for two years of service at an NHSC-approved site. After the initial contract, participants may be eligible for continuation contracts that provide up to $20,000 in loan repayment in exchange for each additional year of service. For details on HPSAs, see the Workforce Shortage Areas page on the HRSA Health Workforce website.

Eligible Applicants	Clinicians who provide direct clinical care under the following disciplines and specialties: • Primary Care providers • Oral Health Care providers • Behavioral Health Care providers
Funding	**Full-Time Service:** Up to **$75,000** for a two-year service obligation **for primary care providers** assigned to a primary care HPSA, which includes maternity care health professionals assigned to a MCTA. Up to **$50,000** for a two-year service obligation for behavioral health and oral health care providers assigned to a mental or dental HPSA, respectively. **Half-Time Service:** Up to **$37,500** for a two-year service obligation for primary care providers assigned to a primary care HPSA, which includes maternity care health professionals assigned to a MCTA. Up to **$25,000** for a two-year service obligation for behavioral health and oral health care providers assigned to a mental or dental HPSA, respectively. **Spanish Language Award Enhancement** Up to $5,000 for eligible applicants. (See Applying for Spanish Language Award Enhancement section for details).
Service Obligation	You have a choice of service options: • Two-year **full-time** clinical practice at an NHSC-approved site. • Two-year **half-time** clinical practice at an NHSC-approved site.

Where Members Serve	NHSC clinicians must work at an NHSC-approved site located in a HPSA, which can be found around the country in rural, urban, and frontier communities. NHSC-approved sites are generally outpatient facilities providing primary care, oral, and/or behavioral health services. Visit the Health Workforce Connector to search for training and employment opportunities at NHSC-approved sites.
Application Information	Visit the NHSC LRP page on the NHSC website for application instructions, including the application deadline.
Tax Liability	**Not** taxable

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Bureau of Health Workforce
5600 Fishers Lane
Rockville, MD 20857

A Letter from Candice Chen, MD, MPH

Dear Potential Applicant,

Thank you for your consideration and time in applying to the National Health Service Corps Loan Repayment Program. For more than 50 years, the National Health Service Corps has fulfilled its mission to connect highly qualified health care professionals to people with limited access to health care.

As a board-certified pediatrician who has continued to practice primary care in Southeast Washington, D.C. throughout my career, I understand the importance of community service. As we move forward, we need mission-minded clinicians like you who are committed to remaining in communities that need you most. In exchange, we will pay part and, in some cases, all of your health professional student loan debt.

Again, thank you for taking time to read the Fiscal Year 2026 National Health Service Corps Loan Repayment Program Application and Program Guidance. If you are not already employed by a National Health Service Corps-approved site or need to check your site's status, we have included the following link, Health Workforce Connector, which contains a searchable database for all approved sites to assist you with completing your service obligation according to your contract.

Sincerely,

/Candice Chen, MD, MPH/

Candice Chen, M.D., M.P.H.
Associate Administrator for the Bureau of Health Workforce
Director of the National Health Service Corps
Health Resources and Services Administration
U.S. Department of Health and Human Services

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 Act (42 U.S.C. § 254l-1); Section 331(i) of the Public Health Service Act (42 U.S.C. § 254d(i)).

Purposes and Uses
The purpose of the NHSC LRP is to recruit and retain medical, nursing, dental, and behavioral health clinicians in eligible communities of need designated as HPSAs. The information that applicants supply will be used to evaluate their eligibility, qualifications, and suitability for participating in the NHSC LRP. In addition, information from other sources will be considered (for example, credit bureau reports and National Practitioner Data Bank reports).

Certain parts of an applicant's application 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 as described in the System of Record Notice 09-15-0037 for Scholarship and Loan Repayment Program Records on the Federal Register website. In accordance with applicable law, you may be notified if your information will be shared.

Effects of Nondisclosure
Disclosure of the information sought is required, except for the replies to questions related to Race/Ethnicity (Section 3 of the online application for the NHSC LRP). An application may be considered incomplete if all required information is not submitted with the application.

National Health Service Corps Loan Repayment Program Overview

For more than five decades, the NHSC has worked to position dedicated health professionals in communities across the country with the greatest need for health care services. The NHSC LRP awards eligible primary care providers (see the Eligible Primary Care Providers and Clinical Practice Requirements section) financial assistance towards repayment of their outstanding qualifying educational loans. In return, participants commit to providing competent primary health care services to underserved populations in a HPSA. The vast majority of NHSC providers (more than 84 percent) continue to practice in underserved communities for at least one year after their service obligation ends. We have an NHSC alumni body committed to service.

The NHSC has several loan repayment programs, including:

- The NHSC Two-Year LRP
- The NHSC Substance Use Disorder (SUD) Workforce LRP
- The NHSC Rural Community LRP

You may compare each loan repayment program to determine which program is right for you, as you can only participate in *one* NHSC program at a time. Please review to determine which program is right for you. If you select and receive an award for an NHSC program, you are expected to meet the conditions of that specific program as outlined in your contract throughout the duration of your service obligation. However, the NHSC cannot guarantee that an award will be offered through the program you select.

Under the NHSC LRP, the Secretary of Health and Human Services ("Secretary") will fund repayment for *up to* $75,000 of the *qualifying* graduate and/or undergraduate educational loans of applicants selected to participate in the program (see the What Loans Are Eligible For Repayment section).

Providers with demonstrated Spanish language proficiency who are able to deliver medical services in Spanish may qualify for a one-time award enhancement up to an additional $5,000. In return for loan repayment, applicants must provide primary health services in their assigned HPSA (designated by the Secretary).

An applicant becomes a participant in the LRP at the time the Secretary or the Secretary's designee countersigns the NHSC LRP contract.

WHAT TO LOOK FOR IN 2026

Subject to the availability of funds, for Fiscal Year 2026, we expect to make approximately 2,561 new awards.

- Applicants are responsible for reading and complying with the instructions in the FY 2026 Application and Program Guidance (APG), which is provided on the NHSC LRP "How to Apply" web page.
- In addition to placing LRP participants in HPSAs in need of primary care, oral, and behavioral health providers, we will also use a designation of MCTAs[1], located within primary care HPSAs, to distribute maternity care health professionals. Maternity care health professionals are obstetricians/gynecologists, family medicine physicians who practice obstetrics, and certified nurse midwives. Maternity care health professionals will be considered for awards using either the primary care HPSA score or the MCTA score, whichever is higher.
- The NHSC LRP aims to address language access barriers to health care. The NHSC will provide a one-time Spanish language award enhancement of up to $5,000, for a total loan repayment award of up to $80,000, for primary care providers and maternity care health professionals, and up to $55,000 for behavioral health and oral health care providers. This award enhancement will be afforded to providers who demonstrate Spanish-language proficiency at a level three (3) or higher through an assessment administered by a General Services Administration-approved vendor, and whose sites confirm that the applicant will provide medical services in Spanish to limited English proficiency patients. The primary purpose of this award enhancement is to promote an agile health workforce capable of addressing language access barriers in HPSAs. Applicants who may have completed the language assessment administered by the General Services Administration-approved vendor during a previous cycle and were not awarded will be required to complete the assessment for the current application cycle.
- The NHSC LRP allows providers **who will be licensed by June 30, 2026**, to apply for loan repayment without being fully licensed at the time the application is submitted, or by the application deadline. The Site Point of Contact (POC) will be required to provide proof of the participant's license before July 18, 2026. The contract will not be countersigned and the application will be denied if the applicant does not have a permanent, full, unencumbered, unrestricted license by June 30, 2026.
- Applicants who are providing telehealth services must comply with all applicable telemedicine policies of their site, as well as all applicable federal and state rules and policies regarding telemedicine services.
- Updated clinical practice hours for direct clinical care and administrative duties.
- Applicants working at Rural Emergency Hospitals with an affiliated outpatient clinic are now eligible to apply to the NHSC LRP.

[1] Maternity Care Target Areas are authorized under Section 332(k)(1) of the Public Health Service Act (42 U.S.C 254e(k)(1)).

Application and Program Guidance

You, as the applicant, are responsible for reading and complying with the instructions included in this Application and Program Guidance (APG) before proceeding with your application. The APG explains the NHSC policies, and the rights and liabilities of individuals selected to participate in the NHSC LRP (including the financial liabilities and legal obligations of the individual) that are stated in the NHSC program statute and contract.

Key Dates

Key dates for NHSC LRP applicants:

- For information about when applications open and when applications are due, please visit the NHSC LRP web page.
- **Notification of Award**: On or before September 30, 2026
- **Employment Start Deadline**: July 18, 2026[2]
- **NHSC Scholars Service Obligation Completion Deadline**: July 31, 2026.
- **Licensure Deadline:** Applicants must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration by June 30, 2026 and verified by site point of contact by July 18th.
- **Contract Termination Deadline**: The contract termination deadline is determined by statute and may be modified annually through congressional action. At the time of publication of this APG, the appropriations act for full Fiscal Year 2026 has not been signed into law. However, based on recent appropriations acts, the NHSC anticipates that the termination deadline for contracts entered into in Fiscal Year 2026 will be 60 days from the effective date of the contract OR at any time if the individual who has been awarded such contract has not received funds due under the contract. A request for contract termination must be made in writing. Please note that the applicable termination deadline will be in the participant's contract and any addenda thereto. Please see the "Contract Termination" section in this document for more information.

PROGRAM ELIGIBILITY REQUIREMENTS

To be eligible for an NHSC LRP award, an applicant must:

1. Be a United States citizen (either U.S. born or naturalized) or U.S. national.
2. Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration, or will obtain one by June 30, 2026, in the discipline in which they are applying to serve.
3. Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children's Health Insurance Programs, as appropriate.

[2] An exception applies to NHSC and Nurse Corps Scholars who will complete their service obligation by July 31, 2026.

4. Be eligible for federal employment. Most NHSC LRP participants should expect to serve their obligation as a salaried, non-federal employee of a public or private entity approved by the NHSC. However, there may be vacancies that require federal employment, which include a security clearance component. In light of the potential for federal employment, an applicant must be eligible to hold an appointment as a Commissioned Officer of the Public Health Service or as a federal civil servant. For more information, visit the Commissioned Corps of the U.S. Public Health Service website and see NHSC LRP FAQs.
5. Be employed by, or have accepted a position at, an NHSC-approved site where employment and provision of care to patients will begin no later than July 18, 2026.
6. Submit a complete application by the deadline**.** For information about the deadline and to submit an application, go to the NHSC LRP page on the NHSC website.

SERVICE OBLIGATIONS AND AWARD AMOUNTS

- Program participants must remain working at an NHSC-approved site throughout the contract period. A participant's NHSC LRP service obligation begins on the date that the NHSC LRP contract is countersigned by the Secretary or their designee. The service obligation end date is determined in whole years from the start date. For example, the last day of the service obligation for a participant with a two-year service obligation that began on July 18, 2026, would be July 17, 2028. Adjustments in the end date will be made by NHSC if a participant is away from the NHSC-approved site for more than seven weeks (roughly 35 workdays) per service year.
- Primary care providers assigned to a primary care HPSA and maternity care health professionals assigned to a MCTA can choose to serve in either full-time clinical practice or half-time clinical practice. An award for full-time service is up to $75,000 in loan repayment or up to $80,000 with the one-time Spanish language award enhancement; an award for half-time service is up to $37,500 in loan repayment or up to $42,500 with the one-time Spanish language award enhancement. Both award types require a two-year service obligation. Read more in the Practice Agreement Types and Eligible Primary Care Providers and Clinical Practice Requirements sections of this APG.
- Behavioral health or oral health care providers assigned to a mental or dental HPSA, respectively, can choose to serve in either full-time clinical practice or half-time clinical practice. An award for full-time service is up to $50,000 in loan repayment or up to $55,000 with the one-time Spanish language award enhancement; an award for half-time service is up to $25,000 in loan repayment or up to $30,000 with the one-time Spanish language award enhancement. Both award types require a two-year service obligation. Read more in the Practice Agreement Types and Eligible Primary Care Providers and Clinical Practice Requirements sections of this APG.
- Award amounts are based on the outstanding balance of an applicant's qualifying educational loans. Participants must complete the two-year service obligation regardless of the amount of their award.

