



**National Health Service Corps**  
**Rural Community**  
**Loan Repayment Program**  
Full- & Half-Time Service Opportunities  
**Fiscal Year 2026**  
**Application and Program Guidance**  
2026

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

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

*Authority: Section 338B of the Public Health Service Act (42 USC 254I-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 Rural Community 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 Rural Community Loan Repayment Program (NHSC Rural Community LRP) for this year’s application cycle. Licensed primary care providers, including substance use disorder (SUD) treatment clinicians, in eligible disciplines can receive loan repayment assistance for their qualifying educational debt through the NHSC Rural Community LRP. In exchange for loan repayment, you must provide at least three years of service at a rural NHSC-approved SUD treatment facility in a [Health Professional Shortage Area](#) (HPSA).

<b>Eligible Applicants</b>	<p>Clinicians who provide direct clinical care under the following disciplines and specialties:</p> <ul style="list-style-type: none"> <li>• Primary Care Providers</li> <li>• Behavioral Health Care Providers</li> </ul>
<b>Funding</b>	<p><b>Full-Time Service</b> Up to \$100,000 for a three-year service obligation</p> <p><b>Half-Time Service</b> Up to \$50,000 for a three-year service obligation</p> <p><b>Spanish Language Award Enhancement</b> of up to \$5,000 for eligible applicants. (See <a href="#">Applying for Spanish Language Award Enhancement</a> section for details).</p>
<b>Service Obligation</b>	<p>You have a choice of service options:</p> <ul style="list-style-type: none"> <li>• Three-year <b>full-time</b> clinical practice at a rural NHSC-approved SUD treatment facility.</li> <li>• Three-year <b>half-time</b> clinical practice at a rural NHSC-approved SUD treatment facility.</li> </ul>
<b>Where Members Serve</b>	<p>NHSC clinicians must work at a rural NHSC-approved SUD treatment facility located in a HPSA. <a href="#">HPSAs</a> can be found around the country in rural, urban, and tribal communities.</p> <p>The rural NHSC-approved SUD treatment facilities are generally outpatient facilities providing primary care and behavioral health services. Visit the <a href="#">Health Workforce Connector</a> to search for training and employment opportunities at rural NHSC-approved SUD treatment facilities.</p>
<b>Application Information</b>	<p>Visit the <a href="#">NHSC Rural Community LRP</a> page for application instructions.</p>
<b>Tax Liability</b>	<p><b>Not</b> Taxable</p>



Health Resources & Services Administration

**Health Systems Bureau/Division of Transplantation**

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 one of our [National Health Service Corps Loan Repayment Programs](#). For more than 50 years, the National Health Service Corps has fulfilled its mission to connect a highly qualified group of 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 or, 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 Rural Community Loan Repayment Program Application and Program Guidance. If you are not already employed by a rural National Health Service Corps-approved substance use disorder treatment facility or need to check your site's status, we have included a link to the [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, MD, MPH](#)

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

### Purposes and Uses

The purpose of the NHSC Rural Community LRP is to recruit and retain medical, nursing, and behavioral health clinicians to provide evidence-based SUD treatment in rural communities designated as [HPSAs](#). The information that applicants supply will be used to evaluate their eligibility, qualifications, and suitability for participating in the NHSC Rural Community 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 NHSC Rural Community LRP). An application may be considered incomplete if all required information is not submitted with the application.

## National Health Service Corps Program Overview

For more than five decades, the National Health Service Corps (NHSC) has worked to match dedicated health professionals with communities across the country with the greatest need for their health care services. The NHSC awards 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 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 dedicated to recruiting licensed providers:

- 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. 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 obligation. Additionally, the NHSC cannot guarantee that an award will be offered through the program you select.

A portion of the NHSC's funding will be used for rural workforce expansion to combat the opioid epidemic, which has had a particularly significant impact on rural communities. Given the need for rural SUD professionals, the NHSC Rural Community LRP will make Fiscal Year 2026 NHSC LRP awards in coordination with the Rural Communities Opioid Response Program (RCORP) initiative within the Federal Office of Rural Health Policy, as described on the [Opioid Response](#) page on HRSA's website. The RCORP is a multiyear effort to reduce the morbidity and mortality rates of SUD, including opioid use disorder, in rural communities at the highest risk for these conditions. This effort also supports the [U.S. Department of Health and Human Services Opioid Prevention Strategy](#) to combat the opioid crisis.

Under the NHSC Rural Community LRP, the Secretary of the U.S. Department of Health and Human Services ("Secretary") will fund repayment for up to \$100,000 of the qualifying graduate and/or undergraduate educational loans of applicants selected to be participants in the program. (See [What Loans Are Eligible for Repayment](#) section).

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

An applicant becomes a participant in the loan repayment program after the Secretary or the Secretary's designee countersigns an NHSC Rural Community LRP contract.

## WHAT TO LOOK FOR IN 2026

- Subject to the availability of funds, for Fiscal Year 2026, we expect to make approximately 333 new awards to health professionals committed to serving in underserved communities and rural areas.
- Applicants are encouraged to review additional program application information, which is provided on the [NHSC Rural Community LRP](#) web page.
- In addition to placing NHSC Rural Community LRP participants in HPSAs in need of primary care and behavioral health providers, we also will use a designation of Maternity Care Target Areas (MCTAs)<sup>1</sup>, which are located within designated primary care HPSAs, to best distribute maternity care health professionals. The NHSC recognizes maternity care health professionals as obstetricians/gynecologists, family medicine physicians who practice obstetrics, and certified nurse midwives. Maternity care health professionals will be placed using either the primary care HPSA score or the MCTA score, whichever is higher. Maternity care health professionals working exclusively in a mental health HPSA are not eligible to apply to the NHSC Rural Community LRP.
- The NHSC Rural Community LRP has designated funding to support health professionals committed to providing primary health services in Indian Health Service facilities, Tribally Operated 638 Health Programs, and Urban Indian Health Programs.
- The NHSC Rural Community 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 \$105,000. 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 clinical services in Spanish to patients with limited English proficiency. The primary purpose of this award enhancement is to promote an agile health workforce capable of addressing language access barriers in HPSAs. Applicants who completed the language assessment administered by a 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 applicant must be selected for a loan repayment award to be considered for the award enhancement.
- The NHSC LRP will allow 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 no later than the application deadline. However, the Site Point of Contact (POC) will be required to provide a copy of the participant's full, permanent, unencumbered, unrestricted health professional license by July 18, 2026, or the application will be denied.

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

- 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. See Eligible Providers and Clinical Practice Requirements for more details.
- Applicants working at Rural Emergency Hospitals with an affiliated outpatient clinic are now eligible to apply to the NHSC Rural Community LRP.

## Application and Program Guidance

You, 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 Rural Community 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 Rural Community LRP applicants:

- For information about when applications open and when applications are due, please visit the [NHSC Rural Community Loan Repayment Program](#) web page.
- **Notification of Award:** on or before September 30, 2026
- **Employment Start Date:** July 18, 2026<sup>2</sup>
- **NHSC Scholarship Program and Nurse Corps Scholarship Program Participants Service Obligation Completion Date:** July 31, 2026
- **Licensure Deadline:** applicants must have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration by June 30, 2026.
- **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 Guidance, 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. The applicable termination deadline will be in the participant’s contract and any addenda thereto. Please see the “[Contract Terminations](#)” section in this document for more information.

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<sup>2</sup> An exception applies to NHSC and Nurse Corps scholars who will complete their service obligation by July 31, 2026.

## PROGRAM ELIGIBILITY REQUIREMENTS

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

1. Be a U.S. 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.
4. Be eligible for federal employment. Most NHSC Rural Community 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 that includes 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, a rural NHSC-approved SUD treatment facility where employment and provision of care to patients will begin no later than July 18, 2026.
6. Submit a complete application by the deadline as set forth in the [Completing an Application](#) section of this APG. To submit an application, go to the [NHSC Rural Community LRP](#) web page.

## SERVICE OBLIGATIONS AND AWARD AMOUNTS

NHSC Rural Community LRP participants agree to apply all loan repayments received through the NHSC program to their qualifying graduate and/or undergraduate educational loans. By statute, **NHSC Rural Community LRP funds are exempt from federal income and employment taxes.** Note that these funds are not included as wages when determining benefits under the Social Security Act.

**NOTE:** If an applicant's outstanding balance of qualifying educational loans is less than the maximum award amount, the NHSC Rural Community LRP will pay only the remaining balance of the total qualifying educational loans. However, in such cases, the participant remains obligated to complete the three-year service obligation.

