



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" in white. On the left side, there is a dark blue sidebar with two links: "* Logon" and "* Valid Sites". The main content area is white and contains a logon form with two input fields: "Username:" and "Password:". Below the "Password:" field is a "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. Usernames are limited to 10 characters. After clicking on Save, the system returns you to the main logon page. Re-enter your Username and Password and hit Submit.

The screenshot shows a 'Create Account' form with the following fields and options:

- First Name:
- Last Name:
- Date of Birth: (MM/DD/YYYY)
- Phone:
- Email:
- Application Type: **Practitioner Application** (dropdown menu)
- Question 1: - Select One - (dropdown menu)
- Answer 1:
- Question 2: - Select One - (dropdown menu)
- Answer 2:
- Question 3: - Select One - (dropdown menu)
- Answer 3:
- Username:
- Password:
- Confirm Password:

Below the password fields, there is a note: "Passwords should be 12-16 characters long and include upper case, lower case, numbers and special characters". A "Save" button is located at the bottom of the form.

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. These fields are to indicate if you completed a clinical training rotation with your current organization. The training would have been part of your education required to obtain licensure in the discipline under which you’re applying to the LRP. For the purpose of this RFA, the Service Commitment is 2 Years. Be sure to indicate your Time Commitment.

Welcome Jim John Tuesday, October 3, 2023

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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 (MM/DD/YYYY)
 Training End Date (MM/DD/YYYY)

Gender

Home Address

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

Are you from a rural residential background? Yes No
 Are you from a disadvantaged background? Yes No
 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

Veteran Status

Must select at least one.
 Active-Duty Military Veteran-Prior Service
 National Gaurd Veteran-Retired
 Reservist Not a Veteran

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. Include hours spent providing telehealth visits.

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Have you participated in any of the following? Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Advanced Nursing Education | <input type="checkbox"/> Nursing Workforce Diversity |
| <input type="checkbox"/> Area Health Education Centers | <input type="checkbox"/> Physician Assistant Training in Primary Care |
| <input type="checkbox"/> Behavioral Health Workforce Education and Training | <input type="checkbox"/> Postdoctoral Training in General Pediatric and Public Health Dentistry |
| <input type="checkbox"/> Centers of Excellence | <input type="checkbox"/> Predoctoral Training in General Pediatric and Public Health Dentistry and Dental Hygiene |
| <input type="checkbox"/> Children's Hospital Graduate Medical Education | <input type="checkbox"/> Preventive Medicine Residencies |
| <input type="checkbox"/> Geriatric Workforce Enhancement Program | <input type="checkbox"/> Primary Care Training and Enhancement |
| <input type="checkbox"/> Graduate Psychology Education | <input type="checkbox"/> Public Health Training Centers |
| <input type="checkbox"/> Health Careers Opportunity Program | <input type="checkbox"/> Scholarships for Disadvantaged Students |
| <input type="checkbox"/> Nurse Education Practice Quality and Retention | <input type="checkbox"/> Teaching Health Centers Graduate Medical Education |
| <input type="checkbox"/> Nurse Practitioner Residency | <input type="checkbox"/> Veterans Bachelor of Science in Nursing |

- Select Discipline:
- | | |
|---|---|
| <input type="radio"/> Physician | <input type="radio"/> Registered Dental Hygienist |
| <input type="radio"/> General Dentist | <input type="radio"/> Psychologist |
| <input type="radio"/> Certified Registered Nurse Practitioner | <input type="radio"/> Licensed Clinical Social Worker |
| <input type="radio"/> Physician Assistant | <input type="radio"/> Licensed Professional Counselor |
| <input type="radio"/> Certified Nurse-Midwife | <input type="radio"/> Marriage and Family Therapist |

License Number: NPI Number:

[License verification](#) [NPI Registry](#)
Residency Program (if applicable)

Name Completion Date  (MM/DD/YYYY)
Address
 City

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?

D. Certification


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

The screenshot shows the 'Certification' section of the Pennsylvania Primary Care Loan Repayment Program application. The page header includes the Pennsylvania state logo, the program title, a welcome message for the applicant, and the current date (Monday, August). A navigation menu at the top contains tabs for Personal Information, Educational Information, Professional Information, Certification (highlighted in yellow), and Service Obligation. A secondary menu below it includes Site Information, Loan Information, and Submit Application. On the left, a dark blue sidebar contains links for Logoff, User Maintenance, and Practitioner Application. The main content area contains three input fields: 'Date of Certification' with a calendar icon and '(MM/DD/YYYY)' format, 'Name of Board', and 'Sub-Specialty Board'. At the bottom of the form are 'Back' and 'Save and Continue' buttons.

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.

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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 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.

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, 7:30 am – 4:00 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 at this site each week and the date you started employment at this site. The scheduled hours should be from the time you start at the site until the time you leave and includes paid or unpaid breaks or mealtimes. 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).

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Practice Site - 1 :

Select Site Name	- Select One -	Hours Worked Per Week	
Organization Name		Site Address	
Approved till			
Started at sight on (MM/DD/YYYY)		City	
HPSA Name		HPSA ID	

Add Practice Site

Do you hold a DATA 2000 Waiver? No DW30 DW100 DW275

Medication Assisted Treatment (MAT) Services Provided? None Buprenorphine Buprenorphine plus counseling

Do you hold a Substance Use Disorder License or Certificate? Yes No

Do you provide any of the following services? Check all that apply

<input type="checkbox"/> COVID-19 Treatment or Prevention Services	<input type="checkbox"/> Integrated Behavioral Health in Primary Care Services	<input type="checkbox"/> Substance Use Treatment Services	<input type="checkbox"/> Telehealth Services
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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.

Academic Period						
Loan #	Delete	Account #	From	To	Loan program Name	Lender
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

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		Upload Loan Documentation	
Lender PAYMENT Address	Balance	Account Statement	Disbursement Report
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
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<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
<input type="text"/>	<input type="text"/>	<input type="text"/> Browse...	<input type="text"/> Browse...
Total Loan Balance	0		

H. Submit Application

In this section, the applicant must upload his or her resume or curriculum vitae (CV) and include a statement of personal commitment. 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.

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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.