- Participants must apply all loan repayments received through the NHSC LRP to their qualifying graduate and/or undergraduate educational loans during the period of obligated service.
- By statute, NHSC LRP funds are exempt from federal income and employment taxes. These funds are not included as wages when determining Social Security benefits.

WHAT LOANS ARE ELIGIBLE FOR REPAYMENT?

NHSC LRP awards are based on the applicant's outstanding qualifying educational loans. This includes the principal, interest, and related expenses of outstanding government (federal, state, or local) and commercial (private) student loans for undergraduate or graduate education obtained by the participant for school tuition, other reasonable educational expenses, and reasonable living expenses. The qualifying educational loans must be obtained **prior** to the date the applicant applies.

If an applicant is a current or former NHSC participant and obtained additional educational loans towards another health professions degree *after* their current/prior NHSC contract start date, those loans may qualify for loan repayment in a subsequent NHSC application cycle if the loans were obtained for a different degree. Example: A Licensed Professional Counselor obtains a doctorate in Clinical Psychology. In that case, they will need to apply to the NHSC as a new participant in a subsequent application cycle and will be reviewed competitively against other applicants.

Please note:

- Additional educational loans obtained after the current or former NHSC participant's current/prior contract start date and which result in a **change in specialty within the same health professions degree** (e.g., pediatric vs. adult psychiatry) will **not** qualify for loan repayment.

Consolidated or refinanced loans may be considered for repayment if they are from a government (federal, state, or local) or private student loan lender and include *only qualifying* educational loans of the applicant. For loans to remain eligible, applicants must keep their eligible educational loans segregated from all other debts.

Loans that do *not* qualify for loan repayment include, but are not limited to, the following:

(1) Loans with a service obligation that will **not** be fulfilled before the NHSC LRP application deadline. For details on the deadline, go to the NHSC LRP "How to Apply" page on the NHSC website.
(2) Loans **consolidated/refinanced with ineligible (non-qualifying) debt** of the applicant, or with loans owed by any other person.

(3) Loans for which the associated documentation **cannot identify** that the loan was solely applicable to the undergraduate or graduate education of the applicant.
(4) Loans **not** obtained from a government entity or private student loan lending institution. Most loans made by private foundations to individuals are **not** eligible for repayment.
(5) Loans that have been repaid in full.
(6) Primary Care Loans, as described on the "Apply for a Loan Program" page on the HRSA's Health Workforce website.
(7) Parent PLUS Loans (made to parents).
(8) Personal lines of credit.
(9) Loans subject to cancellation.
(10) Residency and Relocation loans.
(11) Credit card debt.

Applicants must provide documentation that proves that their educational loans were contemporaneous with the education received. HRSA will verify loans by contacting lenders/holders and reviewing the applicant's credit report.

Note: Applicants whose loans are forgiven under a program such as the Public Service Loan Forgiveness Program (PSLFP) or who no longer have outstanding qualifying educational loans for any other reason **before** their NHSC contract is countersigned, must immediately contact the NHSC for further instructions. Failure to promptly contact the NHSC may result in an overpayment debt to the federal government and associated charges. If all loans are paid in full as a result of an individual receiving loan forgiveness under a program such as the PSLFP, and the effective date of the loan forgiveness is **after** the Secretary (or the Secretary's designee) has countersigned the contract and the NHSC award has been disbursed, the participant is still obligated to serve the full length of their NHSC service obligation.

Eligible Primary Care Providers and Clinical Practice Requirements

Clinical practice requirements differ based on discipline, HPSA category, full- or half-time status, and other factors.

Note: Direct Clinical Care in the Full-Time and Half-Time columns refers to care at an NHSC-approved site and approved alternative settings.

Every participant is required to engage in the full-time or half-time (as applicable) clinical practice of the profession for which they applied and were awarded an NHSC LRP contract, at their NHSC-approved site(s). Loan repayment amounts are linked to full- or half-time status.

1) **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 per week may be compressed into no less than 4 days/week, with no more

than 12 hours of work to be performed in any 24-hour period. As noted in the charts below that outline practice requirements by discipline, participants must spend a designated minimum number of hours/week providing direct clinical care. Participants do not receive service credit for hours worked over the required 40 hours/week, and excess hours cannot be applied to any other work week. Also, time spent "on call" will not be counted towards the service obligation, except to the extent the provider is providing direct clinical care during that period. Additional rules apply based on discipline and practice location. (See charts below and Special Circumstances section)

2) **Half-Time Clinical Practice.** Half-time clinical practice is defined, for the purposes of the NHSC, as 20-39 hours/week, for a minimum of 45 weeks each service year. The minimum 20 hours/week may be compressed into no less than two days/week, with no more than 12 hours of work to be performed in any 24-hour period. As noted in the charts below that outline practice requirements by discipline, participants must spend a designated minimum number of hours/week providing direct clinical care. Participants do not receive service credit for hours worked over the required 20 hours/week, and excess hours cannot be applied to any other work week. Also, time spent "on call" will not be counted towards the service obligation, except to the extent the provider is providing direct clinical care during that period. Additional rules apply based on discipline and practice location. (See charts below and Special Circumstances section)

Primary Care Providers must serve in Primary Care HPSAs

Disciplines	Specialty	Full Time (40 hours/week)	Half-Time (20-39 hours/week)
Physicians: • **Allopathic** • **Osteopathic**	Family Medicine, General Internal Medicine, General Pediatrics, Geriatrics	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities or in approved alternative settings. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings. • **Administrative Duties**: Up to 4 hours/week.
Physician Assistants/ Physician Associates	Adult, Family, Pediatric, Women's Health, Geriatrics	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities or in approved alternative settings. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings. • **Administrative Duties**: Up to 4 hours/week.

Disciplines	Specialty	Full Time (40 hours/week)	Half-Time (20-39 hours/week)
Nurse Practitioners	Adult, Family, Pediatric, Women's Health, Geriatrics	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities or approved alternative settings. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities or approved alternative settings. • **Administrative Duties**: Up to 4 hours/week.

Maternity Care Health Professionals must serve in MCTAs in Primary Care HPSAs

Disciplines	Specialty	Full-Time (40 hours/week)	Half-Time (20-39 hours/week)
Physicians: Allopathic, Osteopathic	Family Medicine Physicians who practice obstetrics, Obstetrics/ Gynecology	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities and up to 19 hours/week in approved alternative settings. • **Administrative Duties:** Up to 8 hours/week.	• **Direct Clinical Care:** At least 16 hours/week, which may include up to 4 hours/week in teaching activities and up to **9** hours/week in approved alternative settings. • **Administrative Duties**: Up to 4 hours/week.
Certified Nurse Midwives	N/A	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities and up to 19 hours/week in approved alternative settings. • **Administrative Duties:** Up to 8 hours/week.	• **Direct Clinical Care:** At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 9 hours/week in approved alternative settings. • **Administrative Duties:** Up to 4 hours/week.

Primary Care Oral Health Providers must serve in Dental HPSAs

Disciplines	Specialty	Full-Time (40 hours/week)	Half-Time (20-39 hours/week)
Dentists: **Doctor of Dental Surgery,** **Doctor of Medical Dentistry**	General Dentistry, Pediatric Dentistry	• **Direct Clinical Care:** At least 32 hours/ week, which may include up to 8 hours/week in teaching activities or in approved alternative settings. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings. • **Administrative Duties**: Up to 4 hours/week.
Dental Hygienists	N/A	• **Direct Clinical Care:** At least 32 hours/ week, which may include up to 8 hours/week in teaching activities or in approved alternative settings. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings. • **Administrative Duties**: Up to 4 hours/week.

Primary Care Behavioral Health Providers must serve in Mental HPSAs

Disciplines	Specialty	Full-Time (40 hours/week)	Half-Time (20-39 hours/week)
Physicians: **Allopathic** **Osteopathic**	Psychiatry (Both General Child and Adolescent Psychiatrists are eligible)	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities, and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 10 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 4 hours/week.

Disciplines	Specialty	Full-Time (40 hours/week)	Half-Time (20-39 hours/week)
Nurse Practitioners	Mental Health and Psychiatry	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities, and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 10 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 4 hours/week.
Physician Assistant/ Physician Associates	Mental Health and Psychiatry	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities, and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 10 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 4 hours/week.
Health Service Psychologists	*All specialties are eligible*	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 10 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 4 hours/week.

Disciplines	Specialty	Full-Time (40 hours/week)	Half-Time (20-39 hours/week)
Licensed Clinical Social Workers	*All specialties are eligible*	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities, and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 10 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 4 hours/week.
Psychiatric Nurse Specialists	*All specialties are eligible*	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities, and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 10 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 4 hours/week.
Marriage and Family Therapists	*All specialties are eligible*	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities, and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 10 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 4 hours/week.

Disciplines	Specialty	Full-Time (40 hours/week)	Half-Time (20-39 hours/week)
Licensed Professional Counselors	*All specialties are eligible*	• **Direct Clinical Care:** At least 32 hours/week, which may include up to 8 hours/week in teaching activities, and up to 20 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 8 hours/week.	• **Direct Clinical Care**: At least 16 hours/week, which may include up to 4 hours/week in teaching activities, and up to 10 hours/week in approved alternative settings or performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the site. • **Administrative Duties**: Up to 4 hours/week.

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

- **Administrative Duties:** may include charting, administrative 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. NHSC LRP applicants serving in such a capacity should keep in mind that they **cannot** count more than eight hours per week of administrative and/or management time (four hours in the case of half-time participants) toward the total required 40 hours per week (or 20-39 hours in the case of half-time participants).
- **Teaching Activities:** to qualify as clinical practice, NHSC LRP participants engaged in teaching activities must provide clinical education to students and residents in their area of expertise. All teaching must be conducted as directed by the NHSC-approved site, subject to NHSC limits on the number of hours per week allowed for teaching. Teaching activities cannot count more than eight hours per week (four 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). The clinical education may:
  (1) Be conducted as part of an accredited clinical training program;
  (2) Include the clinical supervision of a student/resident that is required for that student/resident to receive a license under state law; or
  (3) Include mentoring that is conducted as part of the Health Careers Opportunity Program or the Centers of Excellence Program.

  NHSC participants **may** count hours treating patients while a student or resident observes as direct clinical care, instead of as teaching activities.

SPECIAL CIRCUMSTANCES

Clinical Practice Service Requirements at Teaching Health Centers

If a participant is serving full-time in a Federal Assignment or Private Practice Assignment and working at a HRSA-funded Teaching Health Center Graduate Medical Education program, as authorized under 42 U.S.C. § 256h, they are allowed to count teaching activities up to 20 hours/week toward the direct clinical care requirement; the remaining 20 hours must be spent providing direct clinical care at approved site(s), of which 8 hours/week may be spent providing direct clinical care in an approved alternative setting to address continuity of care (for example, hospital, nursing home, or shelter) or performing administrative duties up to 4 hours/week, except that behavioral health providers may spend the remaining 20 hours/week performing services as a behavioral or mental health professional in schools or other community-based settings as directed by the NHSC-approved site.

Clinical Practice Service Requirements at School-Based Clinics

School-based clinics must be approved as NHSC-approved sites. Participants serving at school-based clinics as their primary site(s) must provide required documentation (for example, In-Service Verification Forms) that demonstrates they are meeting their NHSC obligation at that facility and that the school-based clinic is in the approved HPSA.

