

NURSING EDUCATION LOAN REPAYMENT PROGRAM

BCRS Division of Nursing and Public Health
Health Resources and Services Administration
U.S. Department of Health and Human Services

BUREAU OF CLINICIAN RECRUITMENT & SERVICE



Agenda

- Program Overview
- 2012 Program Changes
 - Redefined Critical Shortage Facility; Nurse Faculty and Nurse Practitioner; Online
 - Funding Preference
- Online Application Review
- Online Application Walkthrough
- Questions and Answers

Overview

- Purpose is to help alleviate the critical shortage of nurses in the United States and U.S. territories
- Offers substantial financial assistance to repay a portion of eligible nursing student loans to:
 - Registered Nurses (RN) including advanced practice nurses, i.e., Nurse Practitioners, dedicated to working in health care facilities with a critical shortage of nurses
 - Nurse Faculty working at eligible schools of nursing
- Total current NELRP participants under contract: 2,443

Service Requirements

- Registered Nurses and advanced practice registered nurses, such as Nurse Practitioners, must provide full-time service, as defined as working at least 32 hours per week for a minimum of 45 weeks per year, at a Critical Shortage Facility
- Nurse Faculty must provide full-time service, as defined by the school, with a minimum 9-month per year appointment
- No more than 7 weeks per service year may be spent away from facility. For Nurse Faculty this is inside the appointment window only
- All participants are required to submit an employment verification form (EVF) every six months during his/her contract to verify compliance
- EVFs must be completed and signed by the facility

NELRP Benefits

- NELRP participants receive 60 percent of their total outstanding qualifying educational loan balance incurred while pursuing an education in nursing for a two-year service commitment.
- Qualifying NELRP participants may receive an additional 25 percent of their original loan balance for a third year of service.

Program Changes for FY 2012

- Refined CSF Definition for 2012
- Up to 50 percent of funding set aside for NPs
- Online application and support

CSF Definition - 2012

Critical Shortage Facility – A health care facility located in, designated as, or serving a primary medical care or mental health Health Professional Shortage Area (HPSA). A CSF must be a non-profit facility located in the 50 states or U.S. territories.

Health Professional Shortage Area (HPSA) Definition

HPSAs are designated by HRSA as having shortages of primary medical care, dental, or mental health providers and may be geographic, demographic or institutional.

NELRP will only be using primary medical care and mental health HPSA scores. We will not be using dental HPSA scores.

Using HPSAs

- HPSA scores are developed to prioritize the need of designations. Scores are updated every 3 years.
- Based on the severity of a health professional shortage, scores range from 1 - 25 for primary care and mental health.
- BCRS programs use HPSA scores as a criteria for scholarship and loan repayment.
- The higher the score, the greater the need for additional medical services, which increases an area's priority for placement of new providers.

HPSA Subcategory Types

Each HPSA designation type has three subcategory types:

- **Geographic (urban or rural) Area**
 - A shortage of providers for the total population within a geographic area

- **Population**
 - An underserved population group (i.e., low-income or migrant farm workers)

