

# COMPARE LOAN REPAYMENT PROGRAMS

We've created a comparison chart with an overview of the differences and similarities of several Health Resources and Services Administration loan repayment programs **to help you choose the best program** for your career and service.

For more information, click the program name to visit its specific web page.

	SERVICE COMMITMENT	AWARD AMOUNT	ELIGIBLE DISCIPLINES
<a href="#">NHSC Students to Service (S2S) LRP</a>	<b>3 YEARS</b>	<b>\$120K</b> FULL TIME	<ul style="list-style-type: none"> <li>Health professional students in their final year of school:               <ul style="list-style-type: none"> <li>Physicians – Allopathic (MD), Osteopathic (DO)</li> <li>Dentists – Doctor of Dental Surgery (DDS), Doctor of Medicine in Dentistry (DMD)</li> <li>Physician Assistants (PA)</li> <li>Certified Nurse Midwives (CNM)</li> <li>Nurse Practitioners (NP)</li> </ul> </li> </ul>
<a href="#">NHSC LRP</a>	<b>2 YEARS</b>	<b>\$75K*</b> FULL TIME <b>\$37.5K*</b> HALF TIME OR <b>\$50K</b> FULL TIME <b>\$25K</b> HALF TIME	<ul style="list-style-type: none"> <li>Physicians – Allopathic (MD), Osteopathic (DO)*</li> <li>Dentists – Doctor of Dental Surgery (DDS), Doctor of Medicine in Dentistry (DMD)</li> <li>Registered Dental Hygienists (RDH)</li> <li>Nurse Practitioners (NP)*</li> <li>Physician Assistants (PA)*</li> <li>Certified Nurse Midwives (CNM)*</li> <li>Health Service Psychologists (HSP)</li> <li>Licensed Clinical Social Workers (LCSW)</li> <li>Psychiatric Nurse Specialists (PNS)</li> <li>Marriage and Family Therapists (MFT)</li> <li>Licensed Professional Counselors (LPC)</li> </ul>
<a href="#">NHSC Substance Use Disorder Workforce LRP</a>	<b>3 YEARS</b>	<b>\$75K</b> FULL TIME <b>\$37.5K</b> HALF TIME	<ul style="list-style-type: none"> <li>Physicians – Allopathic (MD), Osteopathic (DO)</li> <li>Nurse Practitioners (NP)</li> <li>Physician Assistants (PA)</li> <li>Certified Nurse Midwives (CNM)</li> <li>Licensed Clinical Social Workers (LCSW)</li> <li>Psychiatric Nurse Specialists (PNS)</li> <li>Marriage &amp; Family Therapists (MFT)</li> <li>Health Service Psychologists (HSP)</li> <li>Licensed Professional Counselors (LPC)</li> <li>Pharmacists (PHARM)</li> <li>Registered Nurses (RN)</li> <li>Substance Use Disorder (SUD) Counselors</li> <li>Certified Registered Nurse Anesthetists (CRNA)**</li> </ul>
<a href="#">NHSC Rural Community LRP</a>	<b>3 YEARS</b>	<b>\$100K</b> FULL TIME <b>\$50K</b> HALF TIME	<ul style="list-style-type: none"> <li>Physicians – Allopathic (MD), Osteopathic (DO)</li> <li>All Pediatric Medical Subspecialists</li> <li>All Pediatric Surgical Specialists</li> <li>Child and Adolescent Psychiatrists</li> <li>Child and Adolescent Behavioral Health Providers</li> <li>Licensed or Certified Master's Level Social Workers (LSW or LCMSW)</li> <li>Licensed Clinical Social Workers (LCSW)</li> <li>Psychiatric Mental Health Nurse Practitioners</li> <li>Marriage &amp; Family Therapists (MFT)</li> <li>Licensed Professional Counselors (LPC)</li> <li>Substance Use Disorder (SUD) Counselors</li> <li>Psychologists</li> </ul>
<a href="#">Pediatric Specialty LRP</a>	<b>3 YEARS</b>	<b>\$100K</b> FULL TIME	<ul style="list-style-type: none"> <li>Physicians – Allopathic (MD), Osteopathic (DO)</li> <li>All Pediatric Medical Subspecialists</li> <li>All Pediatric Surgical Specialists</li> <li>Child and Adolescent Psychiatrists</li> <li>Child and Adolescent Behavioral Health Providers</li> <li>Licensed or Certified Master's Level Social Workers (LSW or LCMSW)</li> <li>Licensed Clinical Social Workers (LCSW)</li> <li>Psychiatric Mental Health Nurse Practitioners</li> <li>Marriage &amp; Family Therapists (MFT)</li> <li>Licensed Professional Counselors (LPC)</li> <li>Substance Use Disorder (SUD) Counselors</li> <li>Psychologists</li> </ul>
<a href="#">Substance Use Disorder Treatment and Recovery (STAR) LRP</a>	<b>6 YEARS</b>	<b>\$250K</b> FULL TIME	<ul style="list-style-type: none"> <li>Physicians – Allopathic (MD), Osteopathic (DO)</li> <li>Nurse Practitioners (NP)</li> <li>Physician Assistants (PA)</li> <li>Certified Nurse Midwives (CNM)</li> <li>Licensed Clinical Social Workers (LCSW)</li> <li>Licensed or Certified Master's Level Social Workers (LSW or LCMSW)</li> <li>Psychiatric Nurse Specialists (PNS)</li> <li>Marriage and Family Therapists (MFT)</li> <li>Health Service Psychologists (HSP)</li> <li>Licensed Professional Counselors (LPC)</li> <li>Registered Nurses (RN)</li> <li>Certified Registered Nurse Anesthetists (CRNA)*</li> <li>Substance Use Disorder (SUD) Counselors</li> <li>Pharmacists (PHARM)</li> <li>Psychology Doctoral Interns</li> <li>Behavioral Health Paraprofessionals               <ul style="list-style-type: none"> <li>Community Health Workers</li> <li>Peer Recovery Specialists</li> <li>Case Managers</li> <li>Health Navigators</li> </ul> </li> <li>Clinical Support Staff               <ul style="list-style-type: none"> <li>Clinical Nurse Specialists (CNS)</li> <li>Certified Nursing Assistants (CNA)</li> <li>Licensed Practical Nurses (LPN)</li> <li>Licensed Occupational Therapists</li> <li>Medical Assistants</li> </ul> </li> </ul>