Providers who work at school-based clinics that are not open year-round will not receive NHSC service credit for any period they are not serving at a school-based clinic. Providers who work at school-based clinics that are not open year-round may meet the NHSC clinical practice requirements by:

- Working at an additional NHSC-approved site (or sites) when the school clinic is closed. The additional site (or sites) must satisfy the HPSA requirements identified in the participant's initial NHSC LRP contract. Providers must request to transfer to an additional NHSC-approved site (or sites) by initiating a Site Status Change Request. For details on accessing your My Bureau of Health Workforce (My BHW) Account to make this request, go to the NHSC LRP page on the NHSC website.
- Extending their NHSC service obligation to fulfill the NHSC annual clinical practice requirements.

Clinical Practice Service Requirements at an American Indian Health Facility Hospital, Centers for Medicare & Medicaid Services (CMS) - Approved Critical Access Hospital, Tribally Operated 638 Hospital or Rural Emergency Hospital.

Physicians (including psychiatrists), physician assistants/physician associates (including those with a mental health specialization), nurse practitioners (including those with a mental health specialization), and certified nurse midwives may serve in the full-time or half-time clinical practice at an American Indian Health Facility Hospital, a Tribally Operated 638 Hospital, a CMS-approved Critical Access Hospital, or a Rural Emergency Hospital with an affiliated outpatient

clinic. Applicants must list in their application both the hospital and its affiliated outpatient clinic. The following requirements apply, except that psychiatrists, physician assistants/physician associates with a mental health specialization, and nurse practitioners with a mental health specialization may spend up to 20 hours of the 40 hours/week (10 hours of the 20 hours/week for half-time participants) performing services as a behavioral or mental health professionals in schools or other community-based settings as directed by the NHSC-approved site. Of the remaining 20 hours/week for the full time participants (10 hours/week for half-time participants), up to 8 hours/week (4 hours/week for half-time participants) can be spent in teaching activities and up to 8 hours/week (4 hours/week for half-time participants) can be spent performing administrative duties.

Hourly Schedule	Minimum Hours	Minimum hours providing direct clinical care in the affiliated outpatient clinic	Hours that may be spent in teaching activities	Administrative Duties	Remaining hours that may be spent providing direct clinical care at the hospital or affiliated outpatient clinic
Full-time	40 hours/ week	At least 16 hours/week	Up to 8 hours/week (as part of the minimum 16 hours/week spent providing direct clinical care)	Up to 8 hours/week	Up to 16 hours/week
Half-time	20-39 hours/ week	At least 8 hours/week	Up to 4 hours/week (as part of the minimum 8 hours/week spent providing direct clinical care)	Up to 4 hours/week	Up to 8 hours/week

TRAINING AND LICENSURE REQUIREMENTS

NHSC LRP applicants must demonstrate satisfactory professional competence, professional conduct, and meet discipline/specialty-specific education, training, and licensure requirements, as described in the following section.

NHSC applicants must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration by June 30, 2026, that authorizes the independent practice of the applicant's discipline without supervision in the state where their NHSC-approved site is located[3], and in accordance with state requirements and national certification organization standards.

[3] Applicants who intend to practice under the NHSC LRP as (i) federal employees, (ii) federal contractors, or (iii) employees of a tribal health program in a state in which the tribal health program provides services described in its contract must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) in a state.

Clinicians who are in residency programs may apply to the NHSC LRP with a provisional license; however, they must possess a current, full, permanent, unencumbered, unrestricted health professional license before accepting an NHSC LRP award.

Providers who are not fully licensed by the application deadline are allowed to apply; however, providers (other than clinicians in residency programs, as discussed above) must be fully licensed by June 30, 2026, and the application will not be processed until the Site Point of Contact verifies the applicant's license on or before July 18, 2026.

The NHSC LRP requires documentary proof of completion of discipline-specific advanced training (medical residency, certification, fellowships, etc.), licensure status, and any other requirement set forth in the following charts. While an applicant may be licensed in the state of intended practice, they may need to meet additional requirements to be eligible for the NHSC. For example, see the Telehealth and Home Health Policies section for licensure requirements pertaining to participants providing telehealth services.

Required Credentials for Eligible Disciplines

Licensure, Certification and/or Registration Requirements: In addition to any specific requirements provided in the following charts, **all** clinicians must possess a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration, or will obtain one by June 30, 2026, as applicable, that enables the unsupervised practice of the relevant profession as required by applicable state or federal law.

Discipline: Primary Care Physicians (Allopathic and Osteopathic)

Specialties	Education Requirements	Certification Requirements	Notes
• Family Medicine • General Internal Medicine • General Pediatrics • Obstetrics/Gynecology • Geriatrics	A certificate of completion of an M.D. or D.O. at an accredited school of allopathic or osteopathic medicine located in a state, the District of Columbia, or a U.S. territory. A school of osteopathic medicine must be accredited by the American Osteopathic Association Commission on Osteopathic College Accreditation.	Completed (or will complete and begin working by July 18, 2026) a residency program in primary care or fellowship in addiction medicine, approved by the Accreditation Council for Graduate Medical Education.	Providers of geriatric services must show specific advanced training in geriatrics, including but not limited to, a residency, fellowship, or certification in geriatric medicine.

Discipline: Psychiatrists (Allopathic and Osteopathic)

Specialties	Education Requirements	Certification Requirements	Notes
• General Psychiatry • Child and Adolescent Psychiatry	Certificate of completion of an M.D. or D.O. at an accredited school of allopathic or osteopathic medicine located in a state, the District of Columbia, or a U.S. territory.	Completed (or will complete and begin working by July 18, 2026) a residency program in primary care, approved by the Accreditation Council for Graduate Medical Education.	N/A

Discipline: Physician Assistants/ Physician Associates – Primary Care or Behavioral Health

Specialties	Education Requirements	Certification Requirements	Notes
• Adult • Family • Pediatric • Women's Health • Geriatrics • Mental Health & Psychiatry	Certificate of completion or an associate, bachelor's, or master's degree from a physician assistant educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant.	National certification by the National Commission on Certification of Physician Assistants.	N/A

Discipline: Nurse Practitioners – Primary Care or Behavioral Health

Specialties	Education Requirements	Certification Requirements	Notes
• Adult • Family • Pediatric • Women's Health • Geriatrics • Mental Health & Psychiatry	Master's degree, post-master's certificate, or doctoral degree from a school accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education, in one of the primary care nurse practitioner specialties.	National certification by the American Nurses Credentialing Center, the American Academy of Nurse Practitioners, the Pediatric Nursing Certification Board (formerly the National Certification Board of Pediatric Nurse Practitioners and Nurses), or the National Certification Corporation in one of the primary care nurse practitioner specialties.	N/A

Discipline: Certified Nurse Midwives

Specialties	Education Requirements	Certification Requirements	Notes
None	Master's degree or post-baccalaureate certificate from a school accredited by the American College of Nurse Midwives.	National certification by the American Midwifery Certification Board (formerly the American Colleges of Nurse Midwives Certification Council).	N/A

Discipline: Dentists (DDS and DMD)

Specialties	Education Requirements	Certification Requirements	Notes
• General Dentistry • Pediatric Dentistry	DDS or DMD degree from a program accredited by the American Dental Association, Commission on Dental Accreditation. Pediatric dentists must have also completed a two-year training program in the specialty of pediatric dentistry that is accredited by the American Dental Association, Commission on Dental Accreditation.	None	N/A

Discipline: Registered Dental Hygienists

Specialties	Education Requirements	Certification Requirements	Notes
None	Graduated from a four-year program accredited by the American Dental Association, Commission on Dental Accreditation with a bachelor's degree in dental hygiene; **OR** Graduated from a two-year dental hygiene training program accredited by the American Dental Association, Commission on Dental Accreditation with a diploma, certificate, or associate degree AND have a least one year of experience as a licensed dental hygienist.	Successfully passed the National Board of Dental Hygiene Examination.	N/A

Discipline: Health Service Psychologists

Specialties	Education Requirements	Certification Requirements	Notes
None	Doctoral degree (Doctor of Philosophy or equivalent) directly related to clinical or counseling psychology from a program accredited by the American Psychological Association, Commission on Accreditation.	Passed the Examination for Professional Practice of Psychology; **AND** Have the ability to practice independently and unsupervised as a health service psychologist.	Health service psychologists who work at schools that are NHSC-approved sites must be primarily engaged in direct clinical and counseling services and must meet the clinical practice requirements for the *entire* calendar year. Psychologists focused on career or guidance counseling are ***not*** eligible.

Discipline: Licensed Clinical Social Workers

Specialties	Education Requirements	Certification Requirements	Notes
None	Master's degree or doctoral degree in social work from a school accredited by the Council on Social Work Education and affiliated with an education institution accredited by the U.S. Department of Education nationally recognized accrediting body.	Successfully passed the Association of Social Work Boards (ASWB) Clinical or Advanced Generalist licensing exam prior to July 1, 1998, or the ASWB Clinical Exam on or after July 1, 1998; **OR** Successfully passed the Licensed Clinical Social Workers Standard Written Examination and the Clinical Vignette Examination and completed the state required number of years or hours of clinical social work experience under the supervision of a licensed independent social worker and passed the clinical level of the ASWB exam.	N/A

Discipline: Psychiatric Nurse Specialists

Specialties	Education Requirements	Certification Requirements	Notes
None	Master's degree or higher degree in nursing from a program accredited by the National League for Nursing Accrediting Commission or the Commission on Collegiate Nursing Education with a specialization in psychiatric/mental health and two years of post-graduate supervised clinical experience in psychiatric/mental health nursing; **OR** Baccalaureate or higher degree in nursing from a program accredited by the National League for Nursing Accrediting Commission or Commission on Collegiate Nursing Education.	Certification by the American Nurses Credentialing Center as a Psychiatric and Mental Health Nurse, Clinical Specialist in Adult Psychiatric and Mental Health Nursing, or Clinical Specialist in Child and Adolescent Psychiatric and Mental Health Nursing.	N/A

Discipline: Marriage and Family Therapists

Specialties	Education Requirements	Certification Requirements	Notes
None	Master's or doctoral degree program in marriage and family therapy from a program accredited by the American Association for Marriage and Family Therapy, Commission on Accreditation for Marriage and Family Therapy Education; **OR** Graduate degree in another mental health field (psychiatry, psychology, clinical social work, psychiatric nursing, etc.) and completed a Commission on Accreditation for Marriage and Family Therapy Education accredited post-graduate degree clinical training program in marriage and family therapy.	Have at least two years of post-graduate supervised clinical experience as a Marriage and Family Therapist; **OR** Be a Clinical Fellow member of the American Association for Marriage and Family Therapy; **OR** Successfully passed the Marriage and Family Therapist Standard Written Examination.	N/A

Discipline: Licensed Professional Counselors

Specialties	Education Requirements	Certification Requirements	Notes
None	A master's or higher degree with a major study in counseling from a school accredited by a U.S. Department of Education nationally recognized regional or state institutional accrediting agency; **AND** Have at least two years of post-graduate supervised counseling experience.	License, certificate, or registration	If a Licensed Professional Counselor license, certificate or registration is not available in the state of intended practice, have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration, as applicable, to practice independently and unsupervised as a Licensed mental health counselor (or as another discipline meeting the licensed professional counselor educational requirements) in a state and be practicing independently and unsupervised as required by applicable state or federal law (for example licensed mental health counselor can apply as a licensed professional counselor). Licensed professional counselors who work at schools that are NHSC-approved sites must be primarily engaged in direct clinical and counseling services and must meet the clinical practice requirements for the *entire* calendar year. Licensed professional counselors focused on career or guidance counseling are ***not*** eligible.

ELIGIBLE NHSC-APPROVED SITE TYPES

NHSC-approved sites are health care facilities that generally provide outpatient primary health services to populations residing in tribal, urban, or rural HPSAs.

Note: To apply for the NHSC LRP, the applicant's site must be a NHSC-approved site at the time the applicant submits their application.