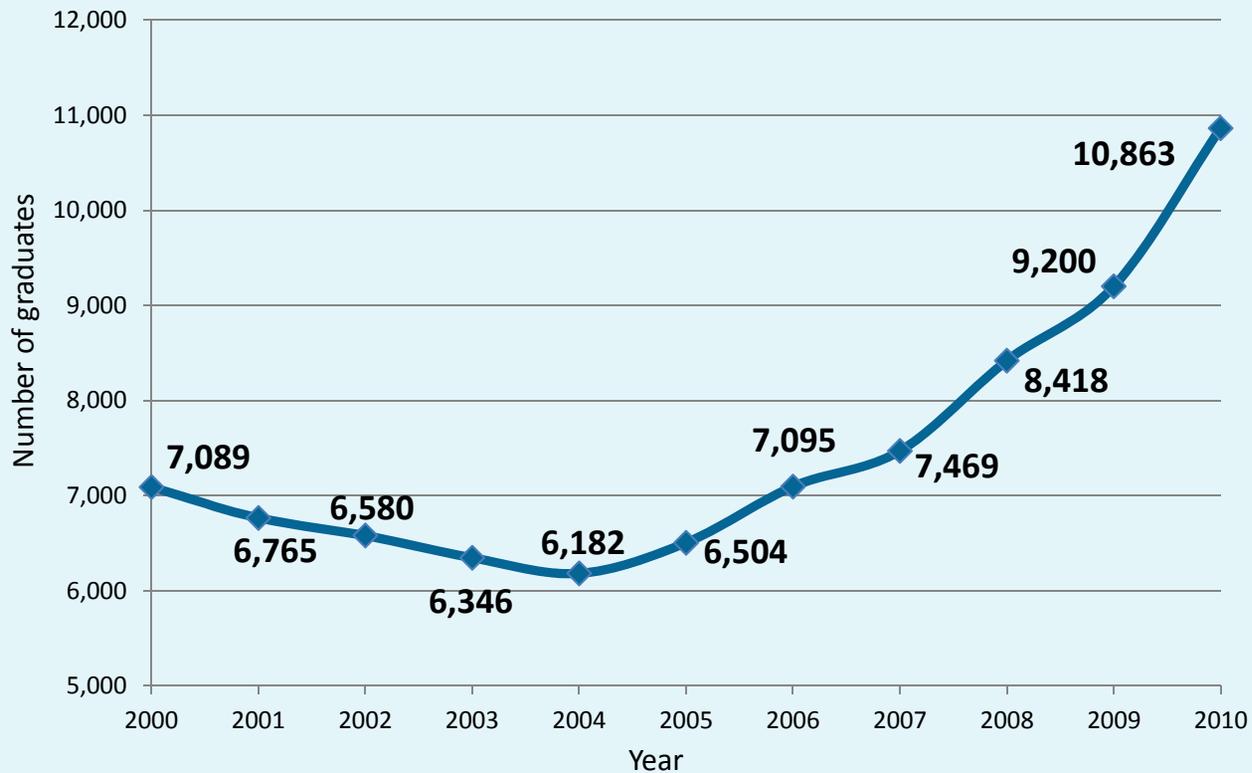
- **Facility**
 - FQHCs (CHCs), RHCs, Federal/state correctional facilities

Nurse Practitioners (NPs)

- **Critical Shortage Facilities (CSFs)** have identified the need to staff facilities located in a Health Professional Shortage Area (HPSA) with NPs
- **Up to 50% of NELRP funds** will be set aside for NPs to provide financial incentives to nurses who pursued the advanced education and clinical training, which enables them to provide primary care in outpatient and inpatient settings at CSFs

Nurse Practitioners Growth

Growth in NP¹ Graduates, 2000-2010



Source: American Association of Colleges of Nursing 2000-2010 Annual Surveys

¹ Analysis includes NP degree programs and post-Master's NP programs; excludes joint NP/CNS program graduates.

Nurse Faculty (NF)

- **Faculty teaching in schools of nursing** with 50 percent of students enrolled from disadvantage backgrounds
- **Up to 20% of NELRP funds** will be set aside for NF to address these shortages found in schools of nursing

Funding Preference

Critical Shortage Facility HPSA Score			
Debt to Salary Ratio	Type of Facility	Critical Shortage Facility HPSA Score	Funding Preference Tiers
20 Percent or Above	Critical Access Hospital; Disproportionate Share Hospital; Federally-Qualified Health Center and Look Alike; Indian Health Service Health Center; Public Hospital; Native Hawaiian Health Care Center; Rural Health Clinic; Skilled Nursing Facility; State or Local Public Health or Human Services Department	Primary Care or Mental HPSA Score 14 or above	Tier 1
		Primary Care or Mental HPSA Score between 10 -13	Tier 2
		Primary Care or Mental HPSA Score between 0 – 9	Tier 3
	Ambulatory Surgical Center; Nursing Home; Home Health Agency; Hospice Program; Non-Profit, Non-Disproportionate Share Hospital	Primary Care or Mental HPSA Score between 0 - 25	Tier 4