To receive the award, the applicant must remain working at a rural NHSC-approved SUD treatment facility, located in a mental health or primary care HPSA, or in a MCTA within a primary care HPSA, depending on the applicant's discipline. A participant's NHSC Rural Community LRP obligation begins on the date that the NHSC Rural Community LRP contract becomes effective, which is on the date it 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 three-year, full-time service obligation that began on September 18, 2026, would be September 17, 2029. Adjustments to the end date will be made by the NHSC if a participant is away from the rural NHSC-approved SUD treatment facility for more than seven weeks (roughly 35 workdays) per service year.

NHSC Rural Community LRP participants have a choice of the following service options:

1. **Up to \$100,000 in loan repayment for a three-year, full-time clinical practice service obligation.** The NHSC Rural Community LRP will pay up to \$100,000 (or up to \$105,000 with the Spanish Language Award Enhancement) in exchange for three years of full-time clinical practice to clinicians serving at a rural NHSC-approved SUD treatment facility in or with a mental health or primary care HPSA score or in a MCTA within a primary care HPSA depending on the participant's discipline. For a more detailed definition of full-time clinical practice, see the [Eligible Providers and Clinical Practice Requirements](#) section.
2. **Up to \$50,000 in loan repayment for a three-year, half-time clinical practice service obligation.** The NHSC Rural Community LRP will pay up to \$50,000 (or up to \$55,000 with the Spanish Language Award Enhancement) in exchange for three years of half-time clinical practice to clinicians serving at a rural NHSC-approved SUD treatment facility in or with a mental health or primary care HPSA score or in a MCTA within a primary care HPSA, depending on the participant's discipline. For a more detailed definition of half-time clinical practice, see the [Eligible Providers and Clinical Practice Requirements](#) section.

**Note: Half-time practice is not available to those serving under the Private Practice Option.** See the [Practice Agreement Types](#) section.

## WHAT LOANS ARE ELIGIBLE FOR REPAYMENT?

NHSC Rural Community 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 educational loans must be obtained **prior** to the date the applicant applies.

If an applicant is a current or former NHSC participant obtains additional educational loans towards another health professions degree *after* their current/prior NHSC contract start date, those loans may qualify for repayment in a subsequent 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 discipline** (for example, pediatric vs. adult psychiatry) are **not** eligible for repayment.

**Consolidated or refinanced loans** may be considered for repayment, so long as they are from a government (federal, state, or local) or private student loan lender and include *only qualifying* educational loans of the applicant. If an otherwise eligible educational loan is consolidated/refinanced with ineligible (non-qualifying) debt of the applicant, no portion of the consolidated/refinanced loan will be eligible for loan repayment. For loans to remain eligible, applicants/participants must keep their qualifying educational loans segregated from all other debts. In addition, qualifying educational

loans consolidated with loans owed by any other person, such as a spouse or child, are ineligible for repayment.

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

- (1) Loans for which the applicant incurred a service obligation, which will **not** be fulfilled before the deadline for submission of the NHSC Rural Community LRP application deadline. For details on the deadline, go to the [NHSC Rural Community LRP](#) webpage.
- (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** which loan was solely applicable to the undergraduate or graduate education of the applicant.
- (4) Loans **not** obtained from a government entity or private commercial student 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 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 forgiveness is **after** the Secretary (or the Secretary’s designee) has countersigned the contract and the NHSC Rural Community LRP award has been disbursed, the participant is still obligated to serve the full length of their NHSC Rural Community LRP service obligation.

## **ELIGIBLE PROVIDERS AND CLINICAL PRACTICE REQUIREMENTS**

**Note:** Direct clinical care in the full-time and half-time columns refers to care at a rural NHSC-approved SUD treatment facility 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 Rural Community LRP contract, at their rural NHSC-approved SUD treatment facility. Further, participants of the NHSC Rural Community

LRP are expected to perform an integral role in the delivery of SUD treatment services. These providers will support an integrated care model allowing rural NHSC-approved SUD treatment facilities to provide comprehensive care.

- 1) **Full-Time Clinical Practice.** For the purposes of the NHSC Rural Community LRP, full-time clinical practice is defined as a minimum of 40 hours/week, for a minimum of 45 weeks each service year. The 40 hours/week may be compressed into no less than four days/week, with no more than 12 hours of work to be performed in any 24-hour period. 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.
  
- 2) **Half-Time Clinical Practice.** For the purposes of the NHSC Rural Community LRP, half-time clinical practice is defined 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. 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.

**Primary Care Providers: Must Serve in Primary Care or Mental Health HPSAs**

Disciplines	Specialty	Full Time (40 hours/week)	Half Time (20-39 hours/week)
<b>Physicians:</b> <ul style="list-style-type: none"> <li>• Allopathic</li> <li>• Osteopathic</li> </ul>	Family medicine, general internal medicine, general pediatrics, geriatrics	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 32 hours/week, which may include up to 8 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
<b>Physician assistants</b>	Adult, family, pediatric, women’s health, geriatrics	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 32 hours/week, which may include up to 8 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>

Disciplines	Specialty	Full Time (40 hours/week)	Half Time (20-39 hours/week)
Nurse practitioners	Adult, family, pediatric, women's health, geriatrics	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 32 hours/week, which may include up to 8 hours in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
Registered nurses	Adult, family, pediatric, women's health, geriatrics	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 32 hours/ week, which may include up to 8 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
Certified nurse anesthetists	Adult, family, pediatric, women's health, geriatrics	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 32 hours/ week, which may include up to 8 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 16 hours/week, which may include up to 4 hours in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
Pharmacists	N/A	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 32 hours/ week, which may include up to 8 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 16 hours/week, which may include up to 4 hours/week in teaching activities or in approved alternative settings as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>

**Behavioral Health Providers: Must Serve in Primary Care or Mental Health HPSAs**

Disciplines	Specialty	Full Time (40 hours/week)	Half Time (20-39 hours/week)
<b>Physicians:</b> <ul style="list-style-type: none"> <li>• <b>Allopathic</b></li> <li>• <b>Osteopathic</b></li> </ul>	Psychiatry (Both general child and adolescent psychiatrists are eligible)	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
<b>Nurse practitioners</b>	Mental health and psychiatry	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
<b>Physician assistants/Physician associates</b>	Mental health and psychiatry	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>

Disciplines	Specialty	Full Time (40 hours/week)	Half Time (20-39 hours/week)
Registered nurses	Mental health and psychiatry	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> At least 32 hours/ 8week, 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
Certified nurse anesthetists	Mental health and psychiatry	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
Health service psychologists	<i>All specialties are eligible</i>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week</li> </ul>

Disciplines	Specialty	Full Time (40 hours/week)	Half Time (20-39 hours/week)
<b>Licensed clinical social workers</b>	<i>All specialties are eligible</i>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
<b>Psychiatric nurse specialists</b>	<i>All specialties are eligible</i>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
<b>Marriage and family therapists</b>	<i>All specialties are eligible</i>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>

Disciplines	Specialty	Full Time (40 hours/week)	Half Time (20-39 hours/week)
Licensed professional counselors	<i>All specialties are eligible</i>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
Substance use disorder counselors	<i>All specialties are eligible</i>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>

**Maternity Care Health Professionals Must Serve in MCTA within Primary Care HPSA**

Disciplines	Specialty	Full Time (40 hours/week)	Half Time (20-39 hours/week)
<b>Physicians:</b> <ul style="list-style-type: none"> <li>• <b>Allopathic</b></li> <li>• <b>Osteopathic</b></li> </ul>	Family Medicine Physicians who practice obstetrics, Obstetrics/ Gynecology	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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 as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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 as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>
<b>Certified Nurse Midwives</b>	N/A	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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 as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 8 hours/week.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Direct Clinical Care:</b> 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 as directed by the NHSC-approved SUD treatment facility.</li> <li>• <b>Administrative Duties:</b> Up to 4 hours/week.</li> </ul>

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

- **Administrative Duties:** may include charting, care coordination activities, training, laboratory follow-up, patient correspondence, attending staff meetings, activities related to maintaining professional licensure and other non-SUD treatment related activities pertaining to the participant’s approved NHSC practice. Any time spent in a management role is also considered to be an administrative activity. The duties of a medical director are also considered primarily administrative, and NHSC Rural Community LRP applicants serving in such a capacity should keep in mind that they **cannot** count more than eight hours/week of administrative and/or management time (four hours in the case of half-time participants) toward the total required 40 hours/week (or 20-39 hours in the case of half-time participants).
- **Teaching Activities:** to qualify as clinical practice, NHSC Rural Community LRP participants are required to provide clinical education to students and residents in their area of expertise. All teaching must be conducted as directed by the rural NHSC-approved SUD treatment facility/facilities, subject to NHSC limits on the number of hours per week allowed for teaching (see [Eligible Providers and Clinical Practice Requirements](#) section, as applicable). 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 Rural Community LRP participants **may** count time spent treating patients, even when a student or resident is observing, as direct clinical care rather than teaching activities.