The following types of sites are eligible for NHSC site approval:

Auto-Approved Sites

- Federally Qualified Health Centers
- Federally Qualified Health Center Look-Alikes
- American Indian Health Facilities, Tribally Operated 638 Health Programs, Dual-Funded (Tribal Health Clinic and Federally Qualified Health Center 330 Funded), Urban American Indian Health Programs, American Indian Health Hospitals (with an affiliated outpatient clinic)
- Federal Prisons
- Immigration and Customs Enforcement Health Service Corps Facilities

Other Eligible Sites

- CMS Centers for Medicare & Medicaid Services Certified Rural Health Clinics
- Community Outpatient Facilities (including community mental health centers)
- CMS-Approved Critical Access Hospitals (with an affiliated outpatient clinic)
- Free Clinics
- Mobile Units *(that are not affiliated with a Federally Qualified Health Center or Look-Alike)*
- Private Practices
- Rural Emergency Hospitals (with an affiliated outpatient clinic)
- School-Based Clinics *(that are not affiliated with a Federally Qualified Health Center or Look-Alike)*
- State or Local Health Departments
- State Prisons

Special Considerations for Behavioral Health Providers

- NHSC sites that have not previously opted-in for behavioral health, must submit the Comprehensive Behavioral Health Services Checklist before their behavioral health providers can apply for the NHSC LRP.
- NHSC sites that have not previously opted-in for SUD services, must follow the Site SUD Opt-in Instructions before their SUD providers can apply for the NHSC SUD Workforce or RC LRPs. In addition, for applicants interested in applying for the RC LRP, the applicant's sites must be located in a rural community as defined by the Federal Office

of Rural Health.

Special Considerations for Providers at Critical Access Hospitals, American Indian Health Facility Hospitals, Tribally Operated 638 Hospitals and Rural Emergency Hospitals (Affiliated with an outpatient clinic)

- Critical Access Hospitals, American Indian Health Facility Hospitals, Tribally Operated 638 Hospitals, or Rural Emergency Hospitals must have an affiliated outpatient clinic approved before their providers can apply for the NHSC LRP.

Ineligible Site Types

The following are ***not*** eligible to become NHSC-approved sites, even if they are in a HPSA:

- Inpatient hospitals (except CMS-certified Critical Access Hospitals, Rural Emergency Hospitals, and American Indian Health Facility hospitals)
- Clinics that exclusively provide care to veterans and active-duty military personnel (for example, Veterans Health Administration medical centers, hospitals and clinics, and military treatment facilities)
- Other types of inpatient facilities and inpatient rehabilitation programs
- Residential facilities
- Local/county/city/private correctional facilities
- Home-based health care settings of patients or clinicians
- Specialty (except those specialty areas listed in the Discipline section) clinics and/or service specific sites limited by organ system, illness, categorical population or service (for example, clinics that only provide sexually transmitted diseases/human immunodeficiency virus/tuberculosis services)
- Facilities that only provide telehealth services
- Facilities that provide only general substance use disorder treatment services – such as addiction counseling – without integrated medication for opioid use disorder or comprehensive primary care medical, oral health or mental health care services on-site

For more information about site eligibility and necessary documentation, refer to the Become an NHSC Site web page. Search the Health Workforce Connector for all NHSC-approved sites.

Practice Agreement Types

There are three (3) practice types available to NHSC participants:

(1) **Federal Assignment (FA)**. NHSC LRP participants serving as federal employees are either Federal Civil Service employees or active members of the U.S. Public Health Service Commissioned Corps and will typically be working at a federal site (for example, an American Indian Health Facility hospital). Participants assigned as civil servants may request to serve half-time (subject to federal personnel regulations); U.S. Public Health Service Commissioned Corps Commissioned Officers must serve full-time.

(2) **Private Practice Assignment (PPA)**. Under a Private Practice Assignment (PPA), an NHSC LRP participant is employed by a public or private entity and is subject to the personnel system (that means, employment policies) of the entity to which they are assigned. In addition, the site assures that the participant will receive a salary and malpractice coverage at least equal to what they would have received as a civilian employee of the U.S. Government. Malpractice insurance, including tail coverage, can be provided through a commercial carrier or through the Federal Tort Claims Act, if available to the site. The PPA service option is available to both full-time and half-time participants.

(3) **Private Practice Option (PPO)**. Under the PPO, an NHSC LRP participant is either (a) self-employed (for example, a solo practitioner or co-owner of the site at which the participant works); (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible, NHSC-approved site who is **not** receiving salary and malpractice coverage at least equal to what they would receive as a Federal Civil Servant. To serve under the PPO, the participant must submit a PPO request (application) and, if the NHSC approves the request, the participant must enter into a PPO Agreement that stipulates the special provisions that apply to those serving under the PPO. The PPO service option is open only to full-time participants.

NOTE: Federal Assignment and Private Practice Assignment require the NHSC-approved 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 the Glossary in the Appendix section, for the definition of "NHSC-approved Site"). The PPO requires the individual to comply with the same billing requirements.

NOTE: For U.S. Public Health Service Commissioned Corps members, we understand that you may have limited options in regards to accepting a site assignment at another NHSC-approved site if you are no longer able to continue at the original site due to your orders with the U.S. Public Health Service Commissioned Corps. If you are selected for an NHSC award, you are required to complete your service at an NHSC-approved site according to the terms specified in your contract. Failure to do so will result in breach of your contractual obligation with the NHSC.

If an applicant is …	**and their salary and malpractice/tail coverage are…**	**they 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
NOT a federal employee but an employee of an NHSC-approved site	*at least equal to* what they would earn as a civilian employee of the U.S. Government and their malpractice/tail coverage are provided by the NHSC-approved site	Private Practice Assignment

If an applicant is …	and their salary and malpractice/tail coverage are…	they will serve under a:
NOT a federal employee but an employee of an NHSC-approved site	*less than* what they would earn as a civilian employee of the U.S. Government and/or the NHSC-approved site does not provide malpractice/tail coverage	Private Practice Option
NOT a federal employee but an independent contractor to an NHSC-approved site, or a member of a group practice at an NHSC-approved site, or a solo practitioner in an NHSC-approved site	whatever income they earn or generate; whatever malpractice coverage they purchase or receive	Private Practice Option

Telehealth and Home Health Policies

Telehealth. NHSC participants must comply with all applicable telemedicine policies of their site as well as all applicable federal and state rules and policies regarding telemedicine services. NHSC participants who are performing telehealth are encouraged to visit the HRSA Telehealth Resource Centers. These Centers provide free telehealth technical assistance and training for providers using telehealth.

Subject to the restrictions in the following section, the NHSC will consider telehealth as direct clinical care when both the **originating site** (location of the patient) and the **distant site** (location of the NHSC participant) are located in a HPSA and are NHSC-approved. All NHSC LRP participants who are providing telehealth services are subject to the following requirements:

a. The NHSC participants must practice in accordance with applicable licensure and professional standards.
b. Participants must be available, at the discretion of the site to provide in-person care at the direction of each telehealth site on the NHSC LRP application, regardless of whether such sites are distant or originating.
c. Sites may permit telehealth to be conducted to or from an approved alternative setting; however, participants will receive credit only for telehealth services that comply with NHSC LRP guidelines. Approved alternative settings such as hospitals, nursing homes, and shelters, must be **in a HPSA** and must provide services that are appropriate for the discipline and specialty of the clinician and the services provided. Services at alternative sites must be an **extension** of the comprehensive primary care provided at the NHSC-approved site.
d. Self-employed clinicians and other PPO providers are **not** eligible to earn NHSC service credit for telehealth services.
e. 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 (that means, the distant site) and the state where the patient is physically located (that means, the originating site).

f. Telehealth services must use an interactive telecommunications system. Telephone and email systems do not meet the telehealth requirements.

Home Health. The NHSC does **not** recognize the homes of patients or providers as NHSC-approved sites. As such, home visits (including telehealth services provided to patients' homes) may only be conducted at the direction of the NHSC-approved site and may only be counted in the alternative setting allotment for direct clinical care (see the Eligible Primary Care Providers and Clinical Practice Requirements section).

HOW LOAN REPAYMENT AWARDS ARE DETERMINED

The NHSC LRP determines loan repayment awards using rankings of HPSA, MCTA, funding priorities, and other selection factors.

Health Professional Shortage Areas

The NHSC LRP statute requires that providers work in HPSAs of greatest need. The Secretary determines HPSAs for the following categories: *Primary Care, Dental Health, and Mental Health.*

Eligible applications are prioritized and awarded based on descending order of the HPSA score for the applicant's intended site of service (that means, your work site).

If an applicant is serving or will serve at multiple NHSC-approved sites with different HPSA scores, the lowest score will determine the order in which the application will be reviewed. HPSA data as of the application submission deadline will be used for the Fiscal Year 2026 award cycle. Some participants may be required to serve in a specific type of HPSA. For example, behavioral health providers will be evaluated, and slots allocated based on Mental Health HPSA scores.

Maternity Care Target Area (MCTA)

A MCTA is a geographic area within a Primary Care HPSA that has a shortage of maternity care health professionals. A higher MCTA score indicates greater need for maternity care health professionals. The NHSC LRP will review and approve applications from maternity care health professionals by descending Primary Care HPSA or MCTA score, whichever is higher, and based on the information in the Funding Priorities section of this document. **Maternity care health professionals, for the purposes of the NHSC LRP, are obstetricians/gynecologists, family medicine physicians who practice obstetrics, and certified nurse midwives**.

Note: Maternity care health professionals must serve in a MCTA within a Primary Care HPSA. Maternity care health professionals serving in an exclusively Mental Health HPSA are not eligible for an award.

Funding Priorities

Consistent with the NHSC enabling statute and policy, priorities in funding will be applied to eligible and qualified applicants as follows:

- **Current (or former) NHSC Participants with Remaining Eligible Loans**
  Current or former NHSC members include scholarship recipients and participants of the various NHSC LRP who have completed or will complete (by the applicable deadline) their service obligation and have remaining eligible student loans.
- **Characteristics Likely to Remain Practicing in a HPSA**
  The NHSC will also give priority to an applicant who has (and whose spouse, if any, has) characteristics that indicate a higher likelihood of continuing to practice in a HPSA after the service obligation is completed. The program will assess the applicant's education, training, and experience in working with underserved populations by considering the following factors to determine this priority:
    a. **Applicants who have completed** a postgraduate medical or dental training program funded by HRSA through the Teaching Health Center Graduate Medical Education (THCGME) Payment Program[4] or a HRSA-funded Advanced Nursing Education (ANE) Nurse Practitioner Residency Program[5], ANE Nurse Practitioner Residency Integration Program[6], ANE Nurse Practitioner Residency Fellowship Program[7].
    b. The duration of the applicant's tenure at the current NHSC-approved site; and
    c. The characteristics of the applicant's spouse, if applicable, that indicate they are likely to remain in a HPSA. If this funding priority is applicable, the NHSC may consider a spouse's employment status and their proximity to a HPSA. The NHSC will contact the applicant directly to retrieve documentation that determines the distance between the spouse's place of employment and the NHSC applicant's approved site. All information collected will be compiled and ranked to determine final issuance of an award.
- **Training in a Specialty Determined by the Secretary as an NHSC Need**
  The NHSC will also give priority to an applicant who has training in a health profession or specialty determined by the Secretary to be needed by the NHSC. The Secretary has determined that completers of the following programs have training in a specialty needed by the NHSC:

[4] The THCGME Program is authorized under Section 340H of the Public Health Service Act (42 U.S.C. § 256h). Most recent funding was awarded under Notice of Funding Opportunity (NOFO) number HRSA-25-091; however, individuals who completed this program under a previous NOFO number are eligible.
[5] The ANE Nurse Practitioner Residency Program is authorized by Section 811 of the Public Health Service Act (42 U.S.C § 296j). Funding was awarded under NOFO number HRSA-19-001.
[6] The ANE Nurse Practitioner Residency Integration Program is authorized by Section 811 of the Public Health Service Act (42 U.S.C § 296j). Funding was awarded under NOFO number HRSA-20-118.
[7] The ANE Nurse Practitioner Residency Fellowship Program is authorized by Section 811 of the Public Health Service Act (42 U.S.C § 296j). Funding was awarded under NOFO number HRSA-23-009.

a. **Applicants who have completed a HRSA-funded Addiction Medicine Fellowship Program[8].** The NHSC has identified a need for addiction medicine specialists trained in community-based settings. Accordingly, the NHSC will give priority to applicants who have completed a HRSA-funded Addiction Medicine Fellowship (AMF) Program. The AMF Program trains addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and SUD prevention and treatment services.
b. **Applicants who have completed a HRSA-funded Graduate Psychology Education (GPE) Program.** The NHSC has identified a need for specialists with addiction medicine training in community-based settings. Accordingly, the NHSC will give priority to applicants who have completed a HRSA-funded GPE Program[9]. The GPE Program trains addiction medicine specialists who work in underserved, community-based settings that integrate primary care with mental health disorders and SUD prevention and treatment services. Program completers will have completed at least 25 percent of the time in the experiential training site(s) delivering opioid use disorder and other SUD prevention, treatment, and recovery services.

