

SUBSTANCE USE DISORDER LOAN REPAYMENT PROGRAM (SUD LRP) PRACTITIONER

ON-LINE APPLICATION INSTRUCTIONS

An online application for the Pennsylvania Substance Use Disorder can be found at:

<https://apps.health.pa.gov/SUDLoanRepayment/Logon.aspx>

I. Previous Applicants - You do NOT need to create another user account. If you do not remember your logon credentials, please email RA-DHSUDLRP@PA.gov to have your information sent to you.

II. Create User Account

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



The screenshot shows the logon page for the Pennsylvania Substance Use Disorder Loan Repayment Program. The header includes the Pennsylvania Department of Health logo and the program title. The main content area features a logon form with fields for Username and Password, a Submit button, and links for Request Account and Reset Password. The page also displays the date Wednesday, April 24, 2019.

- 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.

pennsylvania PA **Substance Use Disorder Loan Repayment Program** Thursday, January 10, 2019

• Logon **Create Account**

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.

1. License Entity

- a. DDAP – If your practice site is a drug and alcohol facility licensed by the PA Department of Drug and Alcohol Programs (DDAP), choose this organization from the drop-down menu. Later in the application (on the Site Information Tab) when you need to choose your practice site, a list of all DDAP licensed facilities approved for participation in the SUD LRP will be available.
- b. Veterans Administration – If your practice site is a U.S. Department of Veterans Affairs (VA) facility located in Pennsylvania, choose this organization from the drop-down menu. Later in the application (on the Site Information Tab) when you need to choose your practice site, a list of all VA facilities approved for participation in the SUD LRP will be available.

- c. PacMAT and COE's – If your practice site falls under the PacMAT or COE category select the License Entity of DOH. Later in the application (on the Site Information Tab) when you need to choose your practice site, a list of all DOH approved facilities for participation in the SUD LRP will be available.
- d. All Others – If your practice site is anything other than a DDAP licensed drug and alcohol facility, a VA facility, PacMAT or COE choose the name of your employer organization from the drop-down menu. The organization name may or may not be the same as the practice site name. If your practice site is one of many within an organization, this field is for the name of the managing umbrella organization. Later in the application (on the Site Information Tab), a list of all sites approved for participation in the SUD LRP for that organization will be available.

See RFA #67-103 for more information on the types of practice sites eligible for participation in the SUD LRP.

If your organization is not listed in the drop-down menu, contact the SUD LRP administrator at RA-DHSUDLRP@pa.gov.

2. Service Commitment

For the purposes of RFA #67-103, the service commitment is 2 years. No other options are available.

3. Time Commitment

- a. Half-Time - Half-time practice is defined as a minimum of 20 hours per week (not to exceed 39 hours per week), 48 weeks per year. Furthermore, the 20-hour week must include not less than two days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 20 hours per week, a minimum of 10 hours must be spent providing SUD treatment services at the SUD LRP-approved practice site(s). Up to four hours per week may be spent providing patient care in alternative settings (for example, hospitals, nursing homes, shelters) as directed by the approved sites(s) or performing clinical-related administrative activities. A half-time service commitment is not available to practitioners who are employed full-time.
- b. Full-Time - Full-time practice is defined as not less than 40 hours per week, 48 weeks per year. Furthermore, the 40-hour week must include not less than four days per week, with not more than 12 hours of work to be performed in any given 24-hour period. Of the 40 hours per week, a minimum of 20 hours must be spent providing SUD treatment services at the SUD LRP-approved practice site(s). Up to eight hours per week may be spent providing patient care in alternative settings (for example, hospitals, nursing homes, shelters) as directed by the approved sites(s) or performing clinical-related administrative activities.

pennsylvania DEPARTMENT OF HEALTH
Substance Use Disorder Loan Repayment Program
 Welcome Tom Lacey Monday, December 16, 2011

Personal Information | Educational Information | Previous Employment Information | Professional Information
 Certification | Service Obligation | Site Information | Loan Information | Submit Application

• Logoff
 • User Maintenance
 Admin
 • History
 • Encumbered Document
 • Practitioner Contract
 • Invoice
 • Purge
 • Email/Batch
 SAP
 • Fund
 • Fund Budget Adjustment
 • PPA Block
 • Practitioner Admin
 • Practice Site Admin
 • Reports
 • Practitioner Application Period

First Name
 Middle Name
 Last Name
 License Entity - Select One -
 Gender - Select One -
 Home Address

 City
 State
 Zip Code
 Home Phone
 Cell Phone
 Email
 Date of Birth (MM/DD/YYYY)

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

Reason for the change:

c.