Funding Preference

Schools of Nursing

Debt to Salary Ratio	Schools of Nursing	Preference Tiers
20 Percent or Above	Faculty teaching in schools of nursing with 50 percent of student enrollment from disadvantaged backgrounds	Tier 1
	All other Schools of Nursing	Tier 2

Financial Need

The greatest financial need funding preference is met by applicants who:

- Meet Tier 1 requirements for either CSFs or Schools of Nursing
- Have the greatest debt-to-salary ratio in their established Tier
- Have qualifying educational loans equal to or greater than 20 percent of their base annual salary

First Year for Online Application

Scheduled to close February 15 at 5 p.m. EST

- Applicants must complete application online
- All required support documents and forms must be submitted via the portal
 - Forms must be scanned and uploaded to the portal before final submission in PDF format
 - All document information must match the online submission
- Banking information and other updates will be addressed directly through the online portal

Application and Program Guidance

Provides detailed and comprehensive instructions on NELRP, including how to apply and where to find resources.

The document addresses:

- Program Overview
 - Eligibility, Funding Preference, Application Process, Service Requirements, Transfers, Breaches, Suspensions and Waivers
- Application Process
 - Tips and Information, Timelines, Instructions for Support Documentation
- Additional Materials
 - Resources, Help, Definitions, FAQs

NELRP Eligibility

To be eligible for the NELRP, the applicant must:

- Be a U.S. citizen; U.S. national; lawful permanent resident
- Have completed a qualified nursing education program leading to a bachelor's degree, a master's degree, an associate's degree, a diploma, or a doctoral degree in nursing
- Be employed full time at a qualified critical shortage facility or an accredited school of nursing
- Possess a current, full, permanent, unencumbered, unrestricted RN license valid in the state in which they are employed
- Have outstanding, qualified nursing education loans

Applicants Deemed Ineligible

- Liens against federal debt
- Existing Service Obligations
- Defaulted on federal payment or service obligations
 - Mortgage
 - Student loans
 - Court ordered child support
 - Tax liabilities
 - Any federal, state or local government debt written off as uncollectable
- Employed by a staffing or travel nurse agency
- Work on an 'as-needed' (PRN) basis
- Have a temporary or inactive nursing license
- Licensed as an LPN or vocational nurse
- Are self-employed
- Fail to apply NELRP funds previously received toward qualified loans
- Work for a for-profit facility or for-profit school of nursing

Qualifying Educational Loans

Loans must have been incurred for qualified nursing education (documented by transcript) only.

Includes loans obtained for actual costs paid toward:

- Tuition, fees, and other reasonable educational expenses for qualifying nursing education; and
- Reasonable living expenses incurred while enrolled in qualifying nursing education

Loan Types Include:

- Nursing Loans not subject to cancellation; Stafford Loans; Supplemental Loans; Consolidated Loans
 - Consolidated loans may ONLY include qualifying nursing loans of the applicant

Non-Qualifying Educational Loans

Include, but are not limited to loans:

- Which incurred a service obligation which will not be satisfied by the application closing date
- For vocational or practical nursing
- From entities not subject to Federal or State examination and supervision as lenders
- Incurred before or after qualifying nurse education
- Obtained for non-nursing education or courses taken toward non-nursing degrees that may later qualify as nursing pre-requisites
- Parent PLUS loans
- That are subject to cancellation (i.e., Perkins)

Loan Documentation

- Applicants must include all loans for undergraduate and/or graduate nursing education they wish to be considered with the application.
- A combination of account statements, disbursement reports, promissory notes, disclosure statement and letters provided directly from the lender must clearly provide:
 - Current Balance (Principle and Interest)
 - Type of Loan
 - Original Loan Date
 - Original Loan Amount
 - Consolidation dates if applicable