## **SPECIAL CIRCUMSTANCES**

### ***Clinical Practice Service Requirements at Teaching Health Centers***

If a participant is serving full-time under a Federal Assignment or Private Practice Assignment and participating in a HRSA-funded [Teaching Health Center Graduate Medical Education](#) (THCGME) 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 eight 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 four 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 rural NHSC-approved SUD treatment facility.

### ***Clinical Practice Service Requirements for School-Based Clinics***

All school-based clinics must be rural NHSC-approved SUD treatment facilities. Participants serving at school-based clinics as their primary rural NHSC-approved SUD treatment facility/facilities must provide required documentation (for example, In-Service Verification Forms) that demonstrates they are meeting their NHSC service obligation at that facility.

Providers who work at school-based clinics that are not open year-round will not receive NHSC Rural Community LRP service credit for any period they are not serving at a school-based clinic. To meet the NHSC's clinical practice requirements participants who are working at school-based clinics that are not open for a minimum of 45 weeks per service year have the option to work at an additional rural NHSC-approved SUD treatment facility/facilities when the school clinic is closed. The additional rural NHSC-approved SUD treatment facility/facilities must satisfy the HPSA requirements identified in the participant's NHSC Rural Community LRP contract. Providers must request to transfer to an additional rural NHSC-approved SUD treatment facility/facilities by submitting a Site Status Change Request. Log into your [My BHW](#) Account to make this request.

If the participant's school is closed for a portion of the year, and the participant does not have an alternate rural NHSC-approved SUD treatment facility that will enable the participant to fulfill the NHSC annual clinical practice requirements, the participant's NHSC Rural Community LRP service obligation will be extended.

**Note: Licensed Professional Counselors**

Licensed professional counselors who work at schools that are rural NHSC-approved SUD treatment facilities 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.

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

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, Tribally Operated 638 Hospital, CMS-approved CAH, or REH. Applicants must list in their application both the American Indian Health Facility Hospital and its affiliated outpatient clinic, both the CAH and its affiliated outpatient clinic, or REH 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 professional in schools or other community-based settings as directed by the NHSC-approved SUD treatment facility. 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	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 (which may include up to 8 hours/week of teaching activities)	Up to 8 hours/week	Up to 16 hours/week
Half time	20-39 hours/week	At least 8 hours/week (which may include up to 4 hours/week of teaching activities)	Up to 4 hours/week	Up to 8 hours/week

**TRAINING AND LICENSURE REQUIREMENTS**

NHSC Rural Community LRP applicants must demonstrate satisfactory professional competence, professional conduct, and meet discipline/specialty- specific education, training, and licensure requirements, as described in the [Required Credentials for Eligible Disciplines](#) section.

Applicants who intend to practice under the NHSC Rural Community LRP as federal employees, federal contractors, or employees of a tribal health program (see the [Appendix](#) for a Glossary of

definitions) in a state in which the tribal health program provides services described in their contract, **must** have ( or will have by June 30, 2026), a current, full, permanent, unencumbered, unrestricted health professional license, certificate or registration (whichever is applicable) in a state.

All other applicants **must** have (or will have by June 30, 2026), a current, full, permanent, unencumbered, unrestricted health professional license, as set forth in the [Required Credentials for Eligible Disciplines](#) section, in the state where their rural NHSC-approved SUD treatment facility is located, unless otherwise noted in the Required Credentials for Eligible Disciplines section.

All applicants who are seeking to be considered in Tier Two ([Tiering for Funding Priorities](#) section) for funding, must submit verification of SUD certification or SUD licensure to provide SUD treatment services (see the [Additional Supplemental Documentation](#) section).

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

The NHSC Rural Community LRP reserves the right to request documented proof of completion of discipline-specific advanced training (residency, certification, fellowships, etc.) and any other requirements set forth in the [Required Credentials for Eligible Disciplines](#) section. Please note that while an applicant may be licensed in the state of intended practice, there may be additional requirements identified in the [Required Credentials for Eligible Disciplines](#) section that must be met to be eligible for the NHSC Rural Community LRP. For example, see the [Telehealth and Home Health Policies](#) section for 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 below, **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
<ul style="list-style-type: none"> <li>• Family medicine</li> <li>• General internal medicine</li> <li>• General pediatrics</li> <li>• Obstetrics/gynecology</li> <li>• Geriatrics</li> </ul>	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.	Completed (or will complete and begin working by July 18, 2026) a residency program in a primary care specialty (listed under “Specialties” column) or fellowship in addiction medicine, approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.	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
<ul style="list-style-type: none"> <li>• General psychiatry</li> <li>• Child and adolescent psychiatry</li> </ul>	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 Psychiatry approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.	N/A

**Discipline: Physician Assistants/Physician Associates**

Specialties	Education Requirements	Certification Requirements	Notes
<ul style="list-style-type: none"> <li>• Adult</li> <li>• Family</li> <li>• Pediatric</li> <li>• Women’s health</li> <li>• Geriatrics</li> <li>• Mental health and psychiatry</li> </ul>	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**

Specialties	Education Requirements	Certification Requirements	Notes
<ul style="list-style-type: none"> <li>• Adult</li> <li>• Family</li> <li>• Pediatric</li> <li>• Women’s health</li> <li>• Geriatrics</li> <li>• Mental health and psychiatry</li> </ul>	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: Pharmacists**

Specialties	Education Requirements	Certification Requirements	Notes
None	A health professional degree from a School of Pharmacy accredited by the Accreditation Council for Pharmacy Education at a college, university, or educational institution that is accredited by the U.S. Department of Education nationally recognized accrediting body or organization.	None	N/A

**Discipline: Registered Nurses**

Specialties	Education Requirements	Certification Requirements	Notes
<ul style="list-style-type: none"> <li>• Adult</li> <li>• Family</li> <li>• Pediatric</li> <li>• Women’s health</li> <li>• Geriatrics</li> <li>• Mental health and psychiatry</li> </ul>	A degree from a school of nursing accredited by the U.S. Department of Education and has passed the National Council Licensure Examination for Registered Nurses.	None	N/A

**Discipline: Certified Nurse Anesthetists**

Specialties	Education Requirements	Certification Requirements	Notes
<ul style="list-style-type: none"> <li>• Adult</li> <li>• Family</li> <li>• Pediatric</li> <li>• Women’s health</li> <li>• Geriatrics</li> <li>• Mental health and psychiatry</li> </ul>	Master’s degree from a school of nursing accredited by the U.S. Department of Education and has passed the National Council Licensure Examination of Registered Nurses.	National certification by the National Board of Certification & Recertification for Nurse Anesthetists.	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; <b>AND</b> Have the ability to practice independently and unsupervised as a health service psychologist.	Health Service Psychologists who work at schools that are rural NHSC-approved SUD treatment facilities must be primarily engaged in direct clinical and counseling services and must meet the clinical practice requirements for the <i>entire</i> calendar year. Psychologists focused on career or guidance counseling are <b>not</b> 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; <b>OR</b> 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	Baccalaureate 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.	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	<p>Master’s or doctoral degree 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;</p> <p><b>OR</b></p> <p>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.</p>	<p>Have at least two years of post-graduate supervised clinical experience as a Marriage and Family Therapist;</p> <p><b>OR</b></p> <p>Be a Clinical Fellow member of the American Association for Marriage and Family Therapy;</p> <p><b>OR</b></p> <p>Successfully passed the Marriage and Family Therapist Standard Written Examination.</p>	N/A

**Discipline: Licensed Professional Counselors**

Specialties	Education Requirements	Certification Requirements	Notes
None	<p>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.</p> <p><b>AND</b></p> <p>Have at least two years of post-graduate supervised counseling experience.</p>	License, certificate, or registration	<p>If a licensed professional counselor license, certificate or registration is not available in the state of intended practice, the individual must 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).</p>

**Discipline: SUD Counselors**

Specialties	Education Requirements	Certification Requirements	Notes
None	Master’s degree or higher in a health professional field of study from a school accredited by the U.S. Department of Education nationally recognized regional or state institutional accrediting agency.	A state-issued certification or license to provide SUD treatment. A provider’s certification or license to provide SUD treatment must meet the national standard recognized by the National Board for Certified Counselors; the Association for Addiction Professionals, or International Certification & Reciprocity Consortium	SUD counselors are required to have a level of licensure or certification that allows them to practice independently and without supervision. The SUD licensure and certification should be unencumbered, unrestricted and it cannot be a provisional, temporary, or an internship document.  SUD counselors must also develop SUD treatment plans, collaborate with other professionals, and make referrals as needed.

**ELIGIBLE RURAL NHSC-APPROVED SUD TREATMENT FACILITIES**

A rural NHSC-approved SUD treatment facility is in a Rural-Urban Commuting Area Census Tract and operates as a health care facility providing comprehensive outpatient services to populations residing in HPSAs and has been determined to meet the rural NHSC-approved SUD treatment facility eligibility requirements and qualifications. To determine if an applicant’s site is considered “rural” for purposes of the NHSC Rural Community LRP, use this Health Resources and Services Administration Data Warehouse tool: [Rural Health Grants Eligibility Analyzer](#).

