



PENNSYLVANIA PRIMARY CARE LOAN REPAYMENT PROGRAM (LRP) ON-LINE PRACTITIONER APPLICATION INSTRUCTIONS

An online application for the Pennsylvania Primary Care Loan Repayment Grant Program can be found at: <https://www.health.pa.gov/topics/Health-Planning/Pages/Loan-Repayment.aspx>.

I. Previous Applicants

You do NOT need to create another user account. If you do not remember your logon credentials, please email loanrepayment@pa.gov to have your information sent to you.

II. Create User Account

- A. To connect to the LRP portal, select the link to the Pa. Primary Care Loan Repayment Program Web-based Application (online) from the Loan Repayment Program main webpage.
- B. Create a user account in the LRP portal by selecting “Request Account” on the main logon page.

A screenshot of the web application's logon page. The header is dark blue with the Pennsylvania Department of Health logo on the left and the text "Pennsylvania Primary Care Loan Repayment Program" on the right. On the left side, there is a dark blue sidebar with two links: "* Logon" and "* Valid Sites". The main content area has a white background with two input fields: "Username:" and "Password:". Below these fields is a grey "Submit" button. To the right of the "Submit" button are two links: "Request Account" (highlighted in yellow) and "Reset Password".

- C. Fill in the required information selecting Practitioner Application as the Application Type. Select and note a Username and Password. After clicking on Save, the system returns you to the main logon page. Re-enter your Username and Password and hit Submit.

Create Account

* Logon
* Valid Sites

First Name:

Last Name:

Date of Birth: (MM/DD/YYYY)

Phone:

Email:

Application Type: **Practitioner Application** ▼

Question 1: - Select One - ▼

Answer 1:

Question 2: - Select One - ▼

Answer 2:

Question 3: - Select One - ▼

Answer 3:

Username:

Password:

Confirm Password:

Passwords should be 12-16 characters long and include upper case, lower case, numbers and special characters

III. Application Instructions

Applicants must complete each of the sections below to be able to submit an online application.

A. Personal Information

This is the section for the applicant’s contact information, demographics, and employer organization. The organization may or may not be the same as the practice site. If your practice site is one of many within an organization, this field is for the name of the managing umbrella organization. If the organization name is not located in the drop-down menu, the organization must submit an online Site Application and receive LRP approval of the application before the applicant can continue with the Practitioner Application. Any training rotations completed with this organization are to be indicated here along with the dates of that training. For the purpose of this RFA, the Service Commitment is 2 Years. Be sure to indicate your Time Commitment.

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 Welcome LRP Applicant
 Personal Information | **Educational Information** | Professional Information | Certification | Service Obligation
 Site Information | Loan Information | Submit Application

* Logoff
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First Name
 Middle Name
 Last Name
 Organization Name

Did you complete any training rotations with this organization?
 Yes No

Training Start Date
 Training End Date
 Gender

Home Address

 City
 State
 Zip Code
 Home Phone
 Cell Phone
 Email
 Date of Birth

Are you an American Citizen? Yes No
 Hispanic Ethnicity Yes No

What race are you? American Indian Or Alaskan Native Undeclared
 Asian Or Pacific Islander Unknown
 Black White
 Two Or More Races

Service Commitment 2 Years 3 Years 4 Years
 Time Commitment Half-Time Full-Time

B. Educational Information

The name and address of the high school, undergraduate school and the professional school where the applicant attained the education required for licensure in the discipline for which he or she is applying for loan repayment must be provided. When providing dates of education, the day can be estimated as long as the month and year are correct.

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Professional Education

Name of School*

Address

City

State PA

Zip Code

Beginning Date of Education (MM/DD/YYYY)

Graduation date (MM/DD/YYYY)

Degree

Major

* School attended where education required for licensure in eligible discipline was obtained.