Required Documents for Application

All Supporting Documents must be scanned, uploaded, and submitted with the online application via the customer service portal

REQUIRED DOCUMENTS	NURSE	NURSE FACULTY
Proof of U.S. Citizenship, U.S. National, or Lawful Permanent Resident	X	X
Loan Documentation	X	X
Employment Verification & Critical Shortage Facility Form	X	
Employment Verification Form for Nurse Faculty		X
Certification of Accreditation Status for School of Nursing Education Programs		X
Authorization for Release of Employment Information	X	X
Authorization to Release Information	X	X
Transcripts	X	X
Curriculum Vitae/Resume	X	X

FY 2012 CSFs

- Critical Access Hospital
- Disproportionate Share Hospital
- Federally Qualified Health Center and Look-Alikes
- Indian Health Service Health Center
- Native Hawaiian Health Center
- Public Hospital
- Rural Health Clinic
- Skilled Nursing Facility
- State/Local Public Health and/or Human Services Department
- Home Health Agency
- Hospice Program
- Non-Profit, Non-Disproportionate Share Hospital
- Nursing Home
- Ambulatory Surgical Center

Ineligible Facilities

- Free-standing clinics that do not qualify as a facility as previously defined
- Renal dialysis centers
- Private practice offices
- Assisted living facilities
- Clinics in prisons and correctional facilities
- Private, for-profit facilities

Continuation (3rd Optional Year)

- Participants may be eligible for a third year of loan repayment in exchange for an additional year of service at a CSF or as a faculty member at an eligible school of nursing.
- Eligibility for a third year requires the applicant to have completed and been in full compliance with the rules and regulations for the initial two-year service agreement.

Transfers

- Participants may transfer facilities only after approval
- Transfer requests must provide verification of the type of facility and a reason for the transfer
- Participants may only transfer to a facility that falls in a funding tier that was funded during that fiscal year
- Nurse faculty may not transfer to a CSF to work as an RN (and vice versa)

Breaching Contracts

- Failure to begin/complete **initial** service obligation:
 - Repay all NELRP payments received, plus interest at maximum legal prevailing rate
 - Disqualifies individual from receiving future awards from NELRP and some other Federal programs

- Failure to begin/complete **continuation** service obligation:
 - Repay only payments received during third year of service, plus maximum legal prevailing interest rate
 - Disqualifies individual from receiving future awards from NELRP and some other Federal program

- Must be paid within 3 years

Suspensions and Waivers

- Suspensions:
 - Provides temporary relief to a participant if he/she has short-term circumstances that make compliance impossible or unconscionable
 - Granted on a short-term basis for the following reasons:
 - Leave of Absence for Medical or Personal Reasons
 - Maternity/Paternity/Adoption Leave
 - Call to Active Duty in the Armed Forces
- Waivers:
 - Permanently relieve the participant of all or part of the NELRP obligation

Supporting Documents

- Proof of U.S. Citizenship, U.S. National, or Lawful Permanent Resident;
- Loan Documentation;
- Employment Verification and Critical Shortage Facility Form (for RNs working at a Critical Shortage Facility);
- Employment Verification Form for Nurse Faculty (for RNs working at a school of nursing)
- Certification of Accreditation Status for School of Nursing Education Programs (for nurse faculty applicants);
- Authorization for Release of Employment Information;
- Authorization to Release Information;
- Curriculum Vitae/Resume;
- Transcripts (for each school where you incurred nursing education loans); and
- Documentation that Perkins loans are not eligible for cancellation (if applicable).

Application Forms

Authorization To Release Information

 **HRSA**
U.S. Department of Health and Human Services
Health Resources and Services Administration

Nursing Education Loan Repayment Program
U.S. Department of Health and Human Services
Health Resources and Services Administration

**NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP)
AUTHORIZATION TO RELEASE INFORMATION**

As a Nursing Education Loan Repayment (NELRP) applicant, I _____, hereby authorize:
(print full name)

- i. The HHS, and/or its contractors, to release the following information to the lenders/holders of my educational loans in order to determine my eligibility/qualifications to participate in the NELRP, and to determine the eligibility of my educational loans for repayment under the NELRP: my name, address(es), social security number, account number(s), account status, and other information necessary to identify me.
- ii. Any program or entity to which I owe a service obligation, or defaulted on a service obligation, to release information relating to that obligation to HHS and/or its contractors.

