

# National Health Service Corps (NHSC)

## Multi-Year Recruitment & Retention Assistance Application

**Please be sure to read all  
instructions carefully.**



**NHSC USE ONLY**

UDS # \_\_\_\_\_

HPSA TYPE: Primary Care

HPSA ID #: \_\_\_\_\_

HPSA TYPE: Dental Care

HPSA ID #: \_\_\_\_\_

HPSA TYPE: Mental Health

HPSA ID #: \_\_\_\_\_

**1. PRACTICE SITE INFORMATION** *This information pertains to only the clinical practice site where the NHSC clinician(s) will serve. Organizations with more than one site (i.e. satellites) must submit a NHSC R&R application for each clinical practice site where the NHSC obligated clinician will practice. Please note, each clinical practice site must obtain written approval from the NHSC in order for NHSC obligated clinicians to receive service credit for time spent at any clinical practice site location.*

a. **Type of Health Professional Shortage Area (HPSA):** Place an "x" to indicate the appropriate HPSA type(s) that you are recruiting for:

<input type="checkbox"/>	Primary Care	_____	HPSA ID Number	_____	Score
<input type="checkbox"/>	Dental	_____	HPSA ID Number	_____	Score
<input type="checkbox"/>	Mental Health	_____	HPSA ID Number	_____	Score

b. **Uniformed Data System (UDS) Number:** \_\_\_\_\_

c. **Practice Site Name and Location:** (where the NHSC clinician will serve their obligation):

Site Name: \_\_\_\_\_

Site Street Address: \_\_\_\_\_

Site City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Site County: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Site Telephone #: \_\_\_\_\_ Site Fax #: \_\_\_\_\_

Site E-mail Address: \_\_\_\_\_

Site Web Address: \_\_\_\_\_

Practice Site Type (Place an (x) to indicate): \_\_\_\_\_ Primary Site \_\_\_\_\_ Satellite Site

d. **Site Point of Contact**

I. **Designated NHSC Point of Contact and Title** (i.e., Dr. Jane Doe, Clinical Director):

Name/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

II. **Alternate NHSC Point of Contact and Title** (i.e., John Doe, CFNP, Associate Director):

Name/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

e. **Mailing Address of the Practice Site Location** (Provide **only if different** from 1c above).

Site Name: \_\_\_\_\_

Site Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. **INFORMATION REGARDING THE PRACTICE:** Indicate the site's practice type by placing an "x" at the appropriate indicator. See instructions for descriptions of type of practices.

a. **Type of Practice:**

\_\_\_ Federally Qualified Health Center (FQHC)

\_\_\_ Federally Qualified Health Center Look-Alike

\_\_\_ Certified Rural Health Clinic (RHC)

\_\_\_ Federal Indian Health Service Site

\_\_\_ Tribally (638) Run Indian Health Service Site

\_\_\_ Solo Practice/Partnership

\_\_\_ Group Practice

\_\_\_ Clinic Network

\_\_\_ Managed Care

\_\_\_ Hospital Affiliated Primary Care Practice

\_\_\_ State Prison

\_\_\_ Federal Bureau of Prisons

\_\_\_ US Immigration, Customs & Enforcement (ICE)

\_\_\_ Public Health Department

b. **Classification of Practice Site:**

\_\_\_ Private Non-Profit    \_\_\_ Private For-Profit    \_\_\_ Public ( \_\_\_ Fed \_\_\_ State \_\_\_ City \_\_\_ Local)

c. **Site Geographic:** \_\_\_ Urban \_\_\_ Rural

3. **CONTACT INFORMATION:** (complete only if different from 1b above)

a. **Parent Agency Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

b. **Uniformed Data System (UDS) Number** (if different from 1b): \_\_\_\_\_

c. **Human Resources/Recruitment Contact** (If different from NHSC Point of Contact on Page 1):  
*Please provide the recruitment contact (person receiving resumes and other important NHSC correspondence). This information must be accurate. It will be posted on the NHSC Opportunities List as the person to call regarding site information and job opportunities at the site.*