\* In 2024, primary care physicians, nurse practitioners, certified nurse midwives, and physician assistants are eligible for an increased award amount for the two-year NHSC Loan Repayment Program.

\*\*Certified Registered Nurse Anesthetists are only eligible for the NHSC Rural Community LRP and STAR LRP.

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ELIGIBLE SITES	NHSC Students to Service (S2S) LRP	NHSC LRP	NHSC Substance Use Disorder Workforce LRP NHSC Rural Community LRP	Pediatric Specialty LRP*	Substance Use Disorder Treatment and Recovery (STAR) LRP
Community Health Centers (CHCs)	●	●	●	●	●
Community Outpatient Facilities	●	●	●	●	●
Critical Access Hospitals (CAHs) with an affiliated outpatient clinic	●	●	●	●	●
Federally Qualified Health Centers (FQHCs)	●	●	●	●	●
FQHC Look-Alikes	●	●	●	●	●
Hospital-Affiliated Primary Care Outpatient Clinics	●	●	●	●	●
Immigration and Customs Enforcement (ICE) Health Service Corps	●	●	●	●	●
Indian Health Service, Tribal, and Urban Indian Health Clinics (ITUs); and some Indian Health Service (IHS) Hospitals with an affiliated outpatient clinic	●	●	●	●	●
Migrant Health Centers	●	●	●	●	●
Mobile Units or Free Clinics	●	●	●	●	●
Primary Care Clinics	●	●	●	●	●
Private Practices (Solo/Group)	●	●	●	●	●
Rural Health Clinics (RHCs)	●	●	●	●	●
School-Based Clinics	●	●	●	●	●
State, County or Local Public Health Departments and Health Clinics	●	●	●	●	●
State or Federal Correctional Facilities	●	●	●	●	●
Faith-Based Settings				●	●
Group and Residential Care Facilities				●	●
Hospitals				●	●
Inpatient Programs/Rehabilitation Centers				●	●
Specialized Outpatient Clinics				●	●
Urgent Care Facilities				●	●
Youth Detention Centers or Programs				●	●
Non-Opioid Substance Use Disorder (SUD) Treatment Facilities			●		●
Office-Based Opioid Treatment Facilities (OBOTs)			●	●	●
SAMHSA-Certified Outpatient Treatment (OTPs)			●		●
Detoxification Facilities				●	●
Emergency Departments				●	●
Inpatient Psychiatric Facilities (IPFs)				●	●
Local Jails/Detention Centers					●
Outpatient Rehabilitation Centers				●	●
Prevention Coalitions or Agencies				●	●
Recovery Centers				●	●
Veterans Administration (VA) Facilities				●	●

\*The site types lists for the STAR LRP and Pediatric Specialty LRP are not all-inclusive. Sites can learn more about eligibility on the web.