This authorization will take effect on the date that I sign this release form. If I become a participant in the NELRP, this authorization shall remain in effect until the date my NELRP obligation, including any extension of the obligation pursuant to a continuation contract has been fulfilled or this authorization is revoked by me in writing. If I do not become a participant in the NELRP, this authorization shall remain in effect until September 30, 2012.

Signature of Applicant

Date

Authorization to Release Information Form

This form authorizes HHS, and/or its contractors, to release information that identifies the applicant for purposes of obtaining the applicant's educational loan information. It also authorizes any program to which the applicant owes a health professions service obligation to release information to HHS and/or its contractors.

OMB No. 0915-0040 Expiration 04/30/2014 3

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Nursing Education Loan Repayment Program
U.S. Department of Health and Human Services
Health Resources and Services Administration

NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP) EMPLOYMENT VERIFICATION AND CRITICAL SHORTAGE FACILITY FORM

FOR NURSES WORKING AT CRITICAL SHORTAGE FACILITIES ONLY (Not Nurse Facility)

Public Burden Estimate: OMB No. 0915-0140 Expiration Date: 04/30/2014

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 Office, 5600 Fishers Lane, Room 11A-33, Rockville, Maryland 20857.

TO BE COMPLETED BY THE AUTHORIZED PERSONNEL OFFICIAL OF THE FACILITY. **PLEASE NOTE:** IF THIS FORM IS INCOMPLETE OR IF ANY INFORMATION IS INCORRECT, THE APPLICANT WILL BE DEEMED INELIGIBLE AND THE APPLICATION WILL NOT BE PROCESSED. INFORMATION ON THE ONLINE APPLICATION MUST MATCH THIS FORM.

Advanced practice registered nurses (NPs, CRNAs, CNMs, CNSs) employed by a professional group should have this form filed out by the administrator of the health care facility, not by the professional group.

NELRP Applicant: _____ Applicant's SSN (Last 4 Digits Only): XXX-XX-_____

Name of Health Care Facility: _____

Address: _____

Please note: Under the NELRP, participants must be registered nurses (RNs) providing full-time service at a Critical Shortage Facility. Full-time service is defined as working as an RN for a minimum of 32 hours per week. No more than 7 weeks (28 work days) per service year can be spent away from the facility for vacation, holidays, continuing education, illness, maternity/paternity/adoption, or any other reason. RNs working PRN, or as Pool Nurses, or for Travel or Nurse Staffing Agencies are not eligible for the program.

Individuals who have an existing service obligation are not eligible to participate in the NELRP. An existing service obligation is defined as an obligation of the individual to work as an RN for a certain period of time in exchange for receiving a financial recruitment or retention incentive from the facility (e.g., a sign-on bonus, payment of moving expenses, funds to repay student loans). A basic employment contract which outlines the salary and benefits an individual earns in exchange for the work he/she performs does not constitute a service obligation.

Yes or No: Does the individual identified above have an existing service obligation to remain employed/working at the facility in return for receiving educational benefits, a sign-on bonus, or any other recruitment or retention incentive?

If YES to the above question (the individual has an existing service obligation), will the existing service obligation be completely satisfied on or before February 15, 2012? Yes or No

I hereby certify that the individual identified above:

1. Began working as an RN at the health care facility identified above on _____ and is currently working in:

- a full-time position (defined as working as an RN for a minimum of 32 hours per week) OR
 less than a full-time position (defined as working as an RN for less than 32 hours per week)

2. Earns a base annual salary (gross salary before deductions for taxes, insurance, etc.) of \$ _____ for the year (please calculate full-time base salary if the individual is paid on an hourly basis). Base salary does not include Overtime or Shift Differential Pay. Listing of the hourly rate is not acceptable.