To be approved as a rural NHSC-approved SUD treatment facility, the facility must [apply](#) during an open NHSC site application period; however, site approvals are not processed during the NHSC Rural Community LRP open application cycles. As part of the site application review process, the NHSC will determine whether the site has demonstrated that it meets the requirements set forth in the [NHSC Site Agreement](#) and NHSC Site Reference Guide, including submission of [NHSC Rural Community LRP-related documentation](#).

The following types of sites are eligible for rural NHSC-approved SUD treatment facility approval: See the [Health Workforce Connector](#) for all rural NHSC-approved SUD treatment facilities.

**ELIGIBLE RURAL NHSC-APPROVED SUD TREATMENT FACILITY TYPES**

- 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
- Federally Qualified Health Center look-alikes
- Federally Qualified Health Centers
- Immigration and Customs Enforcement (ICE) Health Service Corps Facilities

- CMS Centers for Medicare & Medicaid Services certified rural health clinics
- Community Outpatient Facilities (including community mental health centers)
- CMS-Approved Critical Access Hospitals (affiliated with an outpatient clinic)
- Free clinics
- Mobile Units
- Private Practices
- Rural Emergency Hospitals (with an affiliated outpatient clinic)
- School-Based Clinics
- State or Local Health Departments
- State Prisons
- SUD Treatment Facilities: Substance Abuse and Mental Health Services Administration (SAMHSA)-certified Outpatient Treatment Programs and Office-Based Opioid Treatment facilities

The following are **not** eligible rural NHSC-approved SUD treatment facilities, even if they are in a HPSA:

- 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)
- Facilities that only provide telehealth services
- Non-opioid SUD treatment facilities
- Home-based health care settings of patients or clinicians
- Inpatient Hospitals (except CMS-certified Critical Access Hospitals affiliated with outpatient clinics, Rural Emergency Hospitals affiliated with outpatient clinics, and some American Indian Health Facility Hospitals affiliated with outpatient clinics)
- Local/county/city/private correctional facilities
- Other types of inpatient facilities and inpatient rehabilitation programs
- Residential Facilities
- 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)

**NOTE:** Existing NHSC-approved sites that are not approved as rural NHSC-approved SUD treatment facilities are not eligible.

### **COMPREHENSIVE PRIMARY CARE AND BEHAVIORAL HEALTH FACILITIES**

In general, rural NHSC-approved SUD treatment facilities must be certified under the [Comprehensive Behavioral Health Services Certification process](#).

Applicants who are providing behavioral health services in a certified, non-exempt NHSC behavioral health site will only be eligible for an NHSC award if the site can verify that it offers comprehensive primary behavioral health care services (see the Glossary in the [Appendix](#) section). Acceptable documentation includes affiliation agreements; memorandums of understanding/agreement;

contracts; letters of referral; letters of support/commitment; or referral and follow-up policy statements.

Non-exempt NHSC behavioral health sites must provide the following services directly, not through affiliation or referral: screening and assessment, treatment plans, and care coordination. For additional information regarding this requirement, including certification timelines for sites, refer to the [Behavioral Health Services Checklist](#). The following NHSC-approved sites are exempt from the Comprehensive Behavioral Health Services Certification process: Federally Qualified Health Centers (Health Center Grantees), Federally Qualified Health Center look-alikes, American Indian Health Facility Hospitals, Tribally Operated 638 Health Programs, Urban Indian Health Programs, ICE Health Service Corps sites, federal prisons, and state prisons.

## **INPATIENT SETTINGS**

Inpatient hospital settings (except Critical Access Hospitals, American Indian Health Facility Hospitals, and Rural Emergency Hospitals with affiliated outpatient clinics) are not eligible rural NHSC-approved SUD treatment facilities. Thus, clinicians whose employment is fully in an inpatient setting are not eligible for an NHSC Rural Community LRP award.

### **Critical Access Hospital, Rural Emergency Hospital and American Indian Health Facility Hospitals with Outpatient Clinics**

Critical Access Hospitals, American Indian Health Facility Hospitals, and Rural Emergency Hospitals must have an affiliated outpatient primary care clinic and provide comprehensive primary care and related inpatient services. Both the Critical Access Hospitals, American Indian Health Facility Hospitals, and Rural Emergency Hospitals and their affiliated primary care clinics must submit separate site applications during the same application cycle. The sites must document how NHSC placement will be solely for primary care and certify compliance with the NHSC Site Agreement.

## **PRACTICE AGREEMENT TYPES**

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

- (1) **Federal Assignment.** NHSC Rural Community 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). This site must be a rural NHSC-approved SUD treatment facility. Participants assigned as Civil Servants may request to serve half-time (subject to federal personnel regulations); U.S. Public Health Service Commissioned Corps Officers must serve full-time.
- (2) **Private Practice Assignment (PPA).** Under a PPA, an NHSC Rural Community 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 rural NHSC-approved SUD treatment facility 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. The PPA service option is available to both full-time and half-time participants.

- (3) **Private Practice Option (PPO).** Under the PPO, a NHSC Rural Community LRP participant is either (a) self-employed (for example, a solo practitioner or co-owner of the rural NHSC-approved SUD treatment facility at which the applicant works); (b) part of a group practice; (c) an independent contractor; or (d) a salaried employee of an eligible, rural NHSC-approved SUD treatment facility who is **not** receiving salary and malpractice coverage at least equal to what they would receive as a federal civil servant. In order 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 available only to full-time participants.

**NOTE:** Federal Assignment and PPA require the rural NHSC-approved SUD treatment facility 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 rural NHSC-approved SUD treatment facility). 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 due to your orders as a federal assignee you may have limited options for accepting a site assignment at another rural NHSC-approved SUD treatment facility if you are no longer able to continue at the original site. If you are selected for a NHSC Rural Community LRP award, you are required to complete your service at a rural NHSC-approved SUD treatment facility 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
<b>NOT</b> a federal employee but an employee of a rural NHSC-approved SUD treatment facility	<i>at least equal</i> to what they would earn as a civilian employee of the U.S. Government and their malpractice/tail coverage are provided by the approved site	Private Practice Assignment
<b>NOT</b> a federal employee but an employee of a rural NHSC-approved SUD treatment facility	<i>less than</i> what they would earn as a civilian employee of the U.S. Government and/or the approved site does not provide malpractice/tail coverage.	Private Practice Option
<b>NOT</b> a federal employee but an independent contractor to a rural NHSC-approved SUD treatment facility, or a member or co-owner of a group practice at a rural NHSC-approved SUD treatment facility, or a solo practitioner in a rural NHSC-approved SUD treatment facility	whatever income they earn or generate; whatever malpractice coverage they purchase or receive	Private Practice Option

## TELEHEALTH AND HOME HEALTH POLICIES

**Telehealth.** Participants serving under a PPO agreement are ineligible to receive service credit for telehealth delivered services. NHSC Rural Community LRP participants must comply with all applicable telemedicine policies of their rural NHSC-approved SUD treatment facility, as well as all applicable federal and state rules and policies regarding telemedicine services, including those related to Medications for Opioid Use Disorder.

NHSC Rural Community LRP 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.

HRSA and the NHSC Rural Community LRP are committed to expanding and improving access to quality opioid use disorder and other SUD treatment in rural and underserved areas across the country, including through the use of telehealth.

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

- a. NHSC Rural Community LRP participants must be practicing in accordance with applicable licensure and professional standards.

- b. Participants must be available, at the discretion of the rural NHSC-approved SUD treatment facility, to provide in-person care at the direction of each telehealth site on the LRP application regardless of whether such facilities 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 Rural Community LRP APG 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 approved alternative settings must be an **extension** of the comprehensive primary care provided at the rural NHSC-approved SUD Facility.
- d. Self-employed clinicians and other PPO providers are not eligible to earn NHSC Rural Community LRP 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 (i.e., the distant site) and the state where the patient is physically located (i.e., the originating site).
- f. Telehealth services must be furnished using an interactive telecommunications system. Telephones, facsimile machines, and electronic mail systems do not meet the definition of an interactive telecommunications system.

**Home Health.** The NHSC Rural Community LRP does not currently recognize the homes of patients or providers as rural NHSC-approved SUD treatment facilities. As such, home visits may only be conducted at the direction of the rural NHSC-approved SUD treatment facility and may only be counted in the alternative setting allotment for direct clinical care (see the [Eligible Providers and Clinical Practice Requirements](#) section).

## **HOW LOAN REPAYMENT AWARDS ARE DETERMINED**

The NHSC Rural Community LRP determines loan repayment awardees using rankings of HPSA or MCTA, as applicable, funding priorities and other selection factors.