- **Disadvantaged Background (DAB)** (see DAB definition in the Glossary and Required Supporting Documentation section).

  Consistent with the governing statute, the NHSC will also give priority to an applicant who has (and whose spouse, if any, has) characteristics that indicate a higher likelihood of continuing to practice in a HPSA after the service obligation is completed and who comes from a DAB. The applicant may submit certification from their school on the NHSC-approved DAB form that they:
  a. were identified as having a "disadvantaged background" based on environmental and/or economic factors, or
  b. received a federal Exceptional Financial Need Scholarship. Applicants may also self-attest to having a DAB by uploading a document that validates that they meet the criteria included on the DAB form (for example, a Federal Student Aid report).

Selection Factors

[8] The AMF program is authorized under Section 760(a)(1) of the Public Health Service Act (42 U.S.C. § 294k(a)(1)). Most recent funding was awarded under NOFO number HRSA-25-069; however, individuals who completed this program under a previous NOFO number are eligible.
[9] The GPE Program is authorized by Section 756(a)(2) of the Public Health Service Act (42 U.S.C. § 294e–1(a)(2)). Funding was awarded under NOFO number HRSA-25-067; however, individuals who completed this program under a previous NOFO number are eligible.

Applicants who meet the eligibility criteria outlined in the Funding Priorities section, must also demonstrate the following:

(1) **History of honoring prior legal obligations.** The NHSC will perform a hard inquiry[10] with credit bureaus prior to making the award decision. Applicants who do **not** have a history of honoring prior legal obligations, as evidenced by one or more of the following factors, will **not** be selected:
    a. Default on any federal payment obligations; for example, Department of Education student loans, Health Education Assistance Loans, Nursing Student Loans, Federal Housing Administration Loans, federal income tax liabilities, federally guaranteed/insured loans (for example, student or home mortgage loans) or any non-federal payment obligations (for example, court-ordered child support payments or state tax liabilities), unless the obligation was subsequently satisfied.
    b. Write-offs/charge-offs of any federal or non-federal debts as **uncollectible** or **waiver** of any federal service or payment obligation.
    c. Default on a prior service obligation. Applicants who have defaulted on a prior service obligation to the federal government, a state or local government, or other entity, will not be selected, unless the obligation was subsequently satisfied.
    d. Judgment liens arising from federal debt.
    e. Failure/refusal to provide appropriate permission/consent for the NHSC to access the participant's credit report and failure/refusal to unlock and unfreeze a frozen credit report.

(2) **Do not have negative report on the National Practitioner Data Bank (NPDB)**. The NHSC will request and review the applicant's NPDB report.

(3) **Are not in breach of any service obligation.** Applicants will **not** be selected for an award if they are currently in breach or default of a health professional service obligation to a federal, state, or other entity.

(4) **Do not have an existing current service obligation and agree not to incur any service obligation that would be performed concurrently with, or overlap with, their NHSC LRP service obligation.** Participants who subsequently enter into other service obligations (for example, State Loan Repayment Program) will be subject to the breach of contract provision (see the Breaching the NHSC LRP Contract section).

    Exceptions:

    a. Applicants who are already obligated to a federal, state, or other entity (for example, a different NHSC LRP, Nurse Corps LRP, active military duty, State LRP, Indian Health Service LRP, or any other entity that obligates you to remain employed at a certain

[10] According to the U.S. Consumer Financial Protection Bureau, these inquiries "are typically inquiries by lenders after you apply for credit. These inquiries will impact your credit score because most credit scoring models look at how recently and how frequently you apply for credit." (Source: https://www.consumerfinance.gov/).

geographical location) for professional practice or service may be eligible for the NHSC LRP, if they will completely satisfy that obligation by the following applicable dates:

- For NHSC Scholarship Program and Nurse Corps Scholarship Program: **July 31, 2026.**
- For all others, including NHSC LRP participants, Nurse Corps LRP participants, active military duty, State LRP participants or Indian Health Service LRP participants: **July 18, 2026.**

b. Members of a reserve component of the Armed Forces or National Guard who are **not** on active duty prior to receiving an LRP award **are** eligible for the program. If military obligations in combination with the participant's other absences from the site will exceed seven weeks per service year, the NHSC LRP service obligation end date will be extended. If the reservist is deployed, they are expected to return to the NHSC-approved site where they were serving prior to deployment or apply for a transfer to another NHSC-approved site.

(5) **Are not currently excluded, debarred, suspended, or disqualified by a federal agency.** Applicants are required to report certain information, which is described in the "Certification Regarding Debarment, Suspension, Disqualification and Related Matters" section of the online application. The applicant must sign the certification that is applicable to their situation. As a condition of participating in the NHSC LRP, a participant must agree to provide immediate written notice to the NHSC LRP if the participant learns that they failed to make a required disclosure or that a disclosure is now required due to changed circumstances. The NHSC will verify each participant's status through the U.S. Department of the Treasury's Do Not Pay site.

PROGRAM COMPLIANCE

To qualify for the NHSC LRP, applicants must either 1) be working at an NHSC-approved site or 2) have accepted an offer of employment at an NHSC-approved site by the date they submit their application and will begin meeting the NHSC clinical practice requirements at the NHSC site they identified (in their application) by July 18, 2026. However, all applications regardless of employment start date must be submitted by the application closing F. For details on the deadline, go to the NHSC LRP page on the NHSC website.

Dates of the Service Obligation

The participant's award letter will note the beginning and projected end dates of the service obligation. In addition, this information is contained in the participant profile in the participant's My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP page on the NHSC website.

Participants will not receive service credit for any employment at an NHSC-approved site prior to the effective date of their NHSC LRP contract.

The last day of the service obligation is determined in whole years from the start date. For example, the last day of service for a participant with a two-year full-time service obligation that began on July 15, 2026, would be July 14, 2029. The end date may be extended if a participant is away from the site for more than seven weeks (roughly 35 workdays) per service year (see the Worksite Absences section).

Role of the Site Point of Contact

To complete an application and track their work hours during their service, NHSC participants work closely with a site POC for each work site. The site POC is the on-site official who has agreed to and is qualified to perform the applicant's initial employment verification, as well as the participant's In-Service Verifications (see the Service Verification section) throughout the obligated service period.

Employment Status

Most NHSC LRP participants are employees or independent contractors of their work sites. Employment contract negotiations are solely the responsibility of the clinician and are between the clinician and the site. Applicants may want to seek legal guidance from private counsel before entering into an employment contract.

The participant's service contract with the NHSC LRP is separate and independent from the participant's employment contract with the site. The participant must meet the hours per week specified in their NHSC LRP contract even if their employment contract stipulates fewer hours (and their salary is based on those hours).

Worksite Absences

The information provided in the following section pertains to compliance with the NHSC LRP service obligation and is **not** a guarantee that a site will allow any particular amount of leave. Leave must be approved by the site; therefore, participants **cannot** receive credit for leave if they are not working at their NHSC-approved site.

(1) Full-time participants are allowed to spend no more than seven weeks (35 full-time workdays or 280 full-time working hours) per service year away from the NHSC-approved site for vacation, holidays, continuing professional education, illness, or any other reason.
(2) Half-time participants are allowed to spend no more than seven weeks (35 half-time workdays or 140 half-time working hours) per service year away from the 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 participants, 20 for half-time participants), the only time spent away from the site that will need to be reported (see the Service Verification section) and deducted from the allowed absences per service year (as set forth in the Eligible Primary Care Providers and Clinical

Practice Requirements section) are the hours of absence that cause a participant's work hours to fall below the NHSC required minimum number of hours per week. For example, a half-time participant who works 32 hours a week would **not** need to report 12 hours of sick leave because the participant has still met the NHSC minimum service requirement of 20 hours a week.

Absences over 280 full-time working hours or 140 half-time working hours (which translates into seven weeks or 35 workdays) will result in the extension of the participant's service obligation. 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 obligation in writing through the My BHW Account and provide supporting documentation. For details on accessing your My BHW Account to submit a request, go to the NHSC LRP page on the NHSC.

The NHSC **cannot** guarantee that a suspension request will be approved. If a suspension is requested and approved, the participant's service obligation end date will be extended accordingly (see the Suspensions of Service Obligations section).

Service Verification

Every six months, NHSC LRP participants must submit service verification documentation certifying their compliance or noncompliance with the clinical practice requirements. Participants can access the In-Service Verification through their My BHW Account and record the time spent away from the site during the six-month period and hours that fall below 40 (full-time) and 20 (half-time) hours/week. The site POC verifies the accuracy of these submissions. For details on accessing your My BHW Account to access In-Service Verification, go to the NHSC LRP page on the NHSC website. In addition to the standard six-month service verification cycle, participants who are completing extension periods of their service obligation due to missed service time must also submit an in-service verification covering that period. This verification should follow the same process as the standard in-service verification.

It is the participant's responsibility to ensure that the site POC completes the verification in a timely manner and that it is accurate.

Participants who fail to ensure that their In-Service Verification forms are completed and submitted on time risk not receiving service credit and being recommended for default. Participants who do not submit In-Service Verifications or who are consistently late in submitting them may not be selected for an NHSC LRP Continuation Contract.

Transitioning from the NHSC Scholarship Program to the NHSC LRP

NHSC Scholars completing their service obligation who wish to be considered for a Fiscal Year 2026 NHSC LRP award will be able to complete an application by accessing their My BHW Account and submitting a complete application by the deadline. For details on accessing your My BHW Account to complete an application, go to the NHSC LRP web page. NHSC scholar applicants will receive funding priority (see the Funding Priorities section).

NHSC Scholarship Program scholars intending to *remain* at the same NHSC-approved site where they will complete their NHSC Scholarship Program service obligation are eligible to apply for the NHSC LRP, so long as the scholarship obligation will be fulfilled on or before July 31, 2026.

Scholars who intend to transfer to another NHSC-approved site must complete their NHSC Scholarship Program obligation at their current NHSC-approved site on or before July 31, 2026. When completing the NHSC LRP application, scholar applicants who intend to transfer to a new site will need to submit the new site for the NHSC LRP so that HRSA can verify future employment.

Continuing Service After Initial Two-year Contract

NHSC LRP participants may be eligible for a continuation contract, which extends an initial loan repayment contract, one year at a time, allowing eligible participants to pay off all qualifying educational loans. To remain eligible for a continuation contract, the individual must have unpaid qualifying educational loans, apply for the continuation contract before the initial two year loan repayment contract ends, have applied all previously received NHSC LRP payments to reduce their qualifying educational loans during the period of obligated service preceding the continuation, continue to serve at an NHSC-approved site, and meet all other program eligibility criteria in effect at the time the participant is being considered for a continuation contract. There is **no guarantee** that a participant will receive a continuation contract for continued participation in the program beyond the initial contract. Continuation contracts will be made at the government's discretion and are subject to the availability of appropriated funds. For more information on continuation awards, visit the Apply for a Continuation Contract page on the NHSC website.