3. Is required to work _____ hours per week.

4. Is currently licensed to practice as an RN without any restrictions or encumbrances.
Please provide the following: License Number: _____ State: _____ Expiration Date: _____
(mm/dd/yyyy)

5. If practicing as a NP, is NP-certified by: AANP ANCC JNCC ONCC PNCB

6. Works at the following type of facility:
 private nonprofit;
 public / government owned; or
 private for profit.

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U.S. Department of Health and Human Services
Health Resources and Services Administration

7. Works at the following type of Health Care Facility (check only one):

<input type="checkbox"/> Ambulatory Surgical Center – An entity in a State that provides surgical services to individuals on an outpatient basis and is not owned or operated by a hospital.	<input type="checkbox"/> Critical Access Hospital (CAH) – A facility that is (a) located in a State that has established with the Centers for Medicare and Medicaid Services (CMS) a Medicare rural hospital flexibility program, (b) designated by the State as a CAH, (c) certified by the CMS as a CAH, and (d) in compliance with all applicable CAH conditions of participation.
<input type="checkbox"/> Disproportionate Share Hospital (DSH) – A hospital that: 1) has a disproportionately large share of low-income patients; and 2) receives (a) an augmented payment from the State under Medicaid; or (b) a payment adjustment from Medicare. Hospital-based outpatient services are included under this definition.	<input type="checkbox"/> Federally Qualified Health Center – FQHCs include: (1) nonprofit entities that receive a grant, or funding from a grant, under section 330 of the Public Health Service Act to provide primary health services and other related services to a population that is medically underserved; (2) FQHC “Look-Alikes” which are nonprofit entities that are certified by the Secretary of HHS as meeting the requirements for receiving a grant under section 330 of the Public Health Service Act but are not grantees; and (3) outpatient health programs or facilities operated by a tribe or tribal organization under the Indian Self-Determination Act or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act. FQHCs include Community Health Centers, Migrant Health Centers, Health Care for the Homeless Health Centers, and Public Housing Primary Care Health Centers. For more information, please visit: http://findahealthcenter.hrsa.gov .
<input type="checkbox"/> Home Health Agency – An agency or organization certified under section 1861(j) of the Social Security Act that is primarily engaged in providing skilled nursing care and other therapeutic services.	<input type="checkbox"/> Respite Program – An agency or organization certified under section 1861(o)(2) of the Social Security Act that provides 24-hour care and treatment services (as needed) to terminally ill individuals and bereavement counseling for their immediate family members. This care is provided in individuals' homes, on an outpatient basis, and on a short-term inpatient basis, directly or under arrangements made by the agency or organization.
<input type="checkbox"/> Indian Health Service Health Center – A health care facility (whether operated directly by the Indian Health Service or operated by a tribe or tribal organization contractor or grantee under the Indian Self-Determination Act, as described in 42 Code of Federal Regulations (CFR) Part 136, Subparts C and H, or by an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act) that is physically separated from a hospital, and which provides clinical treatment services on an outpatient basis to persons of Indian or Alaskan Native descent as described in 42 CFR Section 136.12.	<input type="checkbox"/> Native Hawaiian Health Center – An entity (a) which is organized under the laws of the State of Hawaii (b) which provides or arranges for health care services through practitioners licensed by the State of Hawaii where licensure requirements are applicable; (c) which is a public or nonprofit private entity; and (d) in which Native Hawaiian health practitioners significantly participate in the planning, management, monitoring, and evaluation of health services. See the Native Hawaiian Health Care Act of 1988 (Public Law 100-579), as amended by Public Law 102-396.
<input type="checkbox"/> Nonprofit, Non-Disproportionate Share Hospital – An institution in a State that is primarily engaged in providing, by or under the supervision of physicians, to inpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons; or (b) rehabilitation of injured, disabled, or sick persons. Hospital-based outpatient services are included under this definition.	<input type="checkbox"/> Nursing Home – An institution (or a distinct part of an institution), certified under section 1919(a) of the Social Security Act, that is primarily engaged in providing, on a regular basis, health-related care and service to individuals who because of their mental or physical condition require care and service (above the level of room and board) that can be made available to them only through institutional facilities, and is not primarily for the care and treatment of mental diseases.
<input type="checkbox"/> Public Hospital – Any hospital that is owned by a government (Federal, State, or Local) and receives government funding and is primarily engaged in providing, by or under the supervision of physicians, to inpatients: (a) diagnostic and therapeutic services for medical diagnosis, treatment, and care of injured, disabled, or sick persons; or (b) rehabilitation of injured, disabled, or sick persons. Hospital-based outpatient services are included under this definition.	<input type="checkbox"/> Rural Health Clinic – An entity that the Centers for Medicare and Medicaid Services has certified as a rural health clinic under section 1861(m)(2) of the Social Security Act. A rural health clinic provides outpatient services to a non-urban area with an insufficient number of health care practitioners.
<input type="checkbox"/> Skilled Nursing Facility – An institution (or a distinct part of an institution), certified under section 1819(a) of the Social Security Act, that is primarily engaged in providing skilled nursing care and related services to residents requiring medical, rehabilitation or nursing care and is not primarily for the care and treatment of mental diseases.	<input type="checkbox"/> State or Local Public Health or Human Services Department – The State, county, parish or district entity in a State that is responsible for providing population focused health services which include health promotion, disease prevention and intervention services provided in clinics or other health care facilities that are operated by the Department.