Undergraduate Education

Name of School

Address

City

State

Zip Code

Graduation date (MM/DD/YYYY)

Degree

Major

High School Education

Name of School

Address

City

State

Zip Code

Graduation date (MM/DD/YYYY)

Back Save and Continue

C. Professional Information

This section applies to the licensing required for the discipline and specialty for which the applicant is applying for loan repayment. Include your National Provider Identifier (NPI) number. If you do not have an NPI number, place N/A in this box. Residency Program information must be provided if applicable. Fill in the box with the number of hours you normally are scheduled to provide direct out-patient primary care in a workweek.

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Select Discipline: Physician Registered Dental Hygienist
 General Dentist Psychologist
 Certified Registered Nurse Practitioner Licensed Clinical Social Worker
 Physician Assistant Licensed Professional Counselor
 Certified Nurse-Midwife Marriage and Family Therapist

License Number: NPI Number:

Residency Program(if applicable)

Name CompletionDate (MM/DD/YYYY)

Address City

State Zip Code

Will you be providing prenatal care? Yes No

How many hours do you spend providing direct out-patient primary medical, dental, or behavioral health care during a normally scheduled work week?

Back Save and Continue

D. Certification

The applicant is to complete this section if he or she is Board Certified.

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Date of Certification (MM/DD/YYYY)

Name of Board

Sub-Specialty Board

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E. Service Obligation

The applicant must complete this section if he or she has or had any other service obligation. The LRP does not consider the Public Service Loan Forgiveness

Program (PSLF) as a service obligation because the PSLF does not require the participant to remain a specific location. Loan repayment is not available for practitioners who currently have other service obligations.

The screenshot shows the 'Service Obligation' section of the Pennsylvania Primary Care Loan Repayment Program application. The page header includes the Pennsylvania logo, the program name, a welcome message for the LRP Applicant, and the date Monday, August 3, 20. Navigation tabs include Personal Information, Educational Information, Professional Information, Certification, Service Obligation (highlighted), Site Information, Loan Information, and Submit Application. A sidebar on the left contains links for Logoff, User Maintenance, and Practitioner Application.

Service Obligation

If you have, had, or anticipate having any other contractual service obligation for the payment of educational loans you must declare this to the Pennsylvania primary Care Loan Repayment Program (LRP). The LRP is not available for practitioners who currently have other contractual service obligations though there are specific exceptions. Based on the information provided below, an LRP representative may contact you for additional information regarding your service obligation to determine your eligibility for this program.

Do you NOW have a contractual service obligation with any other entity?
 Yes No

Anticipated Completion date (MM/DD/YYYY)

Have you successfully completed a contractual service obligation with any other entity?
 Yes No

Completion Date (MM/DD/YYYY)

If you answered yes to either question, with which entity is or was the obligation with?

- National Health Service Corps Loan Replayment Program
- National Health Service Corps Scholarship Program
- NURSE Corps Loan Repayment Program
- Employer-Provided Sign-On Bonus
- Employer-Provided Moving Expenses
- Active Military
- National Guard
- Reserved Military
- Private Foundation
Specify Foundation
- Employer-Provided Educational Loan
- NURSE Corps Scholarship Program
- State Loan Repayment Program
Specify State
- Other
Specify

Provide any additional information you would like to be considered.

F. Site Information

This section pertains to the actual site where the applicant will be practicing primary care. Only LRP-approved practice sites will appear in the drop-down menu. If your practice site is not available, contact the LRP Administrator, Monday through Friday, 8:30 am – 4:30 pm, exclusive of state holidays. When selected, the practice site information will prepopulate. Verify that the site address is where you will be

providing out-patient primary healthcare services. Selecting a practice site where you are not providing healthcare services will disqualify the application. Fill in the number of hours you are normally scheduled to work at this site each week and the date you started employment at this site. Applicants can add up to four practice sites. The number of hours spread across all sites must equal the required number of hours for the service commitment option chosen (full-time or half-time).