## **HEALTH PROFESSIONAL SHORTAGE AREAS**

The NHSC LRP statute requires that clinicians work in HPSAs of greatest need.

The applications for those applicants who are determined to meet individual eligibility for the NHSC Rural Community LRP are prioritized and awarded in the following manner:

- 1) First, based on the tiers in the [Tiering for Funding Priorities](#) section;
- 2) Then within each tier, on descending order of the HPSA or MCTA score, as applicable, for the applicant's intended site of service (your work site); and
- 3) Then within each HPSA score, on the criteria identified in the [Tiering for Funding Priorities](#) section.

If an applicant is serving or will serve at multiple rural NHSC-approved SUD treatment facilities, with differing HPSA scores, the lowest score will be used to 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.

## MATERNITY CARE TARGET AREAS

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 Rural Community 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](#) and [Tiering for Funding Priorities](#) sections of this document. Maternity care health professionals 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 exclusively in a mental health HPSA are not eligible for an award.

## FUNDING PRIORITIES

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

- **Current (or former) NHSC Scholars and Participants with Remaining Eligible Loans.** Current or former NHSC members include scholarship recipients and participants of the various NHSC LRPs who have completed or will completed (by the applicable deadline) their service obligation and continue to have eligible student loans.
- **Characteristics Likely to Remain Practicing in a HPSA.** The NHSC Rural Community LRP 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 Payment Program (THCGME),<sup>3</sup> or a HRSA-funded Advanced Nursing Education (ANE) Nurse Practitioner Residency Program<sup>4</sup>, ANE Practitioner Residency Integration Program<sup>5</sup> or ANE Nurse Practitioner Residency Fellowship Program.<sup>6</sup>
  - b. The duration of the applicant's tenure at their current rural NHSC-approved SUD treatment facility; and
  - c. The characteristics of the applicant's spouse, if applicable, indicate they are likely to remain

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<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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.

in a HPSA. If this funding priority is applicable, the NHSC will contact applicant(s) directly.

- **Training in a Specialty Determined by the Secretary to be Needed by the NHSC**

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:

- a. **Applicants who have completed: a HRSA-funded Addiction Medicine Fellowship Program**<sup>7</sup>.

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 Health Resources and Services Administration-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. Program completers will have received training in one of three tracks:

- i. A virtual training track that includes an in-person rotation at a teaching health center or in a community-based setting, followed by a virtual rotation in which the resident or fellow continues to support the care of patients at the teaching health center or in the community-based setting through the use of health information technology and, as appropriate, telehealth services;
- ii. An in-person training track that includes a rotation, during which the resident or fellow practices at a teaching health center or in a community-based setting; or
- iii. An in-person training track that includes a rotation during which the resident practices in a community-based setting that specializes in the treatment of infants, children, adolescents, or pregnant or postpartum women.

- b. **Applicants who have completed: a HRSA-funded Graduate Psychology Education 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 Health Resources and Services Administration-funded Graduate Psychology Education (GPE) Program<sup>8</sup>. 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.

- c. **Disadvantaged Background (DAB)** (see the [Appendix](#) for a glossary of definitions). Consistent with the governing statute, the NHSC Rural Community LRP will give priority to an applicant

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<sup>7</sup> 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.

<sup>8</sup> 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.

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 disadvantaged background. The applicant may submit certification from their school on the NHSC-approved Disadvantaged Background form that they:

- (i) were identified as having a “disadvantaged background” based on environmental and/or economic factors, or
- (ii) 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 disadvantaged background form, for example, a Federal Student Aid report.

## TIERING FOR FUNDING PRIORITIES

The NHSC uses the funding priority factors above to rank the applicants in the tiers as reflected in the Tiering for Funding Priorities table.

Tiering for Funding Priorities		
Clinician Type and SUD Credentials	Rural NHSC-approved SUD Treatment Facility Requirement	HPSA/MCTA score range
<b>Tier 1</b>		
All SUD professionals <b>with OR without</b> SUD certification or licensure to provide SUD treatment ( <i>for example, Licensure/Certification</i> )	Rural Communities Opioid Response Program Consortium Member Site	25-0
<b>Tier 2</b>		
All SUD professionals <b>with</b> SUD certification or licensure	SAMHSA-certified opioid treatment program  Office-based opioid treatment facility	25-0
<b>Tier 3</b>		
All SUD professionals <b>without</b> SUD certification or SUD licensure	SAMHSA-certified opioid treatment program  Office-based opioid treatment facility	25-0

## SELECTION FACTORS

*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<sup>9</sup> with the 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

<sup>9</sup> 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/>).

- state tax liabilities)], unless the obligation was subsequently satisfied.
- b. Write-offs/charge-offs of any federal or non-federal debt 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. Any 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 any negative reports in the National Practitioner Data Bank.** The NHSC will request and review the applicant's National Practitioner Data Bank 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 a service obligation that would be performed concurrently or overlap with their NHSC Rural Community 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 Rural Community LRP Contract](#) section).

**EXCEPTIONS:**

- a. Applicants who are already obligated to a federal, state, or other entity (for example, NHSC LRP, Nurse Corps LRP, active military duty, State Loan Repayment Program (State LRP), Indian Health Service (IHS) LRP, or any other entity that obligates you to remain employed at a certain geographical location) for professional practice or service may be eligible for the NHSC Rural Community LRP, if they will completely satisfy that obligation by the following applicable date:
  - For NHSC Scholarship Program or Nurse Corps Scholarship Program participants: **July 31, 2026.**
  - For all others, including NHSC LRP participants, Nurse Corps LRP participants, active military duty, State LRP participants, or IHS 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 a NHSC Rural Community LRP award **are** eligible for the program. Reservists should understand the following:
  - Military training or service performed by reservists will not satisfy the NHSC Rural Community LRP service obligation. If a participant's military training and/or service, in combination with the participant's other absences from the rural NHSC-approved SUD treatment facility, will exceed seven weeks per service year, the participant should request a suspension. The NHSC Rural Community LRP service obligation end date will be extended to compensate for the break in NHSC.

- If the reservist is deployed, they are expected to return to the rural NHSC-approved SUD treatment facility where they were serving prior to deployment. If unable to do so, the reservist must request a transfer to another rural NHSC-approved SUD treatment facility. If the reservist fails to seek a transfer and subsequently refuses to accept a NHSC assignment to another rural NHSC-approved SUD treatment facility, they will be placed in default of their service obligation.

**(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 should sign the certification that is applicable to their situation. As a condition of participating in the NHSC Rural Community LRP, a participant must agree to provide immediate written notice to the Health Resources and Services Administration’s NHSC Rural Community 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 Rural Community LRP, the applicant must either: 1) Be working at a rural NHSC-approved SUD treatment facility, or 2) Have accepted an offer of employment at a rural NHSC-approved SUD treatment facility by the date they submit their application and will begin meeting the NHSC Rural Community LRP clinical practice requirements at the rural NHSC-approved SUD treatment facility they identified (in their application) by July 18, 2026. However, all applications, regardless of employment start date, must be submitted by the application closing deadline. For details on the deadline, go to the [NHSC Rural Community LRP web page](#).

## **DATES OF THE SERVICE OBLIGATION**

The participant’s NHSC Rural Community LRP service obligation begins on the date that the NHSC Rural Community LRP contract becomes effective, which is on the date it is countersigned by the Secretary or their designee. 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 your [My BHW](#) Account.

Participants will not receive service credit for any employment at a rural NHSC- approved SUD treatment facility prior to the effective date of their NHSC Rural Community 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 three-year full-time service obligation that began on July 15, 2026, would be July 14, 2029. Adjustments in the end date will be made by the NHSC if a participant is away from their rural NHSC-approved SUD treatment facility for more than seven weeks (roughly 35 workdays) per service year (see the [Worksite Absences](#) section).

## **ROLE OF THE SITE POINT OF CONTACT**

For the NHSC Rural Community LRP, the site point of contact is the on-site official at the rural NHSC-approved SUD treatment facility 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 in order for the application to be completed and ultimately submitted by the applicant, prior to the application cycle deadline. If an applicant is working at multiple NHSC-approved 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 point of contact(s) completes the Employment Verification, the applicant must submit the complete application by the application deadline. For details on the deadline, go to the [NHSC Rural Community 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 the applicant to submit the NHSC Rural Community LRP application by the application deadline. The applicant will receive notification 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.

## **EMPLOYMENT STATUS**

Most NHSC Rural Community LRP participants are employees or independent contractors of non-federal facilities. Employment contract negotiations are solely the responsibility of the clinician and are between the clinician and the service facility. Applicants may want to seek legal guidance from private counsel before entering into an employment contract.

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

## **WORKSITE ABSENCES**

The information provided in this section pertains to compliance with the NHSC Rural Community LRP service obligation and is not a guarantee that a rural NHSC-approved SUD treatment facility will allow any particular amount of leave. Leave must be approved by a participant's rural NHSC-approved SUD

treatment facility; therefore, participants cannot receive credit for leave if they are unemployed.

- (1) Full-time participants are allowed to spend no more than seven weeks (approximately 35 full-time workdays or 280 full-time working hours) per service year away from the rural NHSC-approved SUD treatment facility for vacation, holidays, continuing professional education, illness, or any other reason.
- (2) Half-time participants are allowed to spend no more than seven weeks (approximately 35 half-time workdays or 140 half-time working hours) per service year away from the rural NHSC-approved SUD treatment facility 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 rural NHSC-approved SUD treatment facility 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 [Worksite Absences](#) section) are the hours of absence that cause a participant's work hours to fall below the NHSC Rural Community LRP 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 Rural Community LRP minimum requirements of 20 hours a week.

Absences over 280 full-time working hours or 140 half-time working hours (which translates into 7 weeks or 35 workdays) will result in the extension of the participant's service obligation end date. 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 Rural Community LRP service obligation through the [My BHW](#) Account and provide supporting documentation to submit a request. The NHSC Rural Community LRP 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 Obligation and Payment Obligation](#) section.

## **SERVICE VERIFICATION**

Every six months, NHSC Rural Community LRP participants must submit in-service verification documentation. The in-service verification will be available through the [My BHW](#) Account and must be completed and electronically signed by the participant. Once completed by the participant, it will be forwarded to the site point of contact at the rural NHSC-approved SUD treatment facility for electronic verification. By completing and electronically signing the in-service verification form, the participant and the site point of contact are certifying the participant's compliance or noncompliance with the clinical practice requirements during the preceding six-month period. The in-service verification will also 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. Log in to your [My BHW](#) Account to access In-Service Verification. 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.

While the NHSC Rural Community LRP will take steps to alert both the participant and the rural NHSC-approved SUD treatment facility to the due date for an in-service verification submission, it is the participant's responsibility to ensure that the site point of contact at their rural NHSC-approved SUD

treatment facility completes the verification in a timely manner and that it is accurate. Participants who fail to complete and submit their in-service verification on time may jeopardize receiving service credit and may also be recommended for default.

## **CONTINUING SERVICE AFTER INITIAL THREE-YEAR CONTRACT**

An NHSC Rural Community LRP participant is not eligible to receive a continuation contract for participation in the program beyond the three-year contract. However, if individuals still have remaining qualifying educational loans they may review the website to [determine which NHSC LRP is right for them](#) and apply to the program during an open application cycle. See the [Funding Priorities](#) section. If awarded, a new contract and service obligation will be in effect, accordingly.

## **Application Withdrawal and Contract Termination**

### **WITHDRAWAL PROCESSES**

After submitting a signed contract, 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). After a contract has taken effect, the Secretary or their designee may terminate the contract only under the circumstances set forth in the [Contract Termination](#) section.

An applicant's signature alone on the NHSC Rural Community LRP contract document does not constitute a contractual agreement. The NHSC Rural Community LRP contract becomes effective on the date it is countersigned by the Secretary or their designee. It is anticipated that all Fiscal Year 2026 NHSC Rural Community LRP contracts will be countersigned on or before **September 30, 2026**.

### **CONTRACT TERMINATION**

An applicant becomes a participant in the NHSC Rural Community LRP only upon entering into a contract with the Secretary. The contract becomes fully executed (and effective) on the date that the Secretary or their 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 Guidance, the appropriations act for full 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<sup>11</sup>: the Secretary may terminate a NHSC Rural Community 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 Rural Community 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 the participant's [My BHW](#) Account. If the NHSC Rural Community LRP funds have been disbursed to the participant, they will receive separate instructions in their [My BHW](#) Account or directly from a NHSC representative outlining the process for returning the awarded funds.

Requests to terminate the contract after 60 days will not be considered unless the participant who has been awarded such a 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.

## **TRANSITIONING FROM THE NHSC SCHOLARSHIP PROGRAM TO THE NHSC RURAL COMMUNITY LRP**

NHSC scholars completing their service obligation who wish to be considered for a Fiscal Year 2026 NHSC Rural Community LRP award will be able to complete an application by logging into their [My BHW](#) Account and submitting a complete application by the deadline, which will be posted online at [NHSC Rural Community LRP](#) page on the National Health Service Corps website.

NHSC 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 Rural Community LRP, so long as their site is a rural NHSC-approved SUD treatment facility. In addition, the scholarship obligation must be fulfilled on or before July 31, 2026. Scholar applicants will receive funding priority, as described in the [Funding Priorities](#) section.

Scholars who intend to transfer to a rural NHSC-approved SUD treatment facility must complete their NHSC Scholarship Program obligation at their current NHSC-approved site by July 31, 2026. When completing the NHSC Rural Community LRP application, scholar applicants who intend to transfer to a new site will need to submit the new site for the NHSC Rural Community LRP so that HRSA can verify the future employment. The new site must be a rural NHSC-approved SUD treatment facility.

## **CONVERSION FROM FULL-TIME TO 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) The participant's rural NHSC-approved SUD treatment facility agrees in writing that the participant may convert to half-time clinical practice (as defined by the NHSC);
- (2) The participant is a federal employee or a Private Practice Assignee (see the [Practice Agreement Types](#) section); and
- (3) The participant agrees in writing (by signing an addendum to the NHSC Rural Community LRP Full-Time Contract) to complete the remaining service obligation through half-time clinical practice for twice as long as the full-time commitment.

Participants will **not** be allowed to switch back to full-time service once they have converted to half-time service. The half-time option is not authorized for PPO practitioners.

## **LEAVING THE RURAL NHSC-APPROVED SUD TREATMENT FACILITY PRIOR TO COMPLETION OF SERVICE OBLIGATION**

The NHSC Rural Community LRP expects that participants will fulfill their obligation at the rural NHSC-approved SUD treatment facility identified in the “Confirmation of Interest” notification that applicants are required to electronically sign. If a participant feels they can no longer continue working at their rural NHSC-approved SUD treatment facility, the participant should discuss the situation and/or concerns with management at their rural NHSC-approved SUD treatment facility and must contact the NHSC Rural Community LRP immediately through their [My BHW](#) Account.

If the participant leaves their rural NHSC-approved SUD treatment facility without prior approval of the NHSC Rural Community LRP, they may be placed in default as of the date they stopped providing direct clinical care at the rural NHSC-approved SUD treatment facility and become liable for the monetary damages specified in the participant’s NHSC Rural Community LRP contract. **Participants who are terminated for-cause by their site will be placed in default.**

## **TRANSFER REQUESTS TO ANOTHER RURAL NHSC-APPROVED SUD TREATMENT FACILITY**

The NHSC Rural Community LRP understands that circumstances may arise that require a participant to leave their initial rural NHSC-approved SUD treatment facility and complete service at another rural NHSC-approved SUD treatment facility. NHSC Rural Community LRP participants will only be allowed to transfer to another rural NHSC-approved SUD treatment facility. The participant must submit a transfer request through their [My BHW](#) Account. 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 rural NHSC-approved SUD treatment facility.

The rural NHSC-approved SUD treatment facility change must be approved and processed by the NHSC prior to the participant beginning to receive service credit for employment at the new rural NHSC-approved SUD treatment facility. If a participant begins employment at a rural NHSC-approved SUD treatment facility prior to NHSC Rural Community LRP approval, they may not receive service credit for the time period between their last day providing direct clinical care at the initial rural NHSC-approved SUD treatment facility and resumption of service at the transfer rural NHSC-approved SUD treatment facility following NHSC approval. If the proposed transfer rural NHSC-approved SUD treatment facility is disapproved by the NHSC Rural Community LRP and the participant refuses assignment to another rural NHSC-approved SUD treatment facility, they may be placed in default and become liable for the monetary damages specified in the participant’s NHSC Rural Community LRP contract.

## **MATERNITY/PATERNITY/ADOPTION LEAVE**

Requests for maternity/paternity/adoption leave of 12 weeks or fewer will be automatically approved by the NHSC, if documented in the participant’s [My BHW](#) Account. If participants plan to be away from their rural NHSC-approved SUD treatment facility 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 rural NHSC-approved SUD treatment facility 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 rural NHSC-approved SUD treatment facility.

If participants plan to take more than 12 weeks, they are required to request a medical suspension (see the [Suspensions of Service Obligation and Payment Obligation](#) section), which may or may not be approved by the NHSC. Requests should be submitted through their [My BHW](#) Account.

Remember that a participant is required to serve a minimum of 45 weeks per service year and is allowed to be away from the rural NHSC-approved SUD treatment facility 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 approximately seven weeks (35 workdays) of leave per service year; however, circumstances may occur that prevent a participant from staying within this timeframe. In these cases, the Secretary may, under certain circumstances, suspend (put "on hold") the NHSC Rural Community LRP service or payment obligation.

**Suspension.** A suspension of the NHSC Rural Community 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 below. Suspension requests are submitted through the [My BHW](#) Account.

- 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 Rural Community LRP service obligation.
- b. **Maternity/Paternity/Adoption Leave.** If the participant's maternity/paternity/adoption leave will exceed 12 weeks (or a longer period as permitted under state law where the participant resides) during a service year, a suspension may be granted by the NHSC based on documented medical need.
- c. **Call to Active Duty in the Armed Forces.** Participants who are military reservists and are called to active duty must submit a request for a NHSC service suspension through the [My BHW](#) Account. 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 Rural Community LRP 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 their [My BHW](#) Account for guidance on how to request an extension of the suspension period.

## UNEMPLOYMENT DURING SERVICE OBLIGATION

The NHSC Rural Community LRP recognizes that circumstances may arise whereby a participant feels that they can no longer continue serving at their assigned rural NHSC-approved SUD treatment facility. In some of these situations, the participant may be eligible to transfer to another rural NHSC-approved SUD treatment facility to continue service in accordance with the requirements specified in their service contract. Participants who resign, or are terminated, by their rural NHSC-approved SUD treatment facility/facilities, must contact the NHSC Rural Community LRP immediately through their [My BHW](#) Account.

If the NHSC Rural Community LRP deems the participant eligible for a transfer, the NHSC Rural Community LRP will give the participant a specified period of time in which to obtain and accept an employment offer at a rural NHSC-approved SUD treatment facility identified by the NHSC Rural Community LRP or at another suitable rural NHSC-approved SUD treatment facility identified by the participant.

Although the NHSC Rural Community LRP may assist unemployed participants with identifying suitable positions at a rural NHSC-approved SUD treatment facility (referred to as “site assistance”), **it is the participant’s responsibility to obtain suitable employment at a rural NHSC-approved SUD treatment facility.** Please note that the NHSC Rural Community LRP contract is not limited to service in a particular geographic area, and there may not be transfer opportunities in the participant's preferred area.

### NOTE:

- Unemployed participants may need to relocate in order to fulfill their NHSC Rural Community LRP service obligation.
- Approval of a transfer or reassignment is at the NHSC Rural Community LRP’s discretion, and available service opportunities may not be in the participant’s preferred geographic area.
- Participants who voluntarily resign from their rural NHSC-approved SUD treatment facility/facilities without prior approval from the NHSC Rural Community LRP, are terminated by their rural NHSC-approved SUD treatment facility/facilities “for cause,” or are deemed ineligible for rural NHSC-approved SUD treatment facility site assistance, may not receive a transfer to another rural NHSC-approved SUD treatment facility, and may be placed in default and become liable for the monetary damages specified in the participant’s NHSC Rural Community LRP contract. See Section C of the NHSC Rural Community LRP contract for a full explanation of liability provisions.

## WORK AT AN UNAPPROVED SATELLITE CLINIC

If a rural NHSC-approved SUD treatment facility asks a participant to work at a clinic that is not listed as a rural NHSC-approved SUD treatment facility on the [Health Workforce Connector](#), is not a rural NHSC-approved SUD treatment facility identified on the participant’s Portal profile, and is not an approved alternative setting to address continuity of care, the participant should **immediately** notify the NHSC Rural Community LRP through their [My BHW](#) Account. Time spent at unapproved clinics will **not** count towards the participant’s service obligation.

## BREACHING THE NHSC RURAL COMMUNITY LRP CONTRACT

Participants should immediately contact the NHSC through their [My BHW](#) Account if a situation arises that may result in the participant being unable to begin or complete their NHSC Rural Community LRP service obligation. While the NHSC Rural Community LRP will work with participants to assist them, to the extent possible, to avoid a breach and fulfill the service obligation, participants are reminded that the failure to complete service for any reason is a breach of the NHSC Rural Community LRP contract. Participants should make sure they understand the following monetary damages that are required by federal law when a NHSC Rural Community 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. See Section 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254o(c)(1)).

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. See Sections 331(i)(2)(F) and 338E(c)(1) of the Public Health Service Act (42 U.S.C. 254d(i)(2)(F) and 254o(c)(1)).

**Note: A participant who breaches a full-time or half-time service commitment will owe *no less than \$31,000*.**

Any participant who breaches the NHSC Rural Community LRP contract, and who is placed into default status, will receive a default notice from the Program Support Center's Debt Collection Center that specifies the amount the United States is entitled to recover in accordance with Public Health Service Act, sections 331(i)(2)(F); 338E(c)(1). The debt will be due to be paid within one year of the date of the default. Failure to pay the debt by the due date has the following consequences:

- (1) **The debt may be reported as delinquent to credit reporting agencies.** During the one-year repayment period, the debt will be reported to credit reporting agencies as "current." If the debt becomes past due (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 Rural Community 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 Rural Community 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 Rural Community LRP debt.
- (4) **Licensure Sanctions.** In some states, health professions licensing or certification boards may impose sanctions, including suspension or revocation of a defaulter's professional license or certification, if the defaulter fails to satisfactorily address repayment of their NHSC Rural Community LRP debt.

## **BANKRUPTCY AND DEFAULT SCENARIOS**

The participant should also be aware that it is not easy to discharge a NHSC Rural Community LRP debt by filing for bankruptcy. A financial obligation under the NHSC Rural Community 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 three-year NHSC Rural Community LRP full-time service contract effective January 14, 2026. Her service end date is January 13, 2029. She received \$100,000 in loan repayment program financial support to apply toward her qualifying educational loans. She was terminated for cause by her rural NHSC-approved SUD treatment facility at the end of her workday on March 31, 2027. The NHSC determines that she defaulted on her Loan Repayment Program contract on April 1, 2027 and served 443 days of her three-year (1,096-day) service obligation.

Dr. Smith is liable to the United States for approximately: (1) \$59,580 for the loan repayments received for obligated service not completed ( $653/1096 \times \$100,000$ ) and (2) \$165,000 for the months of service not completed ( $\$7,500 \times 22$ ). Her total NHSC Rural Community LRP debt of \$224,580 will begin accruing interest at the maximum legal prevailing rate as of her default date (April 1, 2027) and is due to be paid in full within one year from the date of the default.

Scenario 2: Dr. Jane Smith entered into a three-year NHSC Rural Community LRP half-time service contract effective January 15, 2026. Her service end date is January 14, 2029. She received \$50,000 in loan repayment program financial support to apply toward her qualifying educational loans. She resigned from her rural NHSC-approved SUD treatment facility at the end of her workday on September 30, 2027, because she found a higher paying job at a clinic that is not located in a HPSA. The NHSC determines that she defaulted on her LRP contract on October 1, 2027 and served 625 days of her three-year (1,096-day) service obligation.

Dr. Smith is liable to the United States for approximately: (1) \$21,487 for the loan repayments received for obligated service not completed ( $471/1096 \times \$50,000$ ), and (2) \$60,000 for the amount owed for the months of service she did not complete ( $\$3,750 \times 16$ ). Dr. Smith's debt from (1) and (2) equals \$81,487 for breach of contract damages and will begin accruing interest at the maximum legal prevailing rate as of her default date (October 1, 2027). The debt is also due to be paid in full within one year from 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 Rural Community 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 [My BHW](#) Account. For details on accessing your [My BHW](#) Account, go to the NHSC 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 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.

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 below) 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 Rural Community LRP Online Application consists of:

- (1) Online Application, including the electronic employment verification (completed by the site point of contact);
- (2) Required Supporting Documentation; and
- (3) Additional Supplemental Documentation (if applicable).

The NHSC Rural Community 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 Rural Community 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 sections listed here to be able to submit an online application.

- (1) **NHSC 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. Please refer to the [Program Eligibility Requirements](#) 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 and family 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 search for and select the rural NHSC-approved SUD treatment facility/facilities where they are providing or will provide direct clinical care. If any of the rural NHSC-approved SUD treatment facility/facilities 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 rural NHSC-approved SUD treatment facility is not listed in the search results." If selected, the applicant is provided instructions on how to resolve the concern. If any of the facilities where the applicant provides care are not currently a rural NHSC-approved SUD treatment facility, the provider is not eligible to apply. Applicants who work at more than one rural NHSC-approved SUD treatment facility (for example, several satellite clinics) must include all service locations in their application by selecting from the drop-down menu and initiating an electronic Employment Verification for each rural NHSC-approved SUD treatment facility. Selecting a rural NHSC-approved SUD treatment facility where the applicant is not providing direct clinical care will disqualify their application.
- (6) **Employment Verification.** Once an applicant selects the rural NHSC-approved SUD treatment facility/facilities 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 rural NHSC- approved SUD treatment facility will be notified electronically

through their [My BHW](#) Account that an Employment Verification has been requested by the applicant.

Once completed by the rural NHSC-approved SUD treatment facility/facilities point(s) of contact, the applicant will be notified. The rural NHSC-approved SUD treatment facility 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 rural NHSC-approved SUD treatment facility 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 rural NHSC-approved SUD treatment facility point of contact. The NHSC will make no exceptions.

**NOTE:** If serving at an American Indian Health Facility Hospital, Tribally Operated 638 Hospital, Critical Access Hospital or Rural Emergency Hospital, applicants must include the hospital-affiliated outpatient clinic in their application. This allows the NHSC to verify that all service obligations are met at the time of submission.

Applicants who work at more than one rural NHSC-approved SUD treatment facility (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 facility when completing the NHSC Rural Community LRP application. Selecting a facility 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 service facility where they work or intend to work.

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 deadline or the applicant will be ineligible for an award. Errors made by applicants and/or site point of contact cannot be corrected after the application deadline.

- (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 Rural Community 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 Rural Community LRP 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 Rural Community LRP award.

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

Once the application cycle has closed, applicants that 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 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 answers provided in the online application or the application will be deemed ineligible. An application will not be considered complete, and an applicant may not submit an application, unless it contains each of the following required supporting documents:

1. **Proof of Status as a U.S. Citizen or U.S. National.** This document may include a copy of a birth certificate, the ID page of a current U.S. passport, or a certificate of citizenship or naturalization. **Documents that are NOT acceptable include: Copies of a driver's license or a Social Security card.**
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 Rural Community LRP or from any state if practicing in a federal facility.

**Applicants who do not have** a 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 Rural Community LRP **but who will be licensed by June 30, 2026, may submit an application.** Your site point of contact must submit proof by July 18, 2026, of your full, permanent, unencumbered, unrestricted health professional license, certificate, or registration (whichever is applicable) with an expiration date, for you to be eligible.

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 is used to provide current information on their 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 Rural Community LRP applicant);
  - iii. Contain the account number;
  - iv. Include the date of the statement (cannot be more than 30 days from the date of the applicant's loan repayment program 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 Rural Community 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 is used to verify the originating loan information. The applicant will need a Federal Student Aid ID (FSAID) to log in to their secured area and [create an FSAID](#) 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 the Disbursement Report section). 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 if the applicant's responses on the online application indicate that they are relevant. Applicants who are required to submit additional documents will be prompted to do so on the "Supporting Documents" page of the online application. The documents in this section will be added to the Supporting Documents list once the online

application has been submitted.

- (1) **SUD Certification/License.** A SUD licensure/certification must meet the national standard recognized by the National Board of Certified Counselors, National Association for Addiction Professionals, or International Certification & Reciprocity Consortium.
- (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) **Verification of Disadvantaged Background.** This document certifies that the applicant comes from a disadvantaged background 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 disadvantaged background by uploading a document that validates that they meet the criteria included on the Disadvantaged Background form. (Federal student aid report, etc.).
- (4) **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.
- (5) **Postgraduate Training Verification.** This document verifies that the applicant completed the AMF Program, ANE Nurse Practitioner Residency Program, the ANE Nurse Practitioner Residency Integration Program, the 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.
- (6) **Teaching Health Center Graduate Medical Education (THCGME) Identification Number.** Applicants who have completed a postgraduate medical training program funded by the Health Resources and Services Administration through the Teaching Health Center Graduate Medical Education Payment Program are required to submit the residency identification number and residency completion certificate, if available. Applicants should use the [Accreditation Council for Graduate Medical Education](#) website to look up their program identification number.
- (7) **Proof of Name Change.** Applicants will be required to provide legal documents (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 participants must provide verification that all NHSC LRP funds were used to repay the qualifying educational loans that were approved 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.

**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 of submission immediately upon submitting the online application. Applicants can view the overall status of their application, as well as a copy (PDF format) 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 reinstate employment verifications, change answers to questions and loan data, and withdraw their applications from consideration. Final edits and resubmissions must be made before the close of the application cycle. For details on the deadline, go to the [NHSC Rural Community LRP](#) page on the NHSC website.

**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 [My BHW](#) 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. For details on the deadline, go to the [NHSC Rural Community LRP](#) web page on the NHSC website.

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 in to their [My BHW](#) Account.

## **CONFIRMATION OF INTEREST**

The NHSC Rural Community LRP frequently corresponds with applicants by email. It is important that the applicants check their email during the application process for correspondence from the NHSC office and **disable “spam” blockers (and check their spam folder)**.

The NHSC Rural Community LRP will provide email updates, as applicable; however, it is the applicant’s responsibility to ensure the contact information that the NHSC has on file is correct. If updates are necessary, applicants can make changes prior to the close of the application cycle by logging into their application account. When submitted applications are opened for editing during the open application cycle, applicants must complete ALL steps to resubmit their application prior to the close of the application cycle. Applications that remain in the “In Progress” state (not submitted) after the close of the application cycle are not eligible for review or award.

Applicants selected as finalists are notified by email (i.e., a **Confirmation of Interest**) to log into their application account to confirm their continued interest in receiving an award, and to confirm that the loan and employment information provided to the NHSC Rural Community LRP on their application remains valid. Specifically, finalists are asked to sign and return the NHSC Rural Community LRP contract, which will be countersigned by the Secretary or Secretary’s designee if the finalist is selected for an award. In addition, applicants are asked to provide their direct deposit banking information for the award funds in the event their contract is countersigned by the Secretary or Secretary designee. **Please note that this Confirmation of Interest is not a guarantee that the individual will receive an**

**award, as awards are subject to the availability of funds.**

To confirm interest in receiving an NHSC Rural Community LRP award, and applicant must respond by the deadline provided with the Confirmation of Interest email NHSC and must verify that:

- They are currently employed by (are already working at) the rural NHSC-approved SUD treatment facility/facilities they selected when they submitted their application. Applicants who are not employed at the rural NHSC-approved SUD treatment facility/facilities 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 the employment information provided to the NHSC on their application remains valid.
- They have read and understand the NHSC Rural Community LRP contract.

If an applicant does not complete the Confirmation of Interest process by the deadline, their application may be withdrawn from consideration and (if interested in participating in the program) they 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 applicant. 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 Rural Community LRP Contract**

Only the Secretary or their designee can grant a NHSC Rural Community LRP award. Awards cannot be guaranteed or granted by personnel at the rural NHSC-approved SUD treatment facility, NHSC staff, a Primary Care Office, a Primary Care Association, or any other person or entity.

The NHSC Rural Community 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 an applicant has been selected for an award, the applicant will be provided with information to activate a participant account on their [My BHW](#) Account. This web-based system will allow NHSC Rural Community LRP participants to communicate with the NHSC and manage several customer service inquiries, such as contact information changes.

The participant's award letter (available in the [My BHW](#) Account) will note the beginning and estimated end date 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 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 Rural Community LRP payments for application to delinquent federal and state debts, including delinquent child support payments.

Once a contract is in place, the participant is encouraged to participate in a "New NHSC Rural Community 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 Rural Community LRP that is used to assess a LRP applicant's eligibility and qualifications for the LRP, or for NHSC Site Application and Recertification purposes. Clinicians interested in participating in the NHSC Rural Community LRP must submit an application to the NHSC through the My BHW online application 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 USC 254I-1); Section 331(i) of the Public Health Service Act (42 USC 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 14NWH04, Rockville, Maryland 20857.

### RESOURCES FOR APPLICANTS

#### Glossary

See the [Appendix](#) to review a glossary of terms, which contains the general definitions for Bureau of Health Workforce terms used throughout this APG.

#### My BHW Account

Once an applicant has been selected for an award, they will be provided with instructions for establishing a [My BHW](#) Account. The system allows NHSC Rural Community LRP participants to access pertinent program materials and their participant profile, make service requests, and to communicate with the NHSC directly.

#### 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
- Questions or inquiries may also be sent using the [Ask a Question contact form](#).

#### Health Professional Shortage Area (HPSA) Find

All NHSC Rural Community LRP participants must serve at a rural NHSC-approved SUD treatment facility in a HPSA appropriate to their discipline, as noted above. You may find the locations of current HPSAs by

using the following tools:

- [HPSA Find](#)
- [Find Shortage Areas by Address](#)

### **Health Workforce Connector**

The Health Resources and Services Administration's [Health Workforce Connector](#) is a searchable database of open job opportunities and information.

### **NHSC Website and Social Media**

- Stay informed with NHSC updates via our [website](#) and email [signup](#).

Like and follow us on social media:

- [NHSC Facebook](#)
- [NHSC X](#)
- [NHSC LinkedIn](#)
- [NHSC Instagram](#)

**NOTE:** You should send specific questions or issues regarding your service obligation using your [My BHW](#) Account.

## **Appendix: Glossary**

[Fiscal Year 2026 NHSC Rural Community LRP Application and Program Guidance Glossary](#)