Signature _____ Date _____
 Printed Name _____ Title _____
 Phone _____ Fax _____

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HRSA
Health Resources and Services Administration

Nursing Education Loan Repayment Program
U.S. Department of Health and Human Services
Health Resources and Services Administration

NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP)
EMPLOYMENT VERIFICATION FOR NURSE FACULTY

FOR NURSE FACULTY ONLY

Public Burden Estimate: OMB No. 0913-0140 Expiration Date: 04/30/2014

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 Office, 5600 Fishers Lane, Room 11A-33, Rockville, Maryland 20857.

TO BE COMPLETED BY THE AUTHORIZED PERSONNEL OFFICIAL OF THE EDUCATIONAL INSTITUTION. PLEASE NOTE: IF THIS FORM IS INCOMPLETE OR IF ANY INFORMATION IS INCORRECT, THE APPLICANT WILL BE DEEMED INELIGIBLE AND THE APPLICATION WILL NOT BE PROCESSED. INFORMATION ON THE ONLINE APPLICATION MUST MATCH THIS FORM.

Employee: _____ Employee SSN (Last 4 Digits Only): _____

Accredited School of Nursing: _____

Address: _____

Please note: Under the NELRP, participants must be registered nurses (RNs) who are employed full-time (as defined by his or her employer) as nurse faculty at an accredited public or private nonprofit school of nursing.

Individuals who have an existing service obligation are not eligible to participate in the NELRP. An existing service obligation is defined as an obligation of the individual to work as nurse faculty for a certain period of time in exchange for receiving a financial recruitment or retention incentive from the school or institution (e.g., a sign-on bonus, payment of moving expenses, funds to repay student loans). A basic employment contract which outlines the salary and benefits an individual earns in exchange for the work he/she performs does not constitute a service obligation.

() Yes or () No: Does the individual identified above have an existing service obligation to remain employed/working as nurse faculty at the school of nursing in return for receiving educational benefits, a sign-on bonus, or any other recruitment or retention incentive?