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 or certification 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 if the month and year are correct.

<ul style="list-style-type: none"> • Logoff • User Maintenance Practitioner Application 	Personal Information	Educational Information	Professional Information	Certification	Service Obligation
	Site Information	Loan Information	Submit Application		

Professional Education

Name of School*

Address

City

State

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)

C. Previous Employment

To be eligible for the SUD LRP, an applicant must have at least two years of experience providing SUD treatment services immediately preceding December 31, 2019. Employment at drug and alcohol facilities outside of Pennsylvania can be included. Use the Previous Employment Information tab to document all SUD treatment services experience from December 31, 2017 until the time you started at your current SUD LRP-approved practice site. SUD LRP administration will use this information to verify your previous employment, so please make every effort to ensure that the contact information is up to date and correct. The inability to verify previous employment may make your application ineligible. You may add up to three previous employers. Include the average number of hours per week that you provided SUD treatment services at each site.

Provide any additional information you would like to have the SUD LRP administration consider in the Notes section on this tab. If you have been employed at your current SUD LRP-approved practice site since 12/31/17, type in “None” in the notes box at the bottom of the page.

Substance Use Disorder Loan Repayment Program

Welcome Tom Lacey Tuesday, December 17, 2019

Personal Information | Educational Information | **Previous Employment Information** | Professional Information

Certification | Service Obligation | Site Information | Loan Information | Submit Application

Prior Employment Experience
 In order to be eligible to apply to the SUD LRP, you must have been providing SUD treatment services for at least two years prior to your application date.
 The prior experience does not need to be at your current practice site(s) or even in the state of Pennsylvania.
 If you have not been employed at your current practice site(s) for two years, you must complete the following information.

1) Name of previous employer

Address

City

State

Zip Code

Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

Direct Supervisor Name

Direct Supervisor Title

Direct Supervisor Email

Direct Supervisor Phone

Site Hours in SUD treatment

D. Professional Information

This section applies to the licensing or certification required for the discipline and specialty for which the applicant is applying for loan repayment. Residency Program information must be provided if applicable. Fill in the box with the number of hours you normally are scheduled to provide SUD treatment in a work week.



- Logoff
- User Maintenance
- ▼ Admin
 - History
 - Encumbered Document
 - Practitioner Contract
 - Invoice
 - Purge
 - Email/Batch
- ▼ SAP
 - Fund
 - Fund Budget Adjustment
 - PPA Block
 - Practitioner Admin
 - Practice Site Admin
 - Reports
 - Practitioner Application Period

- Personal Information
- Educational Information
- Previous Employment Information
- Professional Information
- Certification
- Service Obligation
- Site Information
- Loan Information
- Submit Application

Select Discipline:

<input type="radio"/> Physician	<input type="radio"/> Licensed Social Worker
<input type="radio"/> Certified Registered Nurse Practitioner	<input type="radio"/> Certified Alcohol and Drug Counselor
<input type="radio"/> Physician Assistant	<input type="radio"/> Certified Advanced Alcohol and Drug Counselor
<input type="radio"/> Psychologist	<input type="radio"/> Psychiatrist
<input type="radio"/> Licensed Clinical Social Worker	<input type="radio"/> Certified Addictions Registered Nurses (CARN)
<input type="radio"/> Licensed Professional Counselor	<input checked="" type="radio"/> Certified Addictions Nurse – Advanced Practice

License or Certification Number:

License Verified: Yes [License verification](#)

License Verified Date: (MM/DD/YYYY)

License Verification Document:

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 of Substance Use Disorder (SUD) treatment services do you provide in a normally scheduled work week?