The screenshot shows the 'Site Information' tab of the Pennsylvania Primary Care Loan Repayment Program application. The page title is 'Pennsylvania Primary Care Loan Repayment Program' with a sub-header 'Welcome LRP Applicant' and the date 'Monday, August 3, 2020'. The navigation menu includes 'Personal Information', 'Educational Information', 'Professional Information', 'Certification', and 'Service Obligation'. The 'Site Information' tab is active, with sub-tabs for 'Site Information', 'Loan Information', and 'Submit Application'. The form is titled 'Practice Site - 1 :'. It contains the following fields: 'Select Site Name' (a dropdown menu currently showing '- Select One -'), 'Hours Worked Per Week' (a text input field), 'Organization Name' (a text input field), 'Approved till' (a text input field), 'Started at sight on (MM/DD/YYYY)' (a date picker), 'HPSA Name' (a text input field), 'Site Address' (a text input field), 'City' (a text input field), and 'HPSA ID' (a text input field). At the bottom right is an 'Add Practice Site' button, and at the bottom center are 'Back' and 'Save and Continue' buttons.

G. Loan Information

This section pertains to each qualifying educational loan for which the applicant is seeking repayment. List all current loans with a balance that you wish to be considered for repayment here. If the loan is a consolidated loan, all original loan information must be included in the Disbursement Report. All loans submitted require verification. For each current loan listed, be sure to scroll to the right to attach an Account Statement and Disbursement Report.

Information for at least one qualifying loan must be provided. Please note there is a short time-out window on the application which also applies to the time spent uploading documentation. It is recommended that you enter one loan at a time and save after each entry. Additional loan information can be added by returning to the Loan Information tab and clicking on the Edit button at the bottom of the page.

The Academic Period is for the dates you were in school when this loan was taken out. Since all loans with the same lender and having the same account number are to be placed on the same line, the Academic Period may cover several years.

There is a size limit on the uploaded documentation within the LRP application. Account statements and disbursement reports verifying multiple loans with the same lender and having the same account number **do not** need to be listed individually on the application and should be placed on a single line.

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List all educational loans with remaining balances that you would like to be considered for loan repayment. List only those loans incurred to finance your undergraduate or graduate education and training that led to the professional license necessary for the discipline through which you are applying and will fulfill your PA LRP service obligation. If you have consolidated or refinanced any eligible loan with a non-educational loan, no portion of the consolidated or refinanced loan is eligible for loan repayment and must not be included below. An Account Statement and Disbursement Report for each loan must be attached to the application. **Place all loans with the same lender and having the same account number on one line. Attach supporting documentation that includes all sub-loans within that account.**

Loan #	Delete	Account #	Academic Period		Loan program Name	Lender
			From	To		
1	<input type="checkbox"/>					
2	<input type="checkbox"/>					
3	<input type="checkbox"/>					
4	<input type="checkbox"/>					
5	<input type="checkbox"/>					
6	<input type="checkbox"/>					
7	<input type="checkbox"/>					
8	<input type="checkbox"/>					
9	<input type="checkbox"/>					
10	<input type="checkbox"/>					

Back Save and Continue

pennsylvania  **Pennsylvania Primary Care Loan Repayment Program** Welcome LRP Applicant Tuesday, August 4, 2020

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Upload Curriculum vitae or Resume

Statement of Personal Commitment

Describe your education and practice experience which you believe qualifies you to participate in the Loan Repayment Program below. This statement should include the following:

- Your training and experience in providing services to underserved populations.
- Practice experience in shortage areas.
- Personal origins or other factors which describe your commitment to practice in a shortage area.
- Service awards received during your education or practice.
- Pre-professional experiences which caused you to decide to practice in a shortage area.

Signature Agreement

By typing my name in the indicated fields, I hereby certify that all of the information submitted in this entry is true, accurate and complete. I understand that transactions and/or signatures in record may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement. I further understand that false statements made knowingly and willfully are punishable by fine and/or imprisonment under the provisions of 16 U.S.C. § 1857 and U.S.C. § 1001

I have read and understand the statement above

Signature:

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Application Submitted Successfully

Once “submitted”, practitioners will not be able to edit information in their applications.