# Application Checklist



- ✓ **Step 1: Read the Application and Program Guidance (APG)** for the loan repayment program (LRP) you want to apply to:
  - [NHSC LRP APG](#)
  - [NHSC Substance Use Disorder \(SUD\) Workforce LRP APG](#)
  - [NHSC Rural Community LRP APG](#)

These documents have details about each section of your program application.

- ✓ **Step 2: Log in** to the Bureau of Health Workforce Portal to [Create an Account](#). If you have previously applied to the program and are using the same email address, you must [create a new password](#) to log in.
- ✓ **Step 3: Follow** the steps on the *Welcome page*, and click "Start My Application" to begin.
- ✓ **Step 4: Eligibility** – Your responses in this section will determine whether you meet the minimum requirements to qualify to submit an application. If any of your responses indicate that you do not qualify, **you should review the APG** to verify the results and adjust your responses, if appropriate.
- ✓ **Step 5: Personal Information** – Provide contact and general information.
  - Spanish-language proficiency award enhancement** – Indicate whether you speak Spanish and are interested in the supplemental award or not.

- ✓ **Step 6: Professional Information:**
  - Discipline, Training, Certification, Registration & License** – Identify the discipline and/or specialty for which you are licensed to provide clinical services, as well as the type of degree you received and when it was received. The options provided are specific to the current list of the NHSC loan repayment programs' approved disciplines and specialties.  
  
Pay close attention to the requirements for your discipline/specialty and select the options that accurately represent your degree, training, and certifications. We accept a final transcript that

shows the degree earned or copies of your diploma or degree. You do not need to upload all three.

- Application Type Selection** – Select the program and contract type you are interested in applying to.
- Employment** – Select your NHSC-approved site(s) from the list provided. The list is compiled of sites that are located in the state and city you provide, based on your discipline and specialty. Be sure to select each site you may work at during your service obligation.
  - You must be working at an NHSC-approved SUD treatment facility to be eligible for the NHSC SUD Workforce LRP or a rural NHSC-approved SUD treatment facility to be eligible for the NHSC Rural Community LRP.
  - Select "Site Not Found" to have your site reviewed and verified by HRSA staff for any site you work at but don't find.
  - NHSC SUD Workforce LRP and NHSC Rural Community LRP applicants may apply using their primary care or mental HPSA.
- Employment Verification** – Initiate the request to have your site(s) Point of Contact (POC) verify your employment, including the hours you work per week. The clinical practice requirements for your discipline/specialty and service type can be found in the APGs and on the [NHSC website](#).
- Verification of Spanish language proficiency** – If you are interested in the 2024 Spanish-language proficiency supplemental award enhancement, you must indicate this when responding to the Spanish language proficiency question. Your site POC must also verify that you directly provide culturally appropriate oral Spanish-speaking services on the employment verification form. When the application closes, eligible providers will receive an email with instructions to complete a verbal proficiency language skills assessment. Learn more on our [website](#).
- Telehealth** – (Optional) Provide information about any telehealth services you provide.



- ✓ **Step 7: Loan Information** – Gather your account statements and disbursement reports to be ready to complete your application.

**1. Submit your loans for approval.**

- A. Federally guaranteed/insured loans can be submitted using either the Electronic Import or Manual entry options (*only one option can be used per applicant*).
- B. To take advantage of the electronic import option and access your *federal* loan information directly from the Student Aid Summary report, you must first register and receive a [Federal Student Aid ID](#) (FSA ID); otherwise, you must use the manual method.
- C. If you cannot import your federal loans through the Student Aid Summary report, you must upload each loan manually.
- D. Consolidated loans must include only those loans that were used for your health professional education. If any other loans are included in your consolidation, **NO PART** of the consolidated loan is eligible for loan repayment through the NHSC.
- E. Along with the manually submitted consolidated loan document, you must upload each loan listed.

**2. Your loan documents must include:**

- A. Name and contact information for the lender/holder.
- B. Loan account number.
- C. Original amount disbursed.
- D. Original date of the loan.
- E. Current outstanding balance (no more than 30 days from the date of the LRP application submission).
- F. Current interest rate.
- G. For consolidated loans, respond to these additional questions:
  - Original date of consolidation.
  - Original balance of consolidation.
  - Account number.
  - Purpose of loan.

**NOTE: Private/Commercial** loans must be submitted using the manual option. As with the electronic import option, you must gather account statements and disbursement reports prior to completing the application.