Reason for the change:

E. Certification

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

Personal Information	Educational Information	Previous Employment Information	Professional Information	
Certification	Service Obligation	Site Information	Loan Information	Submit Application

Date of Board Certification  **(MM/DD/YYYY)**

Name of Board

Sub-Specialty Board

F. Service Obligation

The applicant must complete this section if he or she has or had any other service obligation. Loan repayment is not available for practitioners who currently have other service obligations. If you have or had another service obligation, include the completion or anticipated completion date. Also, indicate with whom you incurred the service obligation. You may include additional information in the text box for consideration by the SUD LRP.

- Logoff
- User Maintenance
- Practitioner Application

Personal Information |
 Educational Information |
 Professional Information |
 Certification |
 Service Obligation

Site Information |
 Loan Information |
 Submit Application

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 Substance Use Disorder Loan Repayment Program (SUD LRP). The SUD 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 Repayment 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.

G. Site Information

This section pertains to the actual site where the applicant will be providing SUD treatment. Only SUD LRP-approved practice sites will appear in the drop-down menu. If your practice site is not available, contact the SUD LRP Administrator at RA-DHSUDLRP@pa.gov, Monday through Friday, 8:00 am – 4:00 pm, exclusive of state holidays. When selected, the practice site information will pre-populate. Verify the site address is where you will be providing SUD treatment. Fill in the number of hours you will be working 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).

SUD LRP administration will verify current employment prior to awarding loan repayment. Fill in the Site Director's name, title and contact information. Please ensure that the contact information is correct. If SUD LRP administration is unable to verify your employment, your application may be considered incomplete and ineligible.

Substance Use Disorder Loan Repayment Program
Welcome SUD LRP Applicant
Wednesday, February 20, 2019

Personal Information
Educational Information
Previous Employment Information
Professional Information

Certification
Service Obligation
Site Information
Loan Information
Submit Application

Practice Site - 1 :

Select Site Name ▼

<p>Site Director Name <input type="text"/></p> <p>Site Director Email <input type="text"/></p> <p>Organization Name <input type="text"/></p> <p>Approved till <input type="text"/></p> <p>Started at sight on <input type="text"/> (MM/DD/YYYY)</p> <p>HPSA Name <input type="text"/></p>	<p>Hours Worked Per Week <input type="text"/></p> <p>Site Director Title <input type="text"/></p> <p>Site Director Phone <input type="text"/></p> <p>Site Address <input type="text"/></p> <p>City <input type="text"/></p> <p>HPSA ID <input type="text"/></p>
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H. 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.

There is a size limit on the uploaded documentation within the SUD 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.

Substance Use Disorder Loan Repayment Program

Welcome SUD LRP Applicant Thursday, January 17, 2019

[Personal Information](#) | [Educational Information](#) | [Professional Information](#) | [Certification](#) | [Service Obligation](#)
[Site Information](#) | [Loan Information](#) | [Submit Application](#)

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.

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

Substance Use Disorder Loan Repayment Program

Welcome SUD LRP Applicant

Thursday, January 17, 2019

- Personal Information
- Educational Information
- Professional Information
- Certification
- Service Obligation
- Site Information
- Loan Information**
- Submit Application

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.

Lender PAYMENT Address	Balance	Upload Loan Documentation	
		Account Statement	Disbursement Report
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Browse..."/>

Back

Save and Continue

I. Submit Application

In this section, the applicant must upload his or her resume or curriculum vitae (CV). Successful submission will result in an "Application Submitted Successfully" message. It is recommended that a copy of the Practitioner Application be downloaded by the applicant and saved for future reference.

Personal Information	Educational Information	Previous Employment Information	Professional Information	
Certification	Service Obligation	Site Information	Loan Information	Submit Application

Upload Curriculum vitae or Resume

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:

Welcome SUD LRP Applicant	Wednesday, February 20, 2019
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Application Submitted Successfully

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