NOTE: Participants who complete their initial two-year contract and will not be continuing their service with the NHSC will receive a **completion letter** after all In-Service Verifications are completed.

Changes and Disruptions to Your Service Obligation

The NHSC LRP provides detailed information about the responsibilities of program participants. The contract can only be terminated in specific and rare circumstances. See the Contract Termination section for information on terminating a contract.

APPLICATION WITHDRAWAL AND CONTRACT TERMINATION

Withdrawal Process

After submitting an application, and even after signing the contract through the Confirmation of Interest process, an applicant may withdraw their application by logging into their My BHW Account and requesting a withdrawal any time **before** the contract is countersigned by the Secretary or their designee (see the Application Review and Award Process section). Once the application has been withdrawn, the applicant will **not** incur a service or payment obligation.

Contract Termination

An applicant becomes a participant in the NHSC LRP only upon entering into a contract with the Secretary of HHS. The contract becomes fully executed (and effective) on the date that the Secretary (or the Secretary's designee) countersigns the contract. The contract termination deadline is determined by statute and may be modified through annual appropriations (that means, funding) acts. At the time of publication of this APG, the full appropriations act for FY 2026 has not been signed into law. However, based on recent appropriations acts, the NHSC anticipates that the termination deadlines and termination request requirements for contracts entered into in FY26 will be as follows: the Secretary may terminate an NHSC LRP contract, if the participant meets one of the following conditions:

(1) Submits a written request to terminate the contract within 60 days following the contract's execution date and repays all NHSC LRP funds paid to, or on behalf of, the participant under that contract; OR
(2) At any time if the individual who has been awarded such contract has not received funds due under the contract and the individual submits a written request to terminate the contract.

A written request for contract termination must be submitted through their My BHW Account. If due to timing, the NHSC LRP funds have been disbursed to the participant, they will receive separate instructions in their My BHW Account or directly from an NHSC representative outlining the process for returning the awarded funds. For details on accessing your My BHW Account, go to the NHSC LRP page on the NHSC website.

Requests to terminate the contract after 60 days will not be considered unless the individual who has been awarded such contract has not received funds due under the contract. Participants who do not meet the conditions for contract termination will be expected to perform their obligations under the contract. Failure to fulfill the terms of the contract may be considered a breach of contract.

Conversion to Full-Time or Half-Time Status

At the discretion of the Secretary or their designee, and upon written request, a waiver may be granted to allow a full-time participant to complete the service obligation through half-time service by extending the time commitment of the service obligation. The following conditions must be met to be considered for half-time service:

(1) A participant's NHSC-approved site agrees in writing that the participant may convert to half-time clinical practice (as defined by the NHSC);
(2) A participant is a federal employee or a Private Practice Assignee (see the Practice Agreement Types section). The half-time option is **not** authorized for PPO practitioners; and
(3) A participant agrees in writing (by signing an addendum to the NHSC LRP full-time contract) to complete the remaining service obligation through half-time clinical practice for twice as long as the full-time commitment.

Requests must be submitted through your My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP page on the NHSC website.

Once the conversion to half-time service becomes effective, the participant's service obligation end date and allowable leave will be adjusted accordingly. **Participants will not be allowed to switch back to full-time service once they have converted to half-time service.**

Half-time participants are only allowed to convert to full-time service at the point they enter a new full-time NHSC LRP Continuation Contract under the following conditions:

(1) The participant has completed their existing half-time service obligation. Participants will **not** be allowed to switch from half-time to full-time status within a service contract period;
(2) The participant's NHSC-approved site agrees via the online Employment Verification that the participant will convert to full-time clinical practice (as defined by the NHSC LRP); and
(3) The participant agrees to perform one year of full-time clinical practice at their NHSC-approved site.

Leaving an Approved Site Prior to Completion of Service Obligation

If a participant feels they can no longer continue working at their NHSC-approved site(s), they should discuss the situation and/or concerns with site management and must contact the NHSC immediately through their My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP page on the NHSC website.

If the participant leaves their NHSC-approved site(s) without prior approval of the NHSC, they may be placed in default as of the date they stopped providing direct clinical care at the NHSC-approved site and become liable for the monetary damages specified in their NHSC LRP contract. **Participants who are terminated for cause by their site will be placed in default. For details, see the Breaching the NHSC LRP Contract section.**

Transferring to Another Approved Site

The NHSC expects that participants will fulfill their obligation at the NHSC-approved site(s) identified in their My BHW Account and in the NHSC LRP Application. For details on accessing your My BHW Account, go to the NHSC LRP page.

However, the NHSC understands that circumstances may arise that require a participant to leave the initial site and complete service at another NHSC-approved site. Participants who require a site change to another NHSC-approved site must request a transfer through their My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP web page.

Approval of all transfer requests is at the NHSC's discretion and may depend on the circumstances of the participant's resignation or termination from the current site.

The site change must be approved and processed by the NHSC prior to the participant beginning work at the new site. If a participant begins employment at a site before obtaining NHSC approval, they may **not** receive service credit for the time between their last day providing direct clinical care at the prior site and resumption of service at the transfer site following NHSC approval. If the proposed site is not approved by the NHSC and the participant refuses assignment to another NHSC-approved site, they may be placed in default. For details, see the Breaching the NHSC LRP Contract section.

Maternity/Paternity/Adoption Leave

HRSA will automatically approve requests for maternity/paternity/adoption leave of 12 weeks or less, if documented in the participant's My BHW Account. 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 their NHSC-approved site. If participants plan to take more than 12 weeks, they are required to request a medical suspension (see the Suspensions of Service Obligations section), which may or may not be approved by the NHSC. Requests should be submitted through their My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP page on the NHSC website.

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 site for no more than seven weeks (35 workdays) per service year; therefore, a participant's obligation end date will be extended for each day of absence over the allowable seven weeks (35 workdays).

Suspensions Of Service Obligation and Payment Obligation

The NHSC requires participants to fulfill their service obligation without excessive absences or significant interruptions in service. Participants are allowed seven weeks (35 workdays) of leave per service year. If circumstances prevent a participant from staying within this timeframe, the Secretary may suspend or waive the NHSC LRP service obligation or payment obligation. For details, see the Waivers and Cancellation of the Service Obligation section.

> **Suspension**. A suspension of the NHSC LRP commitment may be granted if compliance with the commitment by the participant: (i) is temporarily impossible, or (ii) would involve a temporary extreme hardship such that enforcement of the commitment would be unconscionable. Periods of approved suspension of service will extend the participant's service obligation end date. The major categories of suspension are set forth in the following section. Suspension requests are submitted through the My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP web page.
>
> 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 (for example, child or spouse), which results in the participant's temporary inability to perform the NHSC LRP service obligation.

b. **Maternity/Paternity/Adoption Leave**. If the participant's maternity/paternity/adoption leave during a service year will exceed the time that is permitted under the Family Medical Leave Act (up to 12 weeks) or state law where the participant resides, 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 their My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP web page.

   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 active duty with the armed forces entity is extended beyond the approved suspension period, the participant must contact the NHSC through the My BHW Account for guidance on how to request an extension of the suspension period. For details on accessing your My BHW Account, go to the NHSC LRP web page.

Unemployment During Service Obligation

Participants who resign or are terminated from their NHSC-approved site(s) must contact the NHSC immediately through their My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP web page.

If the NHSC deems the participant is eligible for a transfer, the NHSC will give the participant a specific period of time in which to obtain employment at an approved site identified by the NHSC or at another suitable NHSC-approved site identified by the participant (see the Transferring to Another Approved Site section).

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.** The NHSC LRP contract is **not** limited to service in a particular geographic area; the participant may need to relocate to fulfill their NHSC LRP service obligation.

- Approval of a transfer or reassignment is at the NHSC's discretion, and available service opportunities **may not** be in the participant's preferred geographic area.

- Participants who voluntarily resigned from their sites without prior approval from the NHSC, were terminated for cause, or are deemed ineligible for site assistance **may not** receive a transfer to another site, may be disqualified from continuation contract eligibility, and may be placed in default and become liable for the monetary damages specified in the participant's NHSC LRP contract. See Breaching the NHSC Contract and Section C of the NHSC LRP contract for a full explanation of liability provisions.

Work at an Unapproved Satellite Clinic

Participants who are asked by their site to work at a satellite clinic that is **not** listed in the provider's profile on their My BHW Account must immediately notify the NHSC through their My BHW Account. Time spent at unapproved clinics will **not** count towards the participant's service obligation. For details on accessing your My BHW Account, go to the NHSC LRP web page.

Breaching the NHSC LRP Contract

While the NHSC will work with participants to assist them to the extent possible to avoid a breach, failure to complete service for any reason is a **breach** of the NHSC LRP contract. Participants should make sure that they understand the following monetary damages that are required by federal law when an NHSC LRP contract is breached.

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.

Except the amount the United States is entitled to recover shall not be less than $31,000.

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.

Except the amount the United States is entitled to recover shall not be less than $31,000.

In all cases, a participant who breaches a full-time or half-time service commitment will owe no less than $31,000.

Any participant who breaches the contract will receive a default notice from the Debt Collection Center that specifies the amount the United States is entitled to recover, as set forth in the NHSC LRP Contract and in accordance with Public Health Service Act, sections 338E(c)(1); 331(i)(2)(F). The debt will be due to be paid within one year of the date of the default. During the one-year repayment period, the debt will be reported to the credit reporting agencies as "current." 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**. If the debt becomes past due (that means, 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 (for example, an Internal Revenue Service or state income tax refund) may be offset by the Department of Treasury to pay a delinquent NHSC LRP debt. Also, defaulters who are federal employees may have up to 15 percent of their take-home pay garnished to pay a delinquent NHSC LRP debt.
(4) **Licensure Sanctions**. In some states, health professions licensing boards may impose sanctions, including suspension or revocation of a defaulter's professional license, if the defaulter fails to satisfactorily address repayment of their NHSC LRP debt.

Bankruptcy and Default

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

Sample Default Scenarios

Scenario 1

Dr. Jane Smith entered into a two-year NHSC LRP full-time service contract effective January 14, 2026. Her service end date is January 13, 2028. She received $75,000 in LRP financial support to apply toward her qualifying educational loans. She was terminated for cause by her site at the end of her workday on March 31, 2026. The NHSC determines that she defaulted on her LRP contract on April 1, 2026 and served 77 days of her two-year (730-day) service obligation.

Dr. Smith is liable to the United States for: (1) $67,089 for the loan repayments received for obligated service **not** completed (653 days not completed/730-day service obligation x $75,000) and (2) $165,000 for the months of service **not** completed ($7,500 x 22). Her total LRP debt of

$232,089 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2026). Dr. Smith will receive a default notice from the Debt Collection Center that specifies the amount the United States is entitled to recover, as set forth above. The debt will be due to be paid within one year of the date of the default.

Scenario 2:

Dr. Smith entered into a two-year NHSC LRP full-time service contract effective January 14, 2026. Her service end date is January 13, 2028. She received $50,000 in LRP financial support to apply toward her qualifying educational loans. She resigned from her site at the end of her workday on March 31, 2026. The NHSC determines that she defaulted on her LRP contract on April 1, 2026 and served 77 days of her two-year (730-day) service obligation.

Dr. Smith is liable to the United States for: (1) $44,726 for the loan repayments received for obligated service not completed (653/730 x $50,000) and (2) $165,000 for the months of service not completed ($7,500 x 22). Her total LRP debt of $209,726 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2026). Dr. Smith will receive a default notice from the Debt Collection Center that specifies the amount the United States is entitled to recover, as set forth above. The debt will be due to be paid within one year of the date of the default.