I. **Designated NHSC Point of Contact and Title** (i.e., Dr. Jane Doe, Clinical Director):

Name/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

II. **Alternate NHSC Point of Contact and Title** (i.e., John Doe, CFNP, Associate Director):

Name/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**4. STAFFING LEVELS**

<b>APPROVED PRIMARY CARE DISCIPLINES AND SPECIALTIES</b>	<b>NUMBER OF NHSC VACANCIES REQUESTED</b> (Indicate if each position is a FTE or what percentage (%) at the site)	<b>PROJECTED HIRE DATE</b> The projected hire date (mm/yyyy) applies ONLY to clinicians NOT already employed at the site. If the clinician is already on site, write "filled" in this column.	<b>NAME OF CLINICIAN</b> Indicate the clinician's name if the vacancy has been filled by NHSC clinician.	Is the clinician a <b>COMMISSIONED OFFICER (CO)?</b> Write Yes or No for each position  If CO is a <b>READY RESPONDER</b> indicate as RR
<b>PRIMARY CARE PHYSICIANS</b>				
Family Practice				
Family Practice w/OB Requirement				
Internal Medicine/Geriatrics				
Pediatricians				
Obstetrician/ Gynecologists				
<b>PRIMARY CARE NURSING/ PHYSICIAN ASSISTANTS</b>				
Family Nurse Practitioners				
Adult Nurse Practitioners				
Geriatric Nurse Practitioners				
Pediatric Nurse Practitioners				
Women's Health Nurse Practitioners				
Certified-Nurse Midwives				
Physician Assistants				
<b>ORAL HEALTH</b>				
General Dentists				
Pediatric Dentists				
Dental Hygienists				

MENTAL & BEHAVIORAL HEALTH				
Psychiatrist				
Clinical Psychologists				
Clinical Social Workers				
Nurse Practitioner – PSY Specialty				
Psychiatric Nurse Specialists				
Licensed Professional Counselors				
Marriage & Family Therapists				

**5. Filled Positions**

If you are requesting to be approved as an NHSC clinical practice site for an individual already on staff indicate “filled” in the “projected hire date” column on the Staffing Levels Chart (above) and provide the following details: *(Note: these positions will not be posted as openings on the NHSC On-Line Opportunities List since they are “filled vacancies”.)* Please be aware that a NHSC clinician can provide primary care services at a maximum of four clinical practice sites.

**Name and Title of Clinician:** \_\_\_\_\_

Discipline \_\_\_\_\_ Specialty: \_\_\_\_\_

Potential NHSC Loan Repayment Program Applicant: \_\_\_\_ Yes \_\_\_\_ No

NHSC Scholar \_\_\_\_ Yes \_\_\_\_ No

NHSC Clinician transferring (Must be pre-approved by NHSC): \_\_\_\_ Yes \_\_\_\_ No

USPHS Commissioned Officer: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Rank

Ready Responder: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_ Rank

Is the clinician a salaried employee? \_\_\_\_ Yes \_\_\_\_ No

Is the salary comparable to other salaries in the area for comparably trained/experienced clinicians?  
 \_\_\_\_ Yes \_\_\_\_ No

Is professional liability coverage, that includes tail coverage, provided? \_\_ Yes \_\_ No

Will the clinician work 100% of time at the practice site listed in 1c? \_\_\_\_ Yes \_\_\_\_ No

If no, what percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

**If applicable, at which other clinical practice site(s) will the clinician work?**

**Clinical Practice Site # 2:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/ Parrish/ State/Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided?  Yes  No

**Clinical Practice Site # 3:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/ Parrish/State/Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided?  Yes  No

**Clinical Practice Site # 4:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/Parrish/State/ /Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided?  Yes  No

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**Name and Title of Clinician:** \_\_\_\_\_

Discipline \_\_\_\_\_ Specialty: \_\_\_\_\_

Potential NHSC Loan Repayment Program Applicant:  Yes  No

NHSC Scholar  Yes  No

NHSC Clinician transferring (Must be pre-approved by NHSC):  Yes  No

USPHS Commissioned Officer:  Yes  No \_\_\_\_\_ Rank

Ready Responder:  Yes  No \_\_\_\_\_ Rank

Is the clinician a salaried employee?  Yes  No

Is the salary comparable to other salaries in the area for comparably trained/experienced clinicians?