IF YES to the above question (the individual has an existing service obligation), will the existing service obligation be completely satisfied on or before February 15, 2012? () Yes or () No

I hereby certify that the individual identified above:

- Began working as a full-time nurse faculty member at the school of nursing identified above on _____ and is currently working in: _____
() a full-time position (as defined by the school of nursing) OR
() less than a full-time position (as defined by the school of nursing)
- Earns a current base annual salary (gross salary before deductions for taxes, insurance, etc.) of \$_____ for the year. If the employee has worked at the school of nursing or educational institution for less than one year, report his/her negotiated base salary for the first year of employment. Listing of the hourly rate is not acceptable.
- () Yes or () No: Is a tenured nurse faculty member.
IF NO, is currently working under a nurse faculty appointment for: () 9 months () 12 months () Other (please specify: _____) with a start date of _____ (mm/dd/yyyy) and end date of _____ (mm/dd/yyyy).
- Is currently licensed to practice as an RN without any restrictions or encumbrances.
Please provide the following: License Number: _____ State: _____ Expiration Date: _____ mm/dd/yyyy
- Works at the following type of school of nursing:
() private nonprofit () public / government owned () private for profit
- () Yes or () No: Works at a school of nursing with 50% enrollment of students from a disadvantaged background. If YES, please submit appropriate documentation as described on page 8.

Signature _____ Date _____

Printed Name _____ Title _____

Phone _____ Fax _____

OMB No. 0913-0140 Expiration 04/30/2014

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 **HRSA**
Health Resources and Services Administration

Nursing Education Loan Repayment Program
U.S. Department of Health and Human Services
Health Resources and Services Administration

NURSING EDUCATION LOAN REPAYMENT PROGRAM (NELRP)
CERTIFICATION of ACCREDITATION STATUS for SCHOOL of NURSING EDUCATION PROGRAMS

TO BE COMPLETED BY THE SCHOOL OF NURSING DEAN'S OFFICE OR PROGRAM CHAIR where you are currently working (and returned to the applicant for submission with the other application materials)

PLEASE NOTE: Collegiate and associate degree schools of nursing are a department, division, or other administrative unit in the educational institution which provides primarily or exclusively a program of education in professional nursing. A diploma school of nursing means a school affiliated with a hospital or university, or an independent school, which provides primarily or exclusively a program of education in professional nursing.

U.S. Secretary of Education nationally recognized nursing accrediting agencies are the:

- Commission on Collegiate Nursing Education
- National League for Nursing Accrediting Commission
- American College of Nurse-Midwives, Division of Accreditation
- National Association of Nurse Practitioners in Women's Health, Council on Accreditation
- Council on Accreditation of Nurse Anesthesia Educational Programs

SCHOOL OF NURSING

ADDRESS

****CERTIFICATION****

I hereby certify that all of the nursing education programs in the school of nursing identified above are accredited by a nationally recognized nursing accrediting agency listed above, and/or by a state nursing accrediting agency approved for such purposes by the Secretary of the U.S. Department of Education.

Name of Authorized Official (please print) Title Phone

Signature of Authorized Official Date

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Remember

- Have all your forms and documentation complete and available before you start the online application
- Online Data Input vs. Documentation
 - Follow instructions
 - Ensure all dates and dollars match
 - Incomplete or missing forms/data will cause ineligibility
 - Inaccurate information will cause ineligibility
- Applicants may not change facilities/schools once the application deadline has passed
- Deciding to withdraw
- Consolidating loans during review period

Application Process

Critical Dates

- Applications must be submitted by 5:00 p.m. EST on February 15, 2012

Locate a HPSA

HPSA by State and County

<http://hpsafind.hrsa.gov/>

HPSA by Address

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

HRSA Geospatial Warehouse

<http://datawarehouse.hrsa.gov/>

Quick Access Reports → Find Shortage Areas →
HPSAs by State and County

Note*: Status must be designated. Advanced selection provides dates of designations

Reference Information

NELRP Web Site:

<http://www.hrsa.gov/loanscholarships/repayment/nursing/>

NELRP Participant Portal:

<https://programportal.hrsa.gov/extranet/participant/login.seam>

NELRP Help Desk:

(301) 998-7374 *or* (800) 221-9393 x 2

HPSA Score by Address:

<http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx>

Q & A