Scenario 3:

Dr. Smith entered into a two-year NHSC LRP half-time service contract effective January 14, 2026. Her service end date is January 13, 2028. She received $25,000 in LRP financial support to apply toward her qualifying educational loans. She was terminated for cause by her site at the end of her workday on March 31, 2026. The NHSC determines that she defaulted on her LRP contract on April 1, 2026 and served 77 days of her two-year (730-day) service obligation.

Dr. Smith is liable to the United States for: (1) $22,363 for the loan repayments received for obligated service not completed (653/730 x $25,000) and (2) $82,500 for the months of service not completed ($3,750 x 22). Her total LRP debt of $104,863 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2026). Dr. Smith will receive a default notice from the Debt Collection Center that specifies the amount the United States is entitled to recover, as set forth above. The debt will be due to be paid within one year of the date of the default.

Waivers and Cancellation of the Service or Payment Obligation

Waiver. A waiver permanently relieves the participant of all or part of the NHSC LRP service or payment obligation. A waiver may be granted **only** if the participant demonstrates that compliance with their commitment is permanently impossible or would involve an extreme hardship such that enforcement of the commitment would be unconscionable (*See 42 CFR §62.28)*. A waiver request and supporting documents must be submitted electronically

through your My BHW Account. The participant will be contacted by HRSA if supplemental medical and/or financial documentation is necessary to complete the waiver request. All documents can be submitted through your My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP web page.

NOTE: Waivers are **not** routinely granted and require documentation of compelling circumstances.

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

Application Information

APPLICATION DEADLINE

A complete online application must be submitted using your My BHW Account. For details on the deadline, go to the NHSC LRP web page.

All supporting documentation for the application must be uploaded before an individual can submit a complete application package. Applicants must upload all documents; the NHSC will **not** accept documentation by fax or mail. The electronic Employment Verification (see the Employment Verification section) must also be completed before an applicant can submit their application.

Applicants should download and keep a copy of the completed application package for their records. Applicants are responsible for submitting a complete and accurate online application, including ALL required documentation in a legible format. If during the initial review of the application, the NHSC discovers that documentation is missing, or not legible, the application may be deemed "incomplete" and rejected. If the answers provided in the online application do not match the supporting/supplemental documents, or if the documentation provided does not accurately verify the answers provided, the application will be rejected.

COMPLETING AN APPLICATION

A **complete** NHSC LRP Online Application consists of:

(1) Online application, including the electronic employment verification (completed by the site POC);
(2) Required supporting documentation; and
(3) Additional supplemental documentation (if applicable).

The NHSC LRP will not accept requests to update a submitted application or permit the submission/resubmission of incomplete, rejected, or otherwise delayed application materials

after the deadline. In addition, NHSC LRP staff will **not** fill in any missing information or contact applicants regarding missing information.

Online Application

Applicants are required to complete each of the following sections to be able to submit an online application.

(1) **National Health Service Corps Eligibility.** If an individual does not pass the initial screening portion of the online application, they will not be able to continue with the application. Refer to the Required Credentials for Eligible Disciplines section of the APG for further details.

(2) **Program Eligibility.** Answers to this section will determine the NHSC LRP that is optimal for you to apply for an award.

(3) **General Information.** Answers to this section pertain to the applicant's name, social security number, mailing and email addresses, and other contact information. Answers also pertain to individual background.

(4) **Discipline, Training and Certification.** Answers to this section pertain to the applicant's education, training, and licensure/certification.

(5) **Employment.** In this section, applicants will select the NHSC approved site(s) where they are providing or will provide direct clinical care. If any of the sites are not listed in the search results, applicants are required to select the option below the search tool, which states to "Click this box if your site is not listed in the search results." The applicant must confirm that the address selected or entered in the search box is an exact match to the street and suite number of their site(s). If selected, the applicant is provided instructions on how to resolve the site concern. The NHSC is not accepting Site Applications at this time. If any of the sites where the applicant provides care are not currently an NHSC-approved site, the provider is not eligible.

(6) **Employment Verification.** Once an applicant selects the NHSC-approved site(s) at which they are or will be working, the applicant will need to initiate an electronic Employment Verification. Once initiated, the designated point(s) of contact at the NHSC-approved site will be notified electronically through their My BHW Account that an Employment Verification has been requested by the applicant. For details on accessing your My BHW Account, go to the NHSC LRP web page.

    Once completed by the site(s) point(s) of contact (POC), the applicant will be notified. The site must complete the electronic Employment Verification before an applicant will be allowed to submit the application. If an Employment Verification is not submitted by every site identified by the applicant, the application cannot be submitted. It is the applicant's responsibility to ensure that the Employment Verification is completed by the site POC. The NHSC will make no exceptions.

    NOTE: When serving at an Indian Health Service hospital, Rural Emergency Hospital or Critical Access Hospital all applicants must include the hospital-affiliated

outpatient clinic in their application. This allows the NHSC to verify that all service requirements are met at the time of submission.

Applicants who work at more than one site (for example, several satellite clinics) must include all service locations by selecting from the drop-down menu and initiating an electronic Employment Verification for each site when completing the LRP application.

Selecting a site where the applicant is not providing direct clinical care will disqualify the application. Applicants must provide the exact address, including any applicable suite number, of each site where they work or intend to work.

For the NHSC LRP, the site POC is the NHSC on-site official who has agreed to and is qualified to perform the applicant's initial employment verification, as well as the participant's In-Service Verifications – including verification that the participant is meeting their service obligations – throughout the obligated service period. Once initiated by the applicant, the point of contact must complete the online Employment Verification. If an applicant is working at multiple sites, each Employment Verification should reflect the hours worked at each site. The total hours from all the Employment Verifications must total 40 hours weekly for full-time employment and 20 hours weekly for half-time employment. After the site POC completes the Employment Verification, the applicant must submit the complete application by the application deadline. For details on the deadline, go to the NHSC LRP web page.

Please note: Applicants are encouraged to initiate Employment Verifications as early as possible. Serving in multiple sites may cause delays in submitting an application due to multiple points of contact being required to review employment.

The point of contact will receive periodic reminders to complete the Employment Verification; however, **it is the applicant's responsibility to ensure that the Employment Verification is complete and accurate, within a timeframe that will allow submission of the NHSC application by the application deadline.** The applicant will receive notification through their My BHW Account that the point of contact has completed the Employment Verification and should work to complete and submit the application as soon as possible. The applicant must contact the point of contact to resolve any concerns regarding the responses provided on the Employment Verification. For details on accessing your My BHW Account, go to the NHSC LRP web page.

Applicants will have the ability to edit their application prior to the application submission deadline and initiate a new Employment Verification if necessary (for example, the site mistakenly stated that the applicant was not employed at the site or that the start work date is later than July 18, 2026). However, the site must

complete the corrected Employment Verification before the applicant can resubmit the application, which must be done before the application deadline. The resubmitted application with corrected Employment Verification must be received by the deadline or the applicant will be ineligible for an award. For details on the deadline, go to the NHSC LRP web page. Errors made by applicants and/or site POC **cannot** be corrected after the application deadline.

Most NHSC LRP participants are employees or independent contractors of non-federal facilities in or serving Health Professional Shortage Areas that have been approved by the NHSC for performance of the service obligation. Employment contract negotiations are solely the responsibility of the clinician and are between the clinician and the site. The NHSC strongly discourages sites from considering the loan repayment funds as income to the clinician when negotiating the clinician's salary. The terms of the employment contract should be carefully reviewed and fully understood by the clinician before the employment contract is signed. Applicants may want to seek legal guidance from private counsel before entering into an employment contract.

It is important to remember that the participant's service contract with the NHSC LRP is separate and independent from the participant's employment contract with the site. The NHSC LRP requires a participant to work a specified minimum number of hours per week. If the participant's employment contract stipulates fewer hours (and their salary is based on those hours), the participant is still required to meet the NHSC LRP service obligation requirements.

The participant's site POC must verify (1) the participant's total work hours (paid and unpaid) and (2) NHSC full-time or half-time work status (see the Service Verification section) every six months during their period of obligated service.

(7) **Loan Information.** Answers in this section pertain to each qualifying educational loan for which an applicant is seeking repayment. All loans submitted will be verified to determine whether they are eligible for repayment under the NHSC LRP through a review of the supporting documents, by contacting lenders/holders, and by checking the applicant's credit report. Applicants are strongly encouraged to view the link provided in the application for detailed instructions on the types of documents that need to be provided to help the NHSC verify loan information.

Applying for Spanish Language Award Enhancement

The NHSC will provide a one-time Spanish language award enhancement for eligible applicants of up to $5,000, in addition to their base loan repayment award. The amount of the enhancement will depend on the amount of the applicant's outstanding qualifying loans balance and will only be awarded if the applicant's outstanding qualifying loans balance is greater than the applicant's base NHSC LRP award.

NHSC applicants interested in the one-time award enhancement must exhibit Spanish language proficiency. In addition, the applicant's site POC must verify on the employment verification form that the applicant directly provides oral Spanish speaking medical services to patients with limited English proficiency.

Once the application cycle has closed, applicants who were determined eligible will receive an e-mail with detailed instructions on how to access and take a verbal proficiency language skills assessment. The assessment can take up to 30 minutes. The applicant must score a three (3) or higher on the assessment to be eligible to receive the one-time supplemental award enhancement. Proficiency assessment results will be auto generated into the applicant's online application after completion of the assessment.

Required Supporting Documentation

It is the applicant's responsibility to provide/upload supporting documentation into the online application. All information in the supporting documentation must match the answers provided in the online application or the application will be deemed ineligible. An application will not be considered complete, unless it contains each of the following required supporting documents:

(1) **Proof of Status as a U.S. Citizen or U.S. National.** This can be a copy of a birth certificate, the identification page of a current U.S. passport, or a certificate of citizenship or naturalization. **Copies of a driver's license or a Social Security card are NOT acceptable documents.**

(2) **Health Professional License**. Applicants will be required to submit proof of their current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable), **with an expiration date,** in the state in which they intend to practice under the NHSC LRP or from any state if practicing in a federal facility.

(3) **Loan Information Verification.** Applicants will be required to provide two types of documentation for each loan that is being submitted for consideration: (a) an account statement and (b) a disbursement report.

- a **Account Statement.** This document provides current information on qualifying educational loans. Often borrowers receive monthly statements indicating the status of their 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 (that means, the NHSC LRP applicant);
  - iii contain the account number;
  - iv include the date of the statement (**cannot** be more than 30 days from the date of LRP application submission);
  - v include the current outstanding balance (principal and interest) or the current payoff balance; and
  - vi include the current interest rate.

b **Disbursement Report.** This report is used to verify the originating loan information and should:

i be on official letterhead or other clear verification that it comes from the lender/holder;
ii include the name of the borrower;
iii contain the account number;
iv include the type of loan;
v include the original loan date (must be prior to the date of the NHSC LRP application submission);
vi include the original loan amount; and
vii include the purpose of the loan.

NOTE: For all **federal** loans, the Student Aid Summary report on the Federal Student Aid website is used to verify the originating loan information. The applicant will need a Federal Student Aid Identification to log in to their secured area—create a Federal Student Aid Identification on the Federal Student Aid website. If the applicant has multiple federal loans, they will only need to access one Student Aid Summary report. The Student Aid Summary report will contain information on all their 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) in the previous information). The applicant may be able to obtain this disbursement information on their lender's website; however, all documentation must be on official letterhead from the lender.

Additional Supplemental Documentation (if applicable)

The following additional documents will be required for submission only if the applicant's responses on the online application indicate that they are relevant. Only applicants who have these documents listed on their "Supporting Documents" page of the online application should submit them. These documents will be added to their Supporting Documents list once the online application has been submitted.