- ✓ **Step 8: Documents** – Upload ALL required and supporting documents.

You are encouraged to gather your information prior to beginning the process, as some documents may require additional time to obtain from lending or training institutions. Save each document as a **.PDF file** before uploading to your application. **Do not attempt to upload files larger than 5MB, or files saved as TIFF, JPEG, PNG, HEIC, or TXT.**

**Required Supporting Documentation:**

- **Proof of Status (residency) 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, **unexpired** U.S. passport, or a certificate of citizenship or naturalization. **Not acceptable:** *Copies of a driver’s license or a Social Security card.*
- **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 applicable NHSC loan repayment program or from any state if practicing in a federal facility.
- **Loan Information Verification.** Applicants must provide two types of documentation for each loan that is being submitted for consideration: (1) an account statement and (2) a disbursement report.
  - 1. Account Statement.** Provides current information on your qualifying educational loans. This document should:
    - A. be on official letterhead or other clear verification that it comes from the lender/holder;
    - B. include the name of the borrower (i.e., the NHSC SUD Workforce LRP applicant);
    - C. contain the account number;
    - D. include the date of the statement (cannot be more than 30 days from the date of LRP application submission);
    - E. include the current outstanding balance (principal and interest) or the current payoff balance; and
    - F. include the current interest rate;
    - G. include the original loan date (must be prior to the date of your applicable NHSC loan repayment program application submission);
    - H. include the original loan amount; and
    - I. include the purpose of the loan.
  - 2. Disbursement Report.** This report is used to verify the originating loan information and should:
    - A. be on official letterhead or other clear verification that it comes from the lender/holder;
    - B. include the name of the borrower;
    - C. contain the account number; and
    - D. include the type of loan.

**LOAN DOCUMENT SUBMISSION NOTES**

If you have multiple federal loans, you will only need to access one Student Aid Summary Report, which will contain information on all your 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 on official letterhead or other clear verification that it comes from the lender.

You may also be able to obtain this disbursement information on your lender's website; however, all documentation must be on official letterhead or other clearly verifiable documentation that it comes from the lender.

**Additional Supplemental Documentation (if applicable).** These documents are required to be uploaded with your application if your responses on the online application indicate that they are relevant/applicable.

*Only applicants who have these documents listed on their "Supporting Documents" page of the online application should submit them. The documents will be added to your Supporting Documents list once the online application has been submitted.*

**Verification of Specialized Training** to provide SUD treatment services.

**Substance Use Disorder Certification/License.** *Only required if you are applying to the NHSC SUD Workforce LRP or the NHSC Rural Community LRP.* A SUD counselor's license or certification must meet the national standard recognized by the National Board of Certified Counselors; National Association for Addiction Professionals; or International Certification & Reciprocity Consortium. SUD treatment providers must be able to complete substance use disorder screenings, assessments, and offer counseling and educational services. SUD counselors must have a level of licensure that allows you to practice independently and without supervision.

The SUD licensure and certification should be unencumbered, unrestricted and cannot be a provisional, temporary, or an internship document.

**Specialty Certification.** If you select a specialty, you are required to upload a copy of the certificate of completion or diploma from the training program where you matriculated.

**Postgraduate Training Verification.** This document verifies that you completed the Primary Care Training Enhancement: Training Primary Care Champions (applies to physicians and physician assistants only), a HRSA-funded Addiction Medicine Fellowship Program, or the HRSA-funded Advanced Nursing Education-Nurse Practitioner Residency (ANE-NPR) or the ANE-NPR Integration Program (ANE-NPRIP). This documentation is in addition to the postgraduate training related to your practice area. Such documentation may include an official completion certificate.

**Teaching Health Center Graduate Medical Education (THCGME) Identification Number.** If you completed a postgraduate medical or dental training program funded by HRSA through the THCGME Payment Program, you are required to submit the residency identification number and residency completion certificate, if available.

Use the [Accreditation Council for Graduate Medical Education \(ACGME\)](#) or [The Commission on Dental Accreditation](#) to look up your program identification number to look up your program identification number.

**Geriatrics Certification.** A copy of the certificate of completion or diploma from your geriatrics training program.

**Verification of Disadvantaged Background.** A school official may complete the [Verification of Disadvantaged Background](#) (PDF – 407 KB). You 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, e.g., a federal student aid report, etc.

**Verification of Existing Service Obligation.** Verification from the entity for which you have an existing service obligation stating you will complete service there prior to the NHSC application deadline.