Yes  No

Is professional liability coverage, to include tail coverage provided?  Yes  No

Will the clinician work 100% of time at the practice site listed in 1c?  Yes  No

If no, what percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

**If applicable, at which other clinical practice site(s) will the clinician work?**

**Clinical Practice Site # 2:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/ Parrish/ State/Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided?  Yes  No

**Clinical Practice Site # 3:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/ Parrish/State/Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided?  Yes  No

**Clinical Practice Site # 4:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/Parrish/State/ /Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided?  Yes  No

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**Name and Title of Clinician:** \_\_\_\_\_

Discipline \_\_\_\_\_ Specialty: \_\_\_\_\_

Potential NHSC Loan Repayment Program Applicant:  Yes  No

NHSC Scholar  Yes  No

NHSC Clinician transferring (Must be pre-approved by NHSC):  Yes  No

USPHS Commissioned Officer:  Yes  No \_\_\_\_\_ Rank

Ready Responder:  Yes  No \_\_\_\_\_ Rank

Is the clinician a salaried employee?  Yes  No

Is the salary comparable to other salaries in the area for comparably trained/experienced clinicians?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Is professional liability coverage, to include tail coverage provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will the clinician work 100% of time at the practice site listed in 1c? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, what percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

**If applicable, at which other clinical practice site(s) will the clinician work?**

**Clinical Practice Site # 2:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/ Parrish/ State/Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Clinical Practice Site # 3:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/ Parrish/State/Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Clinical Practice Site # 4:** \_\_\_\_\_

What percentage will the clinician work at this clinical practice site? \_\_\_\_\_%

Street Address: \_\_\_\_\_

City/Parrish/State/ /Zip Code: \_\_\_\_\_

Uniformed Data System (UDS) Number, if known: \_\_\_\_\_

Is professional liability coverage, to include tail coverage provided? \_\_\_\_\_ Yes \_\_\_\_\_ No

**6. Open Positions:** *(If answers do not apply to all requested clinicians, please provide this information for each specific vacancy listed on the Staffing Level Chart.)*

For all open positions listed in the Staffing Level Chart (which will be posted on the NHSC On-line Opportunities List), will the clinician(s) filling the position(s) be hired as salaried employees?

\_\_\_\_\_Yes \_\_\_\_\_No

If yes, is the salary comparable to other salaries in the area for comparably trained/ experienced clinicians?

\_\_\_\_\_Yes \_\_\_\_\_No

Is the site offering professional liability coverage, including tail coverage, for the open positions?

\_\_\_\_\_Yes \_\_\_\_\_No

## 7. AGREEMENT FOR ALL PARTICIPATING NHSC SITES

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*(Insert Practice Site Name and Practice Site Address)*

This is to certify that the above site **currently** meets all NHSC requirements as outlined below, and I am authorized to provide such certification for the above named site. (If you have questions regarding any of the following requirements, please see the application instructions or contact the NHSC at 1-800-221-9393 for clarification.) Any false statement(s) herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject you to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79). **Sites must meet all requirements at the time of application and must continue to meet requirements in order to maintain status as an approved NHSC clinical practice site.**

I certify that the site named above:

1. Does not discriminate in the provision of services to an individual (i) because the individual is unable to pay or because payment for those services would be made under Medicare, Medicaid or the State Children's Health Insurance Program or (ii) based upon the individual's race, color, sex, national origin, disability, or religion.
  - a. Uses a schedule of fees or payments for the site's services that is consistent with locally prevailing rates or charges and is designed to cover the site's reasonable cost of operation.
  - b. Provides health care services at no charge, or at a nominal charge, to patients whose incomes are at or below 200% of the federal poverty guidelines, which are revised annually in March. *For example, the poverty level for a family of four is \$18,400 (100%); thus, a 200% poverty level for this family would be \$36,800. NHSC sites utilize different practices to ensure that no barriers to care exist, including establishing a schedule of discounts based on patients' ability to pay.*
  - c. Makes every reasonable effort to secure payment in accordance with the schedule of fees or schedule of discounts from the patient and/or any other third party.
  - d. Accepts assignment for Medicare beneficiaries and has entered into an appropriate agreement with the applicable State agency for Medicaid and State Children's Health Insurance Program beneficiaries.
  - e. Prominently advertises a statement expressing that no one will be denied access to services due to inability to pay.
2. Ensures the site will treat patients who come from or reside in the federally-designated Health Professional Shortage Area (HPSA) where the practice is located.
3. Provides culturally appropriate ambulatory primary medical, dental, and mental and behavioral health care services.
4. Uses a credentialing process which, at a minimum, includes reference review, licensure verification, and a query of the National Practitioner Data Bank (NPDB) of those clinicians for whom the NPDB maintains data.
5. Functions as part of a system of care which either offers or assures access to ancillary, inpatient, and specialty referrals.
6. Adheres to sound fiscal management policies and adopts clinician recruitment and retention policies to help the patient population, the site, and the community obtain maximum benefits. Additionally, the site will maintain a copy of the current Board of Directors or Board of Owners recruitment and retention plan on site for review.
7. Will not reduce the salary of NHSC clinicians because they receive or have received benefits under the NHSC Loan Repayment or Scholarship programs.
8. Will require NHSC clinicians to maintain a full-time primary care clinical practice as defined below:

For all health professionals, except obstetrician/gynecologist (OB/GYN) physicians, family practice physicians who do OB consistently, and CNMs, at least 32 of the minimum of 40 hours per week must be spent providing

clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care setting office(s) for which the vacancy is approved. The remaining hours must be spent providing inpatient care to patients of that clinic and/or in practice-related administrative activities.

For OB/GYN physicians, family practice physicians who do OB consistently, and CNMs, and Psychiatrists at least 21 of the minimum 40 hour week must be spent providing outpatient clinical services. These services must be conducted during normally scheduled clinic hours in the ambulatory care clinic(s) for which the vacancy is approved. The remaining hours must be spent providing inpatient care to patients of that clinic and/or performing practice-related administrative activities, with administrative activities not to exceed 8 hours of the 40 hour week.

The 40 hours per week may be compressed into no less than 4 days per week, with no more than 12 hours of work performed in any 24-hour period. Time spent in "on-call" status will not count toward the 40-hour week. Hours worked in excess of 40 hours per week will not be applied to any other workweek.

NHSC clinicians can spend no more than 7 weeks (35 workdays) per year away from the practice for vacation, holidays, continuing professional education, illness, or any other reason. Absences greater than 7 weeks in an NHSC service year will extend the service commitment end date. Site must inform the NHSC when a NHSC clinician goes on extended medical leave or exceeds their 35-day allowance.

9. Supports clinicians with funding and arrangements, including clinical coverage, for their time away from the site to attend NHSC sponsored meetings and other continuing education programs.
10. Will communicate to the NHSC any change in site or clinician employment status, including moving a NHSC clinician to a satellite site for any or all of their 40 hour work week, termination, etc.
11. Maintain and make available for review by NHSC representatives all personnel and practice records associated with an NHSC clinician including documentation which contains such information that the Department may need to determine if the individual and/or site has complied with NHSC requirements.
12. Submit a Uniformed Data System (UDS) report to HRSA annually.

The signature of the Site Official below 1) certifies that the information provided in paragraphs 1-4 of this application is true and correct and 2) signifies that the above named site agrees to comply with the requirements set forth in Paragraph 5 of this application. *(If you have questions regarding any of the requirements listed above, please see the application instructions or contact the NHSC at 1-800-221-9393 for clarification. Any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001 and subject you to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR 79).)*

Name of Site Official: \_\_\_\_\_

Title of Approving Site Official: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Updated 02/21/2008