(1) **Primary Care Specialty Certification.** If an applicant selects a primary care, oral, behavioral, or maternal health specialty, they will be required to upload a copy of the certificate of completion or diploma from the training program where they matriculated.
(2) **Geriatrics Certification**. If an applicant selects geriatrics as a specialty, they will be required to upload a copy of the certificate of completion or diploma from the geriatrics training program where they matriculated.
(3) **Postgraduate Training Verification.** This document verifies that the applicant completed the AMF Program, ANE Nurse Practitioner Residency Program, ANE Nurse Practitioner Residency Integration Program, ANE Nurse Practitioner Residency Fellowship Program, or the GPE Program. This documentation is in addition to the postgraduate training related to

the applicant's practice area. Such documentation may include an official completion certificate.

(4) **THCGME Identification Number.** Applicants who have completed a postgraduate medical or dental training program funded by HRSA through the **THCGME** Program are required to submit the residency identification number and residency completion certificate, if available. Use the Accreditation Council for Graduate Medical Education or The Commission on Dental Accreditation websites to look up your program identification number.

(5) **Verification of Disadvantaged Background (DAB).** This document certifies that the applicant comes from a DAB and either participated in, or would have been eligible to participate in, federal programs such as Scholarships for Disadvantaged Students or Loans to Disadvantaged Students. This document may be completed by a school official. Applicants may also self-attest to having a DAB based on environmental and/or economic factors or having received a federal Exceptional Financial Need Scholarship by uploading a document that validates that they meet the criteria included on the NHSC-approved DAB Form (for example, a Federal Student Aid report).

(6) **Verification of Existing Service Obligation.** If the applicant has an existing service obligation, they must submit verification from the entity to which the obligation is owed that the existing service obligation will be completed before the applicable deadline, as described in the Selection Factors section.

(7) **Proof of Name Change.** Applicants will be required to provide legal documents (for example, a marriage license or divorce decree) if the name on the proof of citizenship document is different from the name in the application.

(8) **Payment History**. Former NHSC LRP and NHSC Students to Service Loan Repayment Program (NHSC S2S LRP) participants seeking a new two-year LRP award must provide verification that all previous NHSC LRP funds were used to repay the approved qualifying educational loans as part of the applicant's most recent NHSC LRP contract. Generally, this information is in the form of a payment history, which varies in name (such as, Payment History, Financial Activity Summary, or Transaction History Report) that is provided by the lender servicer for each of the approved loans. The verification document must be uploaded to the application and clearly show that the entire award amount was applied to the approved loans during the most recent NHSC LRP service period. Documentation requirements include the following:

   a. An official document or printed webpage that includes the lender's name, the account holder's name, the loan account number, and must reflect all payments made during the contract period.
   b. The payment history must show that all NHSC LRP funds received have been paid toward their qualifying educational loans that were approved by the NHSC with the most recent contract.
   c. For loans consolidated during the most recent contract period, loan documents, including the lending institution's list of the loans included in the consolidation and their original disbursement dates, are required. If the

applicant's loans were consolidated and the NHSC does **not** receive an itemized loan list, the applicant will **not** be given credit for payments made toward those loans. If the applicant consolidated their qualifying educational loans with non-qualifying debt, the NHSC **cannot give** credit for payments made toward the consolidated loans.

d. **NOTE:** Cancelled checks, bank statements, and "Paid in Full letters" **will not** be accepted as proof that loan payments were properly applied.

Application Review and Award Process

Applicants receive a receipt in the form of a submission pop-up immediately upon submitting the online application. Applicants can view the overall status of their application, as well as a copy (as a PDF) of their submitted application, uploaded supporting documents, and completed Employment Verifications by logging into the application account that was set up when the applicant registered to apply. **It is the applicant's responsibility to ensure that the entirety of the application and required supporting documents (including Employment Verifications) and applicable supplemental documents are accurately submitted.**

Once the online application has been submitted, applicants will have an opportunity to make edits to their online application, including the ability to upload new documents, cancel and reinitiate employment verifications, change answers to questions and loan data, and withdraw their applications from consideration. The applicant must make final edits and resubmissions before the close of the application cycle. For details on the deadline, go to the NHSC LRP web page.

Each time the application is reopened for editing, or to check specific elements of the application, the applicant must: 1) complete the "Self-Certifications" section, and 2) click the "Submit" button to resubmit their application, or the application will **not** be submitted. The NHSC advises that applicants submit their complete applications as early in the open application period as possible. Applicants who wait until the end of the application cycle risk submitting incomplete or ineligible applications if errors are found later during the open application cycle.

The "Edit" option is available in the applicant's account on the "Submitted" page, until the close of the application cycle. The ability to edit and resubmit an application will be disabled after the application deadline. Applications **not** resubmitted by this deadline will **not** be considered for an award. No exceptions will be made in cases where an applicant fails to resubmit an edited application.

Applicants may withdraw their application at any time prior to the contract being countersigned by the Secretary or their designee. To withdraw, applicants must log into their application account and select the "Withdraw" option on the "Submitted" page.

The NHSC will **not** begin to review applications for funding until the application deadline has passed (see the Funding Priorities section). For details on the deadline, go to the NHSC LRP web page.

If review of the electronic Employment Verification indicates that the applicant's position would be identified as a PPO (see the Practice Agreement Types section), the applicant will electronically certify a PPO Request, as required by law. In addition, the applicant will e-sign the *PPO Agreement*, also required by law, which sets forth the requirements and limitations for a PPO. If the individual is selected for an award and the NHSC determines that the practice meets PPO requirements, the Secretary or their designee will countersign the *PPO Agreement*.

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 (for example, 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. Once an applicant becomes a participant, they will be directed to the participant landing page after logging into their My BHW Account, where they can make any necessary updates to their information. For details on accessing your My BHW Account, go to the NHSC LRP web page.

CONFIRMATION OF INTEREST

The NHSC LRP frequently corresponds with applicants by email. Applicants should check their email during the application process for correspondence from the NHSC office and disable spam blockers (or check their spam folder).

Applicants selected as finalists will receive a **Confirmation of Interest email** with instructions to sign and return the NHSC LRP contract and to provide banking information to confirm their continued interest in the program and to facilitate the electronic transfer of the award funds, if their contract is countersigned by the Secretary (or designee) and funds are awarded.

Award finalists must log into their application account to confirm their continued interest in receiving an award by the given deadline. The applicant will sign the NHSC LRP contract and must verify the following:

- They are currently employed by (that means, are already working at) the NHSC-approved site(s) they selected when they submitted their application. Applicants who are **not** employed at the site(s) verified by the NHSC, must check "NO" where asked.
- They are currently meeting and will, to the best of their knowledge, continue to meet the clinical practice requirements for their discipline and specialty, as outlined in this APG, throughout the period of obligated service.
- The loans approved by the NHSC for repayment are correct.
- The loan and employment information provided to the NHSC on their application remains valid.

- They have read and understand the NHSC LRP contract.

Finalists must also provide their direct deposit banking information for award funds in the event the Secretary (or designee) countersigns their NHSC LRP contract.

This Confirmation of Interest is not a guarantee that the individual will receive an award, as awards are subject to the availability of funds.

If an applicant does **not** complete the Confirmation of Interest process by the deadline, they may be withdrawn from consideration and (if interested in participating in the program) will be required to submit a new application during a future application cycle for first-time participants and compete with other providers based on program requirements in effect at that time.

If an individual selected for an award decides not to accept the award **prior to signing the contract**, they may decline the award by selecting the "decline" option on the Confirmation of Interest document. This process is without penalty and permits the award to be offered to an alternate. Once an applicant declines the offer of award, there will not be any opportunities to reclaim the award.

All participants will receive final notification of an award, including the service obligation dates, no later than September 30, 2026.

THE NHSC LRP CONTRACT

Only the Secretary or their designee can grant an NHSC LRP award. Awards **cannot** be guaranteed or granted by the site personnel, NHSC staff, a Primary Care Office, a Primary Care Association or any other person or entity.

The NHSC LRP contract becomes effective and the participant's NHSC LRP service obligation begins on the date the contract is countersigned by the Secretary or their designee, which is anticipated on or before **September 30, 2026,** although the contract can be countersigned at any time. An applicant's signature alone on the NHSC LRP contract document does **not** constitute a contractual agreement.

RECEIVING YOUR AWARD

Once the NHSC LRP contract becomes effective, the applicant (now participant) will be directed to the participant landing page after logging into their My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP web page. This web-based system will allow each NHSC LRP participant to communicate with the NHSC and manage several customer service inquiries, such as contact information changes.

The award letter for the participant is located in the participant's profile on the My BHW Account. The award letter will note the beginning and projected end dates of the service

obligation. A participant's end date may change depending on circumstances arising during the term of their service obligation.

Award funds are disbursed in the form of a one-time lump sum payment and will be electronically issued to the bank account provided by the participant approximately 90 days after the contract start date. Where the award amount is less than the maximum amount set forth in this APG, the payment will be calculated to include interest accrued during the period between the contract start date and the disbursement of funds.

NOTE: Under the Treasury Offset Program, the Treasury Department is authorized to offset NHSC LRP payments for delinquent federal and state debts, including delinquent child support payments.

Once a contract is in place, the NHSC LRP participant is strongly encouraged to participate in a New NHSC LRP Awardee webinar that will review program requirements. Participants will be notified by email of upcoming webinars and other training opportunities.

Additional Information

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

The purpose of this information collection is to obtain information through the NHSC LRP that is used to assess an LRP applicant's eligibility and qualifications for the LRP, or for NHSC-approved Site Application and Recertification purposes. Clinicians interested in participating in the NHSC LRP must submit an application to the NHSC through the My BHW online portal. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0127 and it is valid until 5/31/2027. This information collection is required to obtain or retain a benefit (Section 338B of the Public Health Service Act (42 U.S.C. § 254l-1), and Section 331(i) of the Public Health Service Act (42 U.S.C. § 254d(i))). The information is protected by the Privacy Act, but it may be disclosed outside the U.S. Department of Health and Human Services, as permitted by the Privacy Act and Freedom of Information Act, to Congress, the National Archives, and the Government Accountability Office, and pursuant to court order and various routine uses as described in the System of Record Notice 09-15-0037. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, 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 Officer, 5600 Fishers Lane, Room 13N82, Rockville, Maryland, 20857.

RESOURCES FOR APPLICANTS

Customer Care Center

Any individual with questions about NHSC programs may contact the Customer Care Center Monday through Friday (except federal holidays) from 8 a.m. to 8 p.m. ET.

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

Glossary

Review the Appendix to review the glossary of terms, which contains the general definitions for BHW terms used throughout this APG.

Health Professional Shortage Area Find

All NHSC LRP participants must serve at an NHSC-approved site in a Health Professional Shortage Area appropriate to their discipline. You may find the locations of current Health Professional Shortage Areas by using the following tools:

- Health Professional Shortage Area Find
- Find Shortage Areas by Address

Health Workforce Connector

- HRSA's Health Workforce Connector is a searchable database of open job opportunities and information.

My BHW Account

Once an applicant has been selected for an award, they will be directed to the participant landing page after logging into their My BHW Account. The system allows NHSC LRP participants to access pertinent program materials and their participant profile, make service requests, and to communicate with the NHSC directly.

NHSC Website and Social Media

Stay informed with NHSC updates via its website and email signup.

Like and follow us on social media:

- National Health Service Corps Facebook
- National Health Service Corps X (Twitter)
- National Health Service Corps LinkedIn
- National Health Service Corps Instagram

NOTE: You should send specific questions or issues regarding your service obligation using your My BHW Account. For details on accessing your My BHW Account, go to the NHSC LRP web page.

Appendix: Glossary

FY 2026 NATIONAL HEALTH SERVICE CORPS LOAN REPAYMENT PROGRAM APPLICATION AND PROGRAM GUIDANCE GLOSSARY