**Payment History.** Former NHSC LRP recipients ONLY. Verification that you used all NHSC LRP funds to repay the qualifying educational loans approved as part of your most recent NHSC LRP contract, if applicable. **NOTE:** Cancelled checks, bank statements, and "Paid in Full" letters are not acceptable proof that loan payments were properly applied.

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

✓ **Step 9: Review** – Review your application to verify if any sections are complete or not complete. Make any updates to your application and certify the Review Acceptance box.

✓ **Step 10: Certify & Submit** – Agree to all of the certifications and select Submit to complete submission of your 2024 NHSC Loan Repayment Program application. If you make any changes to your application, you MUST complete this step after each update.

Notification of awards will occur throughout the review period. Notification of the FINAL status of applications will occur on or prior to **September 30, 2024.**

[Sign up for email updates](#) to be alerted to all NHSC application information.





**Oklahoma Health Corps** is a brand-new loan repayment program for Oklahoma healthcare providers practicing in Health Professional Shortage Areas (HPSAs) serving the underserved.

#### Eligible Provider Types:

- Certified Nurse Midwife
- Clinical Psychologist
- Licensed Alcohol and Drug Counselor
- Licensed Behavioral Practitioner
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Professional Counselor
- Nurse Practitioner
- Pharmacist (in behavioral health settings)
- Physician Assistant (urban only)
- Psychiatrist
- Registered Nurse (in behavioral health settings)

#### Providers must be employed at a facility:

- Located in an HPSA (look up HPSA designations by address).
- Certified with the [National Health Service Corps](#) and/or contracted with the Oklahoma Department of Mental Health and Substance Abuse Services to provide outpatient behavioral health services.
- That has a [site agreement](#) in place with the Oklahoma State Department of Health's Office of Primary Care.



#### AWARDS

- Psychiatrists (DO or MD) may receive up to **\$50,000** in exchange for a two (2) year service obligation.
- All other eligible provider types may receive up to **\$35,000** in exchange for a two (2) year service obligation.

[APPLY HERE](#)

For more information about awards, eligible educational debts and service obligations, you can find our Program Guidance and Provider Application Checklist [here](#).

# OKLAHOMA HEALTH CORPS

# APPLICATION CHECKLIST

Thank you for your interest in Oklahoma Health Corps! We recommend gathering all required documentation prior to beginning the application and allowing at least one hour to complete the application. The application must be completed in one setting. As outlined below, the application requires information about you and your organization, your education and educational debt, personal statements, and optional feedback.

**APPLICATION DEADLINE** - Monday, February 26, 2024, at 7:00 a.m.

**APPLY AT** - [https://osdhcdc.az1.qualtrics.com/jfe/form/SV\\_8rbYUQc60uXFhXY](https://osdhcdc.az1.qualtrics.com/jfe/form/SV_8rbYUQc60uXFhXY)

## INFORMATION NEEDED:

### You and Your Organization

Personal contact and demographic information, license type and number, and NPI number.

Facility name, physical address, and parent company (if applicable).

Facility's National Health Service Corps and/or Oklahoma Health Corps Point of Contacts name, email address, and title.

### Your Education and Educational Loans

Information about your degree and professional training and where you went to college.

Names of each lender, a count of loans with each lender, and the total amount owed to each lender.

Statement from each lender that clearly displays the applicant's name and address, lender's name and remittance address, the outstanding loan balance, and the loan payment status listed as "paid current".

- Documents must be in PDF format and titled in the following way **LASTNAME\_LENDER.pdf**. For example: Jones\_Netnet.pdf, Jones\_OSLA.pdf.
- Do not upload reports from the National Student Loan Data System or a personal credit report.
- To verify eligibility of educational debts, review the [OK Health Corps Program Guidance](#) on our [website](#).

## Personal Statements

You are allowed 1,500 characters per question to respond to the following prompts:

- Regarding social determinants of health and behavior, how do you work within your organization to reduce obstacles to care for clients in your community?
- Regarding social determinants of health and behavior, what would you identify as the greatest needs of the community you currently serve? How does your facility and/or community address those needs?
- Within the next three to five years, what do you aim to accomplish as an individual provider to better serve your clients and community?
- Has there ever been a circumstance in your life that gave you experiential knowledge or more deeply connected you to the people and populations you now serve? Please explain.
- What do you enjoy about your current role and why? Do you see yourself in this same role in three to five years? Why or why not?

## Optional Feedback

There are four multiple choice questions and one comment box for feedback. This is the first application cycle for OK Health Corps, please assist the program development process by offering